

National HIV/AIDS Strategic Plan (2017 - 2021)

OUTLINE

- National Strategic Plan from Inception
- Development Context
- NSP Vision & Goal
- Thematic areas, targets and strategic interventions
- Coordination structure of the National HIV/AIDS response
- NSP Costs

National Strategic Plan from Inception

NSF Provides the guide to the national response to HIV and AIDS

- 2001-2004: HIV Emergency Action Plan
- 2005-2009: National Strategic Framework I
- 2010-2015 National Strategic Framework II & 2010-2015 National Strategic Plan I.
- 2017-2021: National Strategic Framework III
- 2017-2021: National Strategic Plan II

Development Context

- National Developmental Agenda:
 - Vision 20:20:20
 - NACA Act
- Regional agenda and commitments:
 - 2001 Abuja Declaration & Abuja+12 Declaration.
- Global agenda
 - UNAIDS 90-90-90 agenda

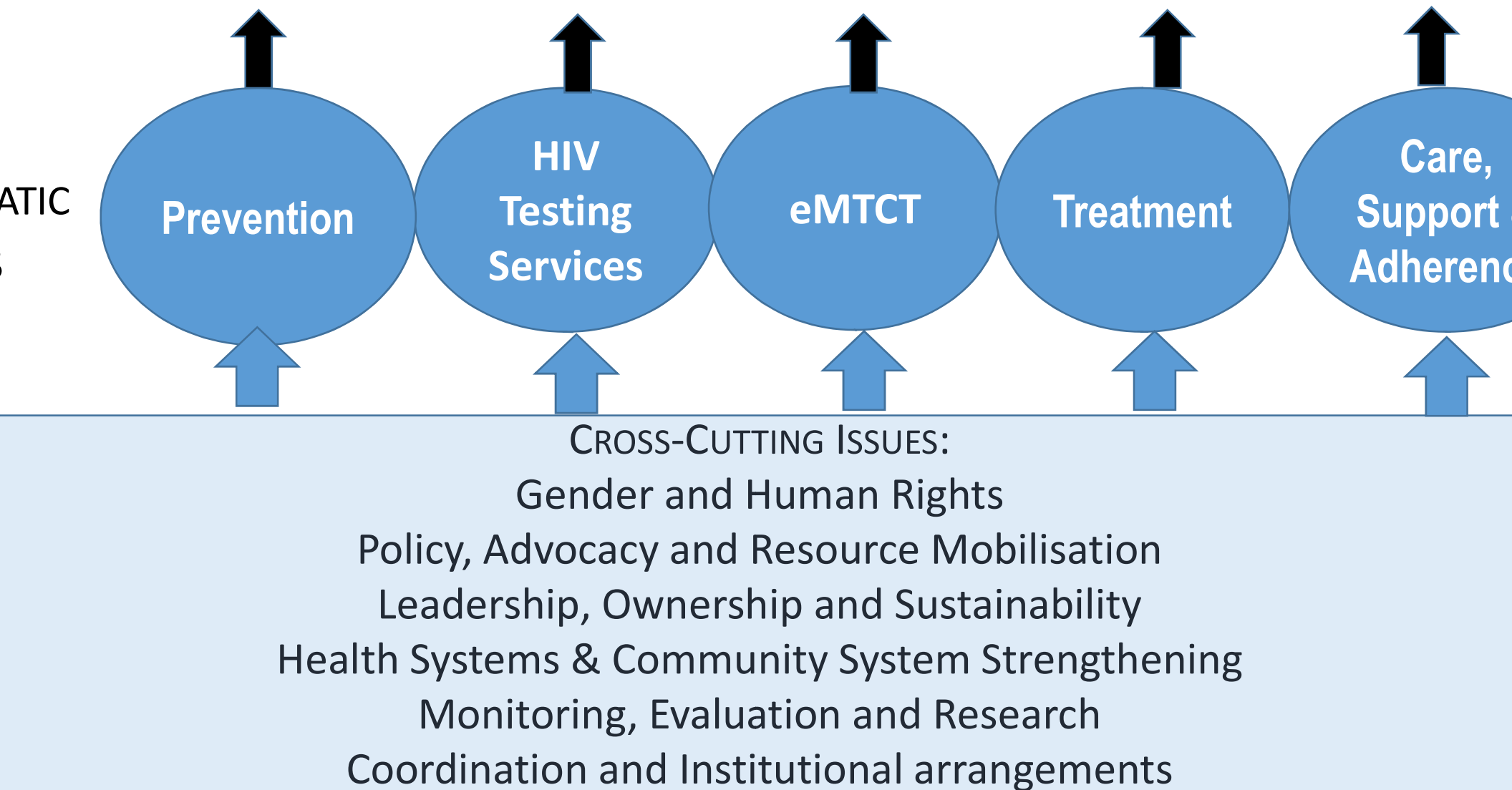
Vision and Goal

Vision: “An AIDS-free Nigeria, with zero new infection, zero AIDS related discrimination and stigma”

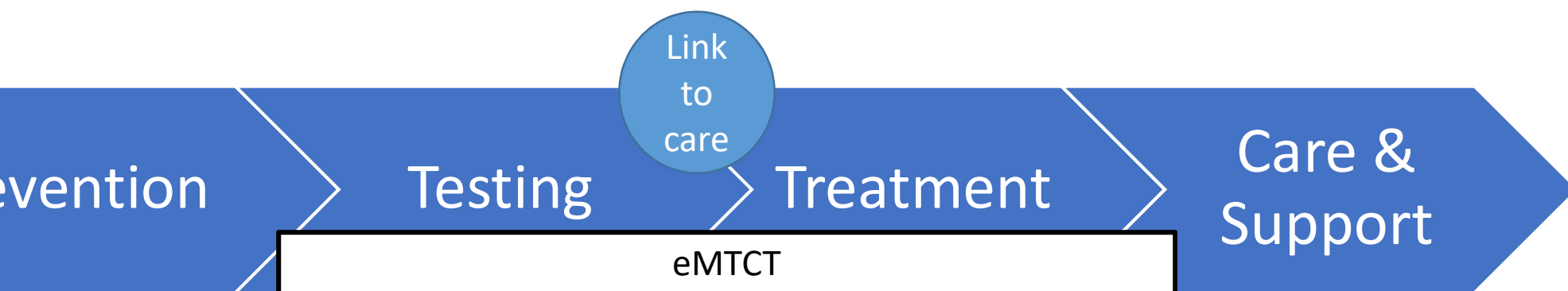
Goal: Fast-track the national response towards ending AIDS in Nigeria by 2030

NATIONAL RESPONSE GOAL:

Fast-tracking the national response to end AIDS in Nigeria by 2030



ne thematic areas are intrinsically linked



I. Prevention

Thematic Area

Strategic Objective

Significantly

reduce the

incidence of new

infections by 2021

TARGETS

- **Target 1:** 90% of the general population have access to HIV prevention interventions by 2021.
- **Target 2:** 90% of key and vulnerable populations adopt HIV risk reduction behaviour by 2021.
