Overview of the National Prevention Plan 2018-2021

Background

1.1 Socio-demographic profile

1.2 the global HIV epidemic

1.3 Epidemiology of HIV in Nigeria

- HIV prevalence has declined and stabilized in Nigeria
- 3.0% nationally, ranging from 0.9% in Zamfara to 15.4% in Benue (2014 ANC Survey)
- Prevalence highest among 35-39 year age group
- Higher in the rural areas (3.6%) compared to urban areas (3.2%)
- Higher in the South-South Zone (5.5%) and lowest in the South-East (1.8%)

1.3.1 HIV prevalence among general and Key Populations

- BBFSW had an estimated prevalence of19.4%; NBBFSW - 8.6%
- MSM - 22.9%
- PWID – 3.4%

Background

- Mode of transmission
  - Key pop constitute about 1% of the population and contribute 23% of new infections
  - Low risk heterosexuals contribute 42.2%

Factors that affect the risk of HIV transmission in Nigeria

Route of transmission	Local practices/behaviour or conditions	Epidemiological implication
Sexual route	-High mobility of sex workers	-Facilitates geographical spread
	-Multiple and concurrent sex partners	Increases the risk of HIV within the relationship network
	-High risk sexual behaviours/practice of itinerant/travelling workers (e.g. transport workers, uniformed service providers, migrant labourers and travelling public servants	-Increases the risk to the sexual network, contacts and families, and facilitates the geographical spread
	-High prevalence of sexually transmitted infections	-Enhances the risk of HIV transmission
	-High risk homosexual practices (e.g. non-use and incorrect use of condoms)	-Increase the risk of HIV to the group, their other sexual partners
	-Trafficking of girls and young women and sexual violence - - Inadequate access and use of sexual and reproductive health information and services by adolescents and young people	-Increases local and international risk and also prevalence of more divergent HIV strains - - increase in risky sexual behaviours by adolescents and young people especially among adolescent girls and young women - High rate of new infections among this population group
Blood transfusion and injection safety	-Inadequate screening of blood for blood transfusion and use of inappropriate blood screening methods	-Increase in new HIV infections and risk to families and contacts
	-Over-prescription of injectable medications and potential re-use of injection needles	- Increase in new HIV infections and risk to families and contact
	-Unverified HIV vaccine claims that involve the transfusion or inoculation of human blood for curative or preventive purposes	-Increase the risk to recipients, families and sexual contacts
Mother to child transmission	-Poor use of antenatal care services -Delivery outside health facility without skilled birth attendant -low prevalence of exclusive breastfeeding -poor access and use of reproductive healthcare	-Increase the risk of mother to child transmission of HIV
Inoculation, through skin piercing practices, blood-letting procedures	- Use of unsterilized instruments for procedures within health and non-health settings - Unsterile traditional blood letting -use of unsterile sharp instruments	- Increase the risk of HIV transmission

Background

2.0 The Development of the National HIV Prevention Plan (2018-2021)

2.1 Goal: To provide guidance for evidence informed, efficient and effective HIV prevention programme to fast track the nation's contributions to the global 90:90:90 agenda as reflected in the 2017 to 2021 National HIV/AIDS Strategic Plan.

2.4 Development Process

- Led by NACA in consultations with stakeholders
- Desk review of the previous plan
- Core Team constituted
- Southern and northern consultative meetings
- Further inputs at NPTWG meeting

2.5 Guiding Principles of the NPP

- Provide leadership and strategic technical direction for the national prevention response
- Enhance access of PLHIV, key populations and vulnerable groups to comprehensive HIV prevention programmes
- Address gender related factors that increase females and other vulnerability populations to HIV
- Delivery of integrated services
- Evidence-based HIV/AIDS programming

Nigeria's Priority Prevention Pillars Towards Reducing New Infections to 500 000 by 2020

- Combination prevention- comprehensive sexuality education, economic empowerment and access to sexual and reproductive health services for young women and adolescent girls and their male partners in high-prevalence locations.
- Evidence-informed and human rights-based prevention programmes for key populations, including dedicated services and community mobilization and empowerment.
- Strengthened national condom programmes, including procurement, distribution, social marketing, private-sector sales and demand creation.
- Pre-exposure prophylaxis (PrEP) for population groups at higher risk of HIV

Background

- Target population
  - General population including vulnerable groups
  - Key populations
- Overview of the MPPI
- Cluster model for the national prevention programme implementation

2.1 Thematic Area: Prevention

- **Strategic Objective**: To significantly reduce the incidence of new HIV infections by 2021.
  - **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 behavior 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 safe blood and blood products by 2021.
  - **Target 5**: 90% of the general, key and vulnerable populations' access safe injection practices by 2021

Thematic Area: Prevention

Strategic Focus for HIV Risk Reduction

- Condoms and condom-compatible lubricants programming
- Promote evidence informed pre-exposure prophylaxis
- Provide post-exposure prophylaxis to all eligible people
- Facilitate access of PWID NSP, OST and to education and use of naloxone for opioid overdose
- Strengthen the integration of HIV with tuberculosis, hepatitis B and C screening, prevention, and treatment services.
- Provide routine screening and management of mental health disorders to vulnerable and key populations
- Access of vulnerable and key populations to screening, diagnosis and treatment of sexually transmitted infections.
- Establish and sustain HIV workplace programmes.
- Strengthen Social Behavioral Change Communication

Thematic Area: Prevention

- **2.1.2 Biomedical transmission of HIV**
- **2.1.2.2 Strategic Focus for Blood and Blood Product Safety**
- Strengthen well-organised, centrally coordinated blood safety activities
- Encourage 100% voluntary non remunerated blood donor system.
- Promote testing of all donated blood for transfusion-transmissible infections using EIA.
- Implement National Blood Transfusion Service policy on screening
- Promote quality assurance system for all stages of the transfusion process.
- Ensure quality indicators are utilized to secure a safe blood supply.
- Establish proper data and blood supply/distribution logistics management coordinated with National Blood Transfusion Service.
- Facilitate decentralized access to blood supply
- Increase access to post-exposure prophylaxis for HIV prevention.

