2014

NACA ANNUAL REPORT

REPORT OF ACHIEVEMENTS FOR THE YEAR 2014

From the Director General

As we approach the 2015 end-date for both the 2011 Political Declaration on HIV and AIDS and the Millennium Development Goals, the National Agency for the Control of AIDS mandated, among others, to coordinate and plan the multi-sectoral HIV and AIDS activities of the national response, present in this publication its recorded engagements and achievements in the year under review. Toward the realization of these strategic goal, the country has started to halt and reverse the spread of the epidemic in line with the MDG6 target for HIV as the HIV prevalence has come from 3.6% (NARHS, 2007) to 3.4% (NARHS, 2012) among the general population while the prevalence among pregnant women attending ante-natal clinic is currently at 4.1% (ANC, 2010) from a peak of 5.8% in 2001.

The government funding of the response has increased through the implementation of the President's Comprehensive Response Plan for HIV/AIDS receiving funding from SURE-P. The country has started the development of concept for the Global Fund New Funding Model to enable the national response benefit from the next stream of funding as the Global Fund winds up in June 2015. The national response has counselled and tested a total of 6,716,482 individuals for HIV, placing total of 747,382 on treatment to date, while 63,350 HIV positive pregnant women are on ARV prophylaxis to prevent MTCT in the year under review.

In attempts to reach the general and Most-At-Risk populations with Prevention, Care and Support interventions there were roll-out of programmes in the 36 states plus FCT, manned by over five thousand civil society organizations working in various communities nationwide.

The challenges faced by the Agency in realizing her mandate, included among others, the pockets of insecurity in some parts of the country and low uptake of HCT despite the observed increase in absolute numbers. While domestic funding was still inadequate at all levels, there was also the issue of dwindling foreign financial support.

The national response counts on the able leadership role and support of the President of the Federal Republic of Nigeria, donors and implementing partners for reaching these milestones. I wish to thank all and solicit for your continued support as we advance towards zero AIDS-related deaths, zero discrimination and zero new infections.

Prof. John Idoko

Director General NACA

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALCO	Abidjan – Lagos Corridor Organisation
ALTTFP	Abidjan – Lagos Trade and Transport Facilitation Project
ARV	Anti-Retroviral
AIT	African Independent Television
ATM	AIDS, Tuberculosis and Malaria
CCE	Country Coordinating Entity
CCM	Country coordinating mechanism
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CRIS	Country Response Information System
CSO	Civil Society Organization
DRG	Debt Relief Gains
DFID	Department for International Development
EOI	Expression of Interest
FHI	Family Health International
FLHE	Family Life HIV/AIDS Education
FME	Federal Ministry of Education
FMoH	Federal Ministry of Health
FSW	Female sex worker
GARPR	Global AIDS Response Progress Report.
GDP	Gross Domestic Product
GF	Global Fund
GIPA	Greater Involvement of Persons Living with HIV/AIDS

GTT	Global Task Theme
GoN	Government of Nigeria
GVB	Gender Base Violence
HAF	HIV/AIDS Funds
HIV	Human Immunodeficiency Virus
HCT	HIV Counseling & Testing
HPDP II	HIV/AIDS Programmes Development Project II
IBBSS	Integrated Bio-Behavioural Surveillance Survey
ICAP	International Centre for AIDS Care and Treatment Programs
IDUs	Injecting Drug Users
JMTR	Joint Midterm Review
LGA	Local Government Area
MDAs	Ministries Departments and Agencies
M&E	Monitoring and Evaluation
MSM	Men Having Sex with Men
MTCT	Mother to Child Transmission
MTR	Mid-Term Review
NACA	National Agency for the Control of AIDS
NAN	News Agency of Nigeria
NAPP	National Priority Action Plan
NARHS	National AIDS and Reproductive Health Survey
NARN	National AIDS Research Network
NASA	National AIDS Spending Assessment
NASCP	National AIDS and STI Control Programme
NASS	National Assembly
NAWOCA	National Coalition of Women against AIDS