- **Target 3:** 90% of key and vulnerable populations have access to desired HIV prophylaxis by 2021.
- **Target 4:** 100% of Nigerians have access to blood and blood products by 2021.
- **Target 5:** 90% of the general, key and vulnerable populations access safe injection practices by 2021.

STRATEGIC INTERVENTIONS - 1

- Foster an enabling environment that facilitates access of adolescents, young people and other vulnerable populations to a combination of appropriate HIV prevention strategies
- Strengthen community structures for provision of equitable HIV prevention interventions.
- Strengthen targeted strategic behaviour change communication for general, key and vulnerable populations
- Enhance the access of general, key and vulnerable populations to condom and lubricants

STRATEGIC INTERVENTIONS - 2

- Facilitate access of PWID to harm reduction strategies.
- Identify and strengthen service delivery model(s) that can provide a combination of quality HIV prevention services to key and vulnerable populations.
- Expand access of populations at substantial risk for HIV to HIV prevention prophylaxis
- Strengthen the management of non-HIV sexually transmitted infection

STRATEGIC INTERVENTIONS - 3

- Strengthen referral and linkages between HIV prevention and other health and social services
- Expand access of in-and out-of-school youths to family life and HIV education
- Improve access to safe blood and blood products.
- Improve injection safety and health care waste management practices

II. HIV Testing Services

Thematic Area

Strategic Objective

“To provide HIV testing services to identify people living with HIV”.