Biomedical transmission of HIV

- **2.1.2.3. Strategic Focus for Injection Safety and Health Care Waste Management**
- Disseminate guidelines and promote implementation of injection safety practices
- Strengthen system for facility management of injections and other health care waste
- Establish and implement post exposure prophylaxis protocols
- Facilitate private sector participation in healthcare waste management system
- Discourage over-prescription and inappropriate use of injections.
- Train health care workers in injection safety issues and appropriate waste disposal practices.
- Mainstream healthcare waste management into HIV programmes
- Improve collaboration between stakeholders on healthcare waste management.
- Promote adoption and practice of universal precautions at all levels

Biomedical transmission of HIV

2.1.3.2. Strategic Focus for Condom and Lubricant Programming

- Dissemination and implementation of the National Condom Strategy 2017 – 2021
- Conduct formative and market research, on preferences, target audience segmentation and values and perceptions that influence the use of male/female condoms/lubricants.
- Strengthen regulatory bodies such as NAFDAC and National Condom Laboratory to standardize private sector involvement
- Use of Social media, Community-based and non-clinical providers (PPMVs and Pharmacies) as a distribution channel for information sharing, demand creation, and promotion of behaviour change
- Use of Youth friendly outlets to improve education and access to male and female condoms with condom-compatible lubricants
- Promote public-private partnership to improve operations, logistics, efficiency and cost effectiveness.

Biomedical transmission of HIV

- **2.1.4.1. Strategic Focus for Prevention Care Service Access**
- Strengthen the primary health care centres to provide integrated HIV prevention care
- Decriminalise sexual behaviours, sex work and drug use
- Build capacity to provide health and other support services provided to all persons who experience violence.
- Develop policy and guidelines on harm reduction to access access to opoid substitute therapy, needle exchange and access to Naxolone
- Strenghten capacity of all health care facitiies to provide non-discriminatory HIV prevention services to key and vulnerable populations

Biomedical transmission of HIV

- **2.1.4.2. Strategic Focus for Social-cultural and Gender Issues**
- Promote education and access of male and female to contraception
- Build capacity of health-care providers on non-discriminatory, confidential access of adolescents and women to HIV prevention services
- Reduce age of consent and uptake of HIV and other sexual and reproductive health services
- Build capacity of parents to support independent access of adolescents to HIV and other sexual and reproductive health services

Biomedical transmission of HIV

- **2.1.4.3 Strategic Focus for Community Empowerment**
- Ensure meaningful participation of key population in HIV programming
- Ensure meaningful participation of adolescents and young women in HIV programming
- Adopt the human centred design approach for community based intervention programme design.

Thematic area: HIV Testing Services

- **2.2.2. Strategic Focus for HIV Testing Services by 2020**
- Scale up targeted HIV testing service programme as a component of MPPI
- Promote age disaggregation of HIV testing service data to ensure information on children, adolescents, young adults and adults accessing HTS are captured.
- Create demand for, access to and uptake of HTS
- Institute measures to increase access of adolescents, young persons, key populations and vulnerable populations to HIV testing services.
- Use the cost-effective service delivery model for HTS to reach the priority populations.
- Promote client initiated and provider initiated counselling and testing

Thematic area: HIV Testing Services

- Pilot the use of self testing
- Expand availability and provision of targeted HTS approaches such as Partner Notification Services (PNS), Index Testing of partners and children, Provider Initiated Testing and Counselling(PITC) , Social Network and Self Testing amongst.
- Strengthen HIV testing quality assurance services, referrals and linkages to other health related services.

Thematic area: Elimination of Mother to Child Transmission of HIV

2.3.1. Objectives for elimination of Mother to Child Transmission of HIV for 2020

- **Target 1:** 95% of pregnant women access HIV testing services**.**
- **Target 2:** 40% of HIV-positive women use modern contraceptives.
- **Target3:** 95% of HIV positive pregnant and breastfeeding mothers receive antiretroviral therapy.
- **Target 4:** 95% of HIV-exposed infants receive antiretroviral prophylaxis.
- **Target 5:** 95% of HIV-exposed infants have early infant diagnosis within months of birth.
- **Target 6:** 95% of HIV exposed infants receive co-trimoxazole prophylaxis within 2 months of birth .
- **Target 7**: 90% of HIV exposed babies have access to HIV serological test by the age of 18

Thematic area: Elimination of Mother to Child Transmission of HIV

- **Strategic Focus elimination of Mother to Child Transmission of HIV**
- Foster an enabling environment for HIV positive pregnant and breastfeeding mothers and HIV-exposed infants to access HTS and antiretroviral drugs.
- Strengthen targeted HTS demand generation programmes for pregnant women at high risk for HIV infection.
- Promote integration of, and strengthen referrals and linkage systems between HTS, other HIV management services for pregnant women.
- 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.

Thematic area: Elimination of Mother to Child Transmission of HIV

- 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.
- Expand access of HIV exposed babies to HIV serological test at 18 months.
- Strengthen community systems to support care for HIV-exposed infants.
- Institute and strengthen the gender sensitive quality management systems for all eMTCT facilities.
- Build capacity on gender sensitive task shifting, recruitment and retention of health care workers to reduce waiting time in service delivery facilities.
- Increase private sector engagement in the provision of eMTCT services.Conduct appropriate research to identify strategies to facilitate the elimination of mother-to-child transmission of HIV.

Monitoring and evaluation

- Reporting lines
- Challenges of M&E