NBTS	National Blood Transfusion Service
NCPI	National Composite Policy Index
NDN	Nigeria Diversity Network
NFACA	National Faith-based Advisory Council on AIDS
NEPWAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
NHRC	National Human Right Commission
NIBUCCA	Nigerian Business Coalition against AIDS
NLNG	Nigeria Liquefied Natural Gas Project
NNRIMS	Nigeria National Response Information Management System
NPC	National Population Commission
NSF	National Strategic Framework
NSP	National Strategic Plan
NTA	Nigeria Television Authority
NTBLCP	National TB and Leprosy Control Programme
NTWG	National Monitoring and Evaluation Technical Working Group
NYNETHA	Nigerian Youth Network on HIV/AIDS
OGAC	Office of the U.S Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PLHIV	People Living with HIV
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
PrEP	Pre Exposure Prophylaxis
PR	Principal Recipient

SACA	State Action Committee on AIDS
SAPC	State AIDS Programme Coordinator
SFH	Society for Family Health
SME	Small and Medium Enterprises.
SMT	State Management Team
SR	Sub recipient
SSR	Sub- sub recipients
SSP	State Strategic Plan
STI	Sexually Transmitted Infections
TB	Tuberculosis
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nation Development Programme
UNODC	United Nation Office On Drugs and Crime
WAHO	West African Health Organisation
WB	World Bank

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Executive Summary

The National Agency for the Control of AIDS, established in 2007 by an enabling act of parliament, with a vision of making Nigeria a nation of people with functional knowledge of HIV/AIDS who provide care and support to individuals, families and communities confronted with the epidemic and the agency solely authorized to facilitate all stakeholders HIV/AIDS in the country. Through providing an enabling environment and stable on-going facilitation of proactive multi-sectoral planning, coordinated implementation, monitoring and evaluation of HIV/AIDS prevention and impact mitigation activities in Nigeria.

Though there has been a 33% decline in the number of new infections globally from 3.4 million in 2001 to 2.3 million in 2012.While the number of AIDS deaths is also declining from 2.3 million in 2005 to 1.6 million in 2012, which shows that globally striking gains have been made towards the 2015 targets and elimination commitments, though significant challenges still remain. (UNAIDS, 2013).Globally. There is still an estimated 34 million people living with HIV/AIDS, with 7000 new infections occurring daily, globally.

In Nigeria there is an observed decline in prevalence in the general population from 3.6% (NARHS, 2007) to 3.4% (NARHS, 2012) and among pregnant women attending ANC, from a peak of 5.8% in 2001 to4.1% in 2010. The country still ranked second to South Africa, in the number of people living with HIV/AIDS in the world, representing 9% of global burden of the disease (UNAIDS, 2013). The HIV/AIDS prevalence according to the NARHS, 2012, ranges from 0.2% in Ekiti to 15.3 in Rivers state, with four states of Kaduna 9.2% (2012) 6.8% (2007), Rivers 15.2% (2012) 3.2% (2007), Nassarawa 8.1% (2012) 6.8% (2007) and Taraba 10.5% (2012) 3.6% (2007) having prevalence above 8% and showing increase from the NARHS 2007.

The National Agency for the Control of AIDS (NACA) is mandated to facilitate the engagement of all tiers of government on issues of HIV/AIDS among others. The eight departments and four units of the Agency headed by directors and unit heads report to the Director General, Prof John Idoko under the oversight of the Office of the Secretary to Government of the Federation (OSGF) in the presidency. The Agency has a staff profile of 291 comprising 245 Senior and 46 junior staff.

The Agency commemorated the 2014 World AIDS Day celebration with activities ranging from Jumat prayers in the Central Mosque, Abuja, to church services in St. Martins Catholic Church Lugbe. There was road show to create awareness on HIV/AIDS and HIV Counselling and Testing (HCT) and ended with a symposium on stigmatization and discrimination of PLHIV.

There was the Presidential Launch of the National Operational Plan for the elimination of Mother to Child Transmission of HIV in Nigeria 2015-2016, in line with the Global Plan toward the elimination of new HIV infection among children by 2015 and keeping their mothers alive.

In the year under review, there was a National HIV/AIDS Epidemiological and Impact Analysis (NHEIA) which was aimed at identifying, collecting and analysing available evidence that will inform National Policy and Programming for HIV and AIDS intervention in Nigeria, including planning of donor support and resource allocation. Data for the study were sourced from available national and state databases, existing survey reports, policy frameworks and strategic documents on HIV/AIDS epidemic response in Nigeria.

The Global Fund "New Funding Model" is a new approach to funding by the Global Fund with intent on improving on its investments. This is hoped to take effect when the present grant winds up in June, 2015.