TARGETS

- **Target 1:** 100% of key populations, 100% of children (age 1 to 9 years) of HIV-positive mothers, 80% of vulnerable population, and 60% of general population access HTS by 2021.
- **Target 2:** 95% of pregnant women access HTS by 2021.
- **Target 3:** 90% of people tested for HIV are also screened for TB, syphilis, hepatitis B, and hepatitis C by 2021.
- **Target 4:** 90% of HTS sites establish and maintain quality control measures by 2021.

Strategic Interventions - 1

- Foster an enabling environment for improved access to HTS and screening services for HIV co-infections.
- Expand coverage of HTS services and screening for HIV co-infections.
- Strengthen community systems to support testing and re-testing of key population, vulnerable population and pregnant women.
- Strengthen targeted HTS demand generation programmes.

Strategic Interventions - 2

- Promote integration and strengthen referrals and linkage systems between HTS, other HIV management services, and other health-related services.
- Integrate screening for HIV co-infections into HTS activities
- Institute and strengthen the quality management systems for all HTS sites.
- Improve the logistics and supply chain management for all testing commodities.

II. Elimination of Mother-to-Child Transmission of hiv (eMTCT)

Thematic Area

Strategic Objective

“To eliminate mother-to-child transmission of HIV in Nigeria by 2021”.

TARGETS

- **Target 1:** mCPR of 40% achieved among HIV-positive women by 2021.
- **Target 2:** 95% of all HIV positive pregnant and breastfeeding mothers receive antiretroviral therapy by 2021.
- **Target 3:** 95% of all HIV-exposed infants receive antiretroviral prophylaxis by 2021.
- **Target 4:** 95% of all HIV-exposed infants have early infant diagnosis within 2 months of birth by 2021.
- **Target 5:** 95% of all HIV exposed infants receive trimoxazole prophylaxis within 2 months of birth by 2021.
- **Target 6:** 90% of HIV exposed babies have access to HIV serological test by the age of 18 months by 2021.

Strategic Interventions

- Foster an enabling environment for HIV positive pregnant and breastfeeding mothers and HIV-exposed infants to access antiretroviral therapy
- Strengthen contraceptive demand generation programmes for HIV positive women
- Promote integration and strengthen referral and linkages between antenatal care, family planning, sexual and reproductive health services, maternal and child health and HIV services
- Expand access of HIV positive pregnant and breastfeeding mothers to antiretroviral therapy services

Strategic Interventions

- Expand access of HIV exposed infants to early infant diagnosis (EID) services
- Expand access of HIV exposed infants to antiretroviral prophylaxis and co-trimoxazole prophylaxis within 2 months of birth.
- Strengthen community systems to support care for HIV exposed infant
- Institute and strengthen the quality management systems for all eMTCT facilities
- Expand access of HIV exposed babies to HIV serological test at 18 months

IV. HIV Treatment

Thematic Area

Targets – By 2021

Strategic Objective

At least 90% of those diagnosed PLHIV receive quality HIV treatment services, and se on ARV achieve sustained virologic suppression

- **Target 1:** 90% of diagnosed PLHIV are ART
- **Target 2:** 90% of diagnosed PLHIV on treatment are retained in care
- **Target 3:** 90% of eligible PLHIV receive trimoxazole prophylaxis
- **Target 4:** All PLHIV diagnosed with TB access to TB services

Strategic Interventions

- Foster an enabling environment for people living with HIV and AIDS to access ART and opportunistic infection management services
- Expand access of people living with HIV and AIDS to ART, ART monitoring and co-infection management services.
- Improve the logistics and supply chain management for ART commodities
- Promote integration and strengthen referrals and linkages systems for HIV, TB, and non-communicable disease co-infection management
- Strengthen community systems for effective differentiated care
- Improve facility based adherence counselling and tracking mechanisms for PLHIV
- Institute and strengthen the quality management systems for all ART and viral load assessment services.

V. Care, Support & Adherence

Thematic Area

Targets – By 2021

Strategic Objective

To improve access of People living with HIV(PLHIV), vulnerable children, and people affected by HIV/AIDS (PABA) to comprehensive rights-based care

Target 1: 90% of PLHIV access quality care and support services by 2021.

