National Prevention Plan

National HIV/AIDS Prevention Plan 2007 - 2009

Executive Summary

The first case of HIV/AIDS was reported in Nigeria in 1986. By 1991, prevalence rate had risen to 1.8% of the population; it progressed rapidly to 4.5% in1996, 5.5% in 2001 and started dropping to 5% in 2003 and 4.4% of the entire population by 2005. It is expected that this reduction in the prevalence rate will be sustained. However, from the results of the 2005 Sero-prevalence Sentinel Survey, a total of 2.86 million people were estimated to be living with HIV/AIDS in the country. The report also indicated that the infection is more prevalent in the 25 – 29 age group. But the survey estimate for new infections indicated that 296,320 adults and 73,550 children less than 15 years will be infected. By 2006, the progression of new infections was projected at 346,150 in the adult population and 75,780 in children less than 15 years. It was also discovered that although the epidemic is classified as being generalized in the country, in the sense that all the states of the Federation are affected, there is a definite trend indicated by a high prevalence band running from the North Central through the South East to the South-South states. Lower prevalence areas, however, cover the North East, South West and parts of the North West states. State specific prevalence rates vary from 1.6% in Ekiti State to 10% in Benue State. But the Antenatal HIV rates are less variable by age group. It was found that young adults appear most at risk with HIV prevalence of 3.6% amongst pregnant 15 – 19 year olds and a peak of 4.9% amongst the 26 -29 year olds.

The multi-sectoral platform of the national response, the strengthening of NACA and the application of the THREE ONES principle (One national framework, One strategic plan and One monitoring and evaluation framework) have led to better coordination of the activities of various sectors, expanded both the linkages & networking amongst numerous groups as well as increased the access to available resources and interventions by those who require the services. A case in point here is the resultant improved involvement, participation and contribution of the private sector organizations, civil society organizations, bi-lateral and multi-lateral organizations, PLWHAs and the United Nations agencies. Such cooperation and collaboration haveresulted in the injection of more resources into the national response by Government/public funding, the Global Fund to fight Tuberculosis, AIDS and Malaria (GFTAM), the United States Government (PEPFAR) and the World Bank (MAP). A greater commitment to fighting the epidemic has also been demonstrated by the three tiers of Government at Federal, State and Local levels.

As soon as the first case was discovered in the country, the Nigerian Government mounted a national response principally guided by the Federal Ministry of Health. This response was expanded in 2000 with the establishment of the Presidential Council on AIDS (PCA) and the

National Action Committee on AIDS (NACA). Membership of these two organizations was multi-sectoral in nature and thus began the multi-sectoral intervention on issues of HIV/AIDS in Nigeria. These provided the basis for a coordinated effort to provide comprehensive prevention, treatment, care and support services through a number of plans including the HIV/AIDS Emergency Action Plan (HEAP), the HIV Health Sector Plan and the National Strategic Framework (NSF). These plans focused on scaling up of access to and quality of HIV/AIDS services which included a wide range of interventions such as BCC, FLHE, VCT, Blood Safety, PMTCT, Palliative Care for Opportunistic Infections (OIs), ART and home based care for People Living with HIV/AIDS (PLWHA),support for orphans and vulnerable children (OVC) and People Affected by AIDS (PABA) as well as adequate treatment of sexually transmitted infections (STIs).

With specific regard to Prevention, the 2003 National Policy on HIV/AIDS and the 2005 – 2009 National Strategic Framework (NSF) for action provide a strong and comprehensive approach to prevention efforts including a balanced “ABC” approach. A national Prevention Technical Working Group was constituted to provide better coordination and harmonization of prevention programmes as well as provide technical guidance at the national & state levels towards achieving the set prevention goals within the NSF.

The Nigeria HIV prevention program over the next 2years will adopt a new strategic thrust. To this end, a review of current efforts at prevention shows that varied and single intervention approaches are in use by implementing agencies and these have not actualized the expected levels of behavioural change required to avert new infections. A compendium of proven best practices in Nigeria is to be developed and from within this pool, it is prevention be required to provide a minimum package of services. The prevention goals identified within the NSF were informed by actions/activities found to be the drivers of the epidemic in Nigeria. These include the following: ¾ Informal Transactional Sex ¾ Low Risk Perception of the population ¾ Multiple Partnerships between the sexes ¾ Lack of Established STI Programming for Most at Risk Persons (MARPs) ¾ Continuing Risky Behavior of Males in the General Population ¾ Gender Inequalities, and ¾ Trans-generational Sex. To intensify and rapidly expand the national response, this National HIV/AIDS Prevention Plan, whilst targeting the general population also targets, within the general population, the following specific population groups: ¾ People Living with HIV/AIDS ¾ Workplace populations (Most at Risk Population), such as: # Sex Workers # Transport Workers # Uniformed Service Men/Women # Men sex Men (MSM) # Intravenous Drug Users (IDUs) # Youth (In &Out-of-School). ¾ People with Disability, and ¾ Children. In addition, the plan also identified various strategic components around which it was developed. Issues were articulated for each component and recommendations made for intensifying the response in each case. The components addressed in the plan include: ¾ The ABC approach to the prevention of HIV/AIDS ¾ Prevention of Mother to Child Transmission (PMTCT) ¾ HCT (Voluntary Counseling and Testing) ¾ Blood Safety ¾ Injection Safety ¾ Condom Programming & Other Preventions (e. g. Treatment of OIs, etc) ¾ Management of STIs (Sexually Transmitted Infections) ¾ New Prevention Technologies/Male Circumcision ¾ Integrating Prevention to Treatment and Care ¾ Integrating Prevention to Reproductive Health, and ¾ Economic Interventions. Whereas a summary framework for prevention activities was developed in this document, the actual Work-plan which follows the summary is quite comprehensive. The plan articulates ten steps for each thematic area of the prevention plan. It highlights objectives, key interventions, activities and indicators for measuring the achievement

of objectives. The plan goes further to identify the sector(s) responsible for each action as well as the operational level of implementation, e.g. Federal, State or Local Government. Further, time lines and budgets were established for programme implementation. Assessment of risks as well as assumptions for programme implementation was also clearly articulated. NACA NOVEMBER 2007

See complete National Prevention Plan here .