Target 2: 90% of vulnerable children enrolled for care and support services access those services by 2021

Target 3: 90% persons age 15-49 years display non-discriminatory attitudes towards PLHIV and PABA by 2021

Target 4: 90% of PLHIV access -positive health, dignity and prevention related services by 2021

Strategic Interventions

Foster an enabling environment for PLHIV, PABA and VC to access HIV care and support services

Expand access of PLHIV to community-based care and support services

Strengthen the quality assurance mechanisms for home-based care and support services

Strengthen the adherence counseling system at facility and community levels

Strategic Interventions cont.

Integrate nutritional counselling, mental health, sexual and reproductive health, rights and psycho-social services into routine care for PLHIV

Strengthen referral and linkages between care and support social services addressing the needs of VC

Strengthen the coordination mechanism for care and support services for VC

Capacity building for health care workers and other service providers on relevant codes of conduct and respect for human dignity

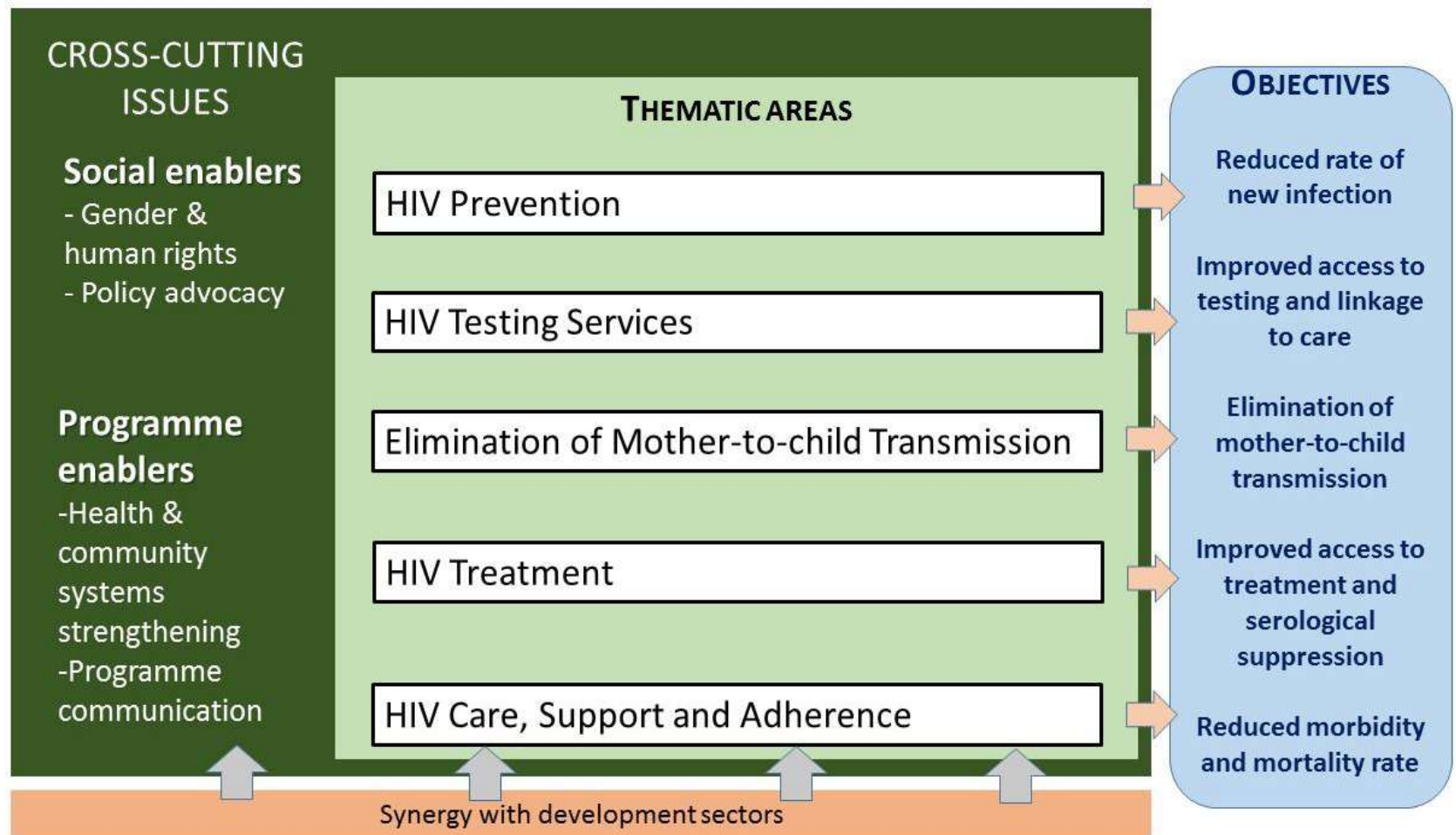
Strategic Interventions cont.

Strengthen behaviour change communications targeted at reducing stigma and discrimination against people living with HIV and AIDS

Advocacy for strengthened implementation of the anti-stigma law

Promote access to justice for PLHIV and PABA through use of community-based and institutionalized mechanisms

Cross-cutting Issues



Social Enablers

Policy Advocacy:

- Advocacy is critical to the effective and continued engagement of relevant local, State, zonal and national stakeholders, including the leadership of PLHIV communities and networks of key and vulnerable populations.
- At the political level, policy advocacy is critical to ensuring Nigeria's fulfillment of her regional and international obligations.

Programme Enablers

Health Systems Strengthening		
Building Blocks	Elements	NSF Strategic Interventions
Leadership and Governance	· System design · Effective oversight · Coalition building · Regulations · Accountability	· Review/adapt and implement service guidelines · Strengthen coordination structure · Strengthen integrated supportive supervision · Strengthen linkages between sectors
Service Delivery	· Continuity -Quality · Coordination · Accountability · Integration	-Integration and linkages of Services -Expanding access to services -Scaling up of services
Health Information	-Data generation · Compilation · Analysis/synthesis · Communication and use	Improving HIV data systems production, analysis and dissemination to monitor coverage, quality, and utilization of services, and outcomes

Community systems strengthening

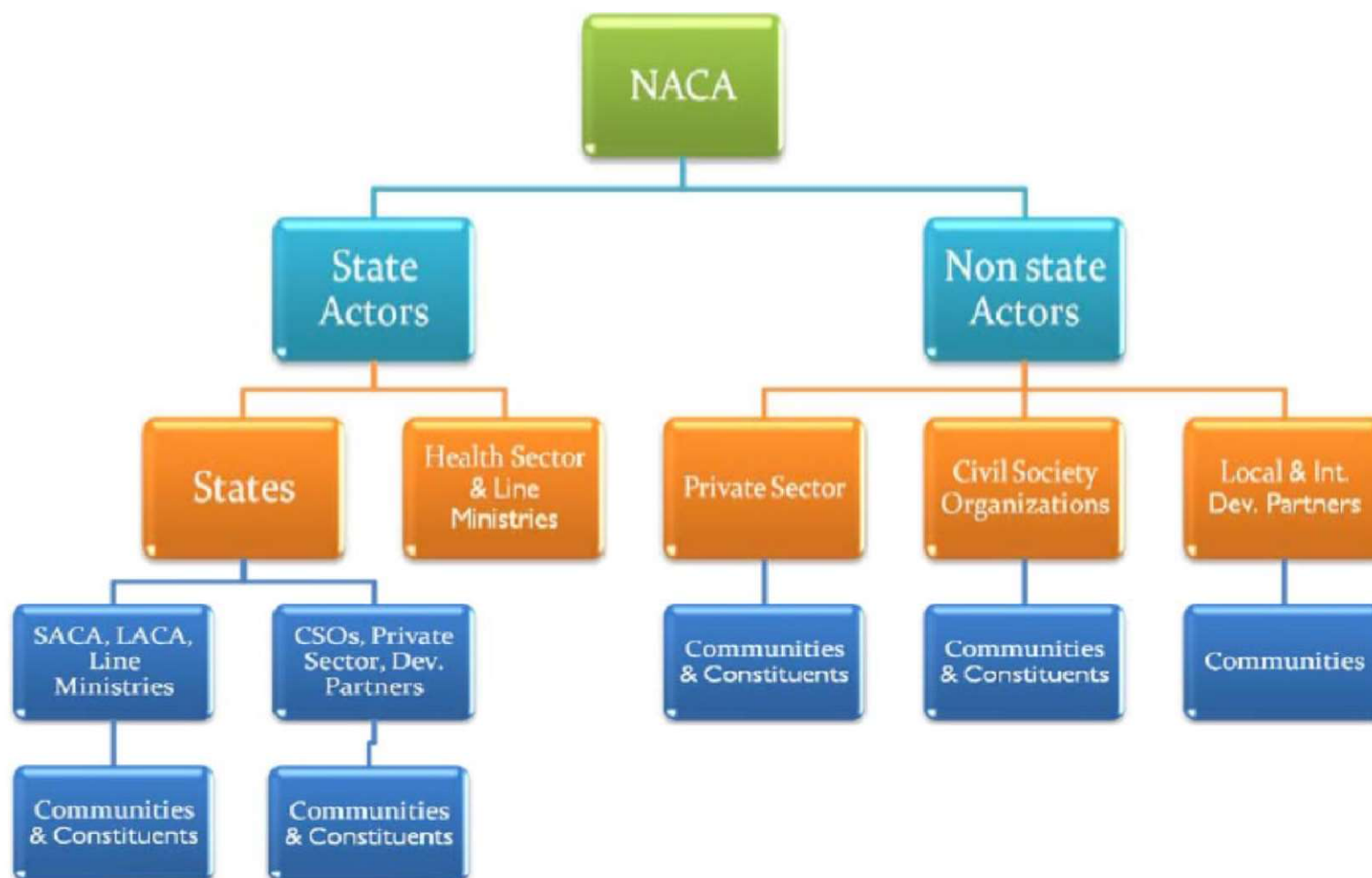
CSS programmes would need to address six core component areas namely:

- Enabling environments and advocacy: increased political support; and investment in and ownership by national, state and private organisations.
- Community networks, linkages, partnerships and coordination; Building linkages and partnerships between PLHIV networks, key populations, community-based organisations, and other community actors, and strengthening the coordination mechanisms for optimal impact.
- Resources and capacity building;

Community systems strengthening cont.

- Community activities and service delivery; expanding access using relevant and context-specific formal and informal community structures including PLHIV networks, mentor mothers and traditional birth attendants; strengthening adherence counselling and support systems at community levels.
- Organizational and leadership strengthening; Strengthening formal structures such as the ward development committees, LACA, and networks for improved leadership role.
- Monitoring and evaluation and planning.

Coordination structure of the National HIV/AIDS response



RESEARCH

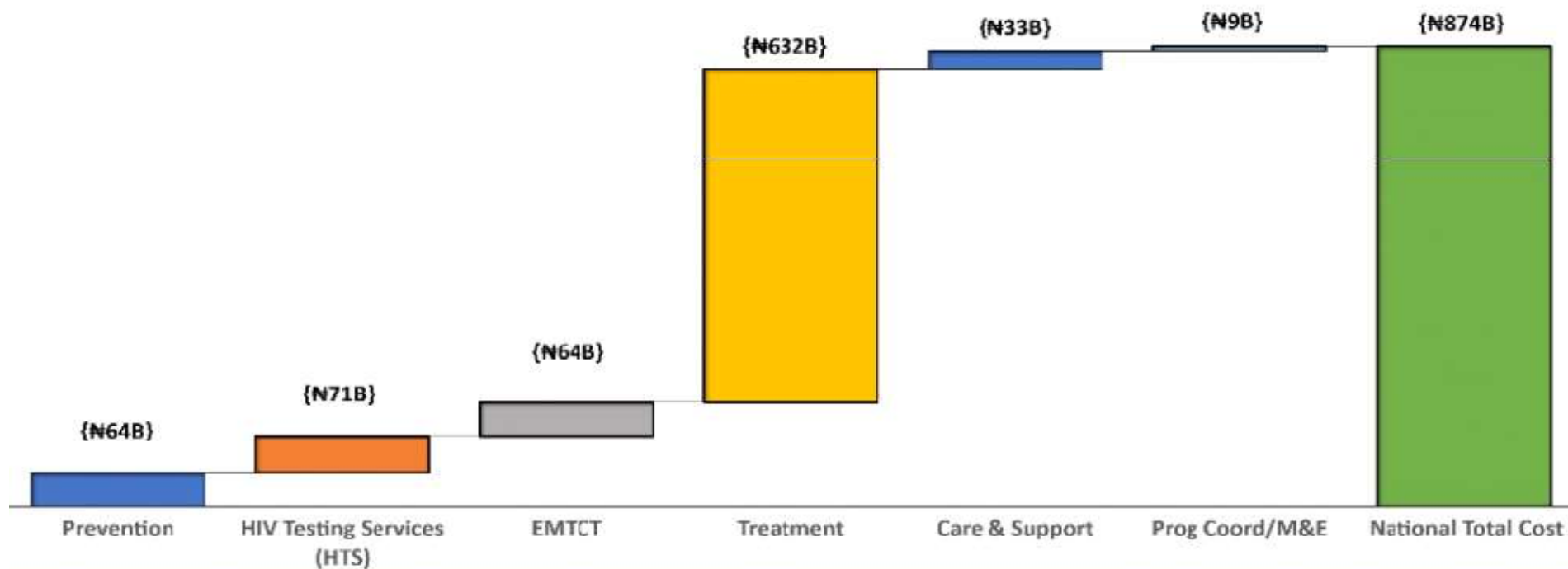
Identify area of research relating to CSOs, CCEs, Community system strengthening.

Adequate resources (Human, Financial & Material) to be provided to generate relevant evidence

Multiple platforms should be created and supported for the dissemination and use of research findings.

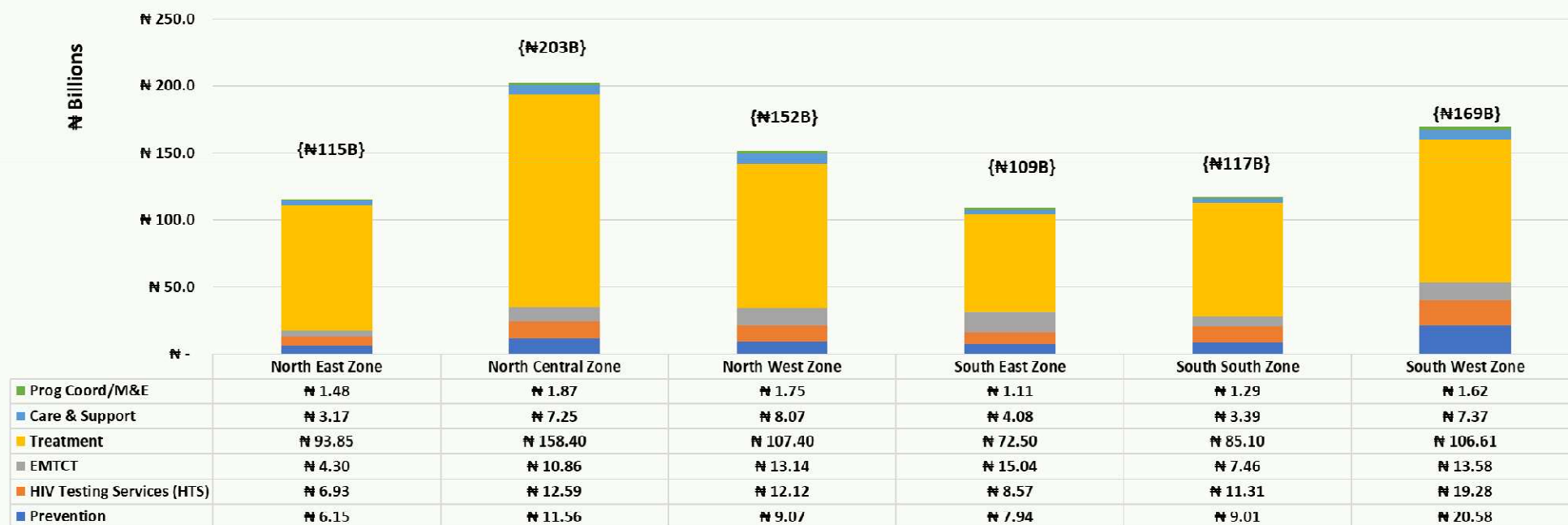
National Cost disaggregated by Thematic/Service Delivery Areas

Total Cost by HIV Service Area for 36 States & FCT in ₦billions for 2017-2021



Total Cost by HIV Service Area Across Political Zones

Total Cost by HIV Service Area Across Nigeria Political Zones, in ₦billions for 2017-2021



Thank you