The year witnessed the signing into law of the HIV/AIDS anti-discrimination legislation by the president on December 15th 2014 carrying an official assent date of November 27th, 2014. The legislation is an act to make provisions for the prevention of HIV/AIDS-based discrimination and protect the human rights and dignity of people living with HIV and AIDS and other related matters.

In furtherance to promoting HIV prevention, there was the launch of "Protect the Goal Campaign" by NACA in collaboration with the Joint United Nation Program on HIV/AIDS (UNAIDS), United Nation Population Fund (UNPF), National Sport Commission (NSC), Nigeria Football Federation (NFF) and Nollywood, presided by President Goodluck Ebele Jonathan with signing of the ball which symbolizes the aim of the campaign theme. The "Protect the Goal Campaign" aims to raise awareness of HIV/AIDS and to mobilize young people to commit to HIV prevention as the epidemic has high prevalence rate among youths.

The national response is supported by key partners including Global Fund and the World Bank. The World Bank supports prevention programmes among MARPs and the general populations while the GF has placed 136,555 people on treatment for HIV/AIDS nationally.

Areas of key priority in the coming calendar year include review of strategic documents such as the NSP, NNRIMS Operational Plan-II, Global Fund and HPDP-II. Also coming up are finalization of the ANC sentinels survey and conduct of IBBSS and National Survey for HIV/AIDS. With SURE-P support for the PCRP, government will take over implementation of HIV/AIDS activities in Taraba and Abia states.

The national response data showed an increase in the percentage of eligible adults and children currently receiving anti-retroviral therapy from 43% to 53%. The number of individuals who received HIV testing and counselling and know their results during the reporting period stood at 6,716,482 compared to 4,077,663 in 2013.

CHAPTER ONE: INTRODUCTION

1.1 Overview of HIV/AIDS

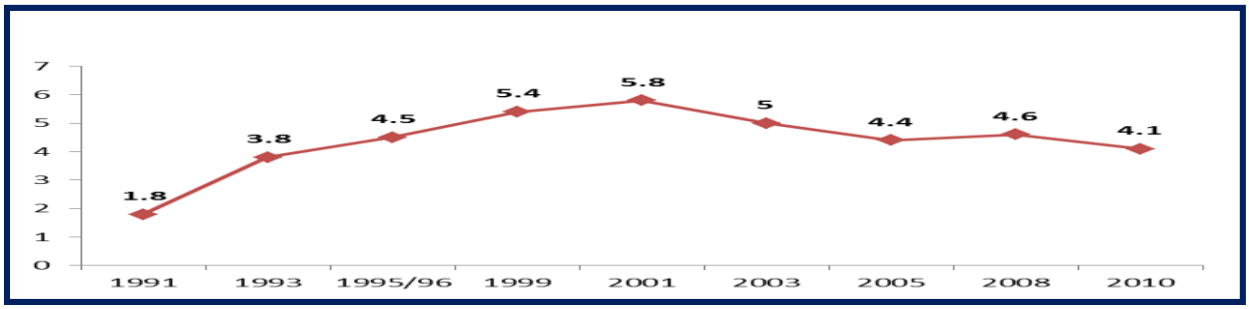
The National Agency for the Control of AIDS was established in 2007 by an enabling act of parliament with a vision of making Nigeria a nation of people with functional knowledge of HIV/AIDS who provide care and support to individuals, families and communities confronted with the epidemic and the Agency solely authorized to facilitate all stakeholders HIV/AIDS in the country. The Agency will achieve this through providing an enabling environment and stable on-going facilitation of proactive multi-sectoral planning, coordinated implementation, monitoring and evaluation of HIV/AIDS prevention and impact mitigation activities in Nigeria.

Globally, the HIV/AIDS pandemic is still of serious public health concern where an estimated 34 million people are living with HIV – 17.2 million men and 16.8 million women, 2.5 million newly infected, 7000 new infections occur each day and at least 95% of all new infections occur in less developed countries (UNAIDS, 2012). Though there has been a 33% decline in the number of new infections globally from 3.4 million in 2001 to 2.3 million in 2012 and the number of AIDS deaths is also declining from 2.3 million in 2005 to 1.6 million in 2012, which shows that globally striking gains have been made towards the 2015 targets and elimination commitments, significant challenges still remain (UNAIDS, 2013).

The AIDS epidemic has expanded in the country since the first case of AIDS was reported in 1986 in a 13-year old Nigerian. The country with an estimated population of 168.8 million (NBS, 2012) ranked second worldwide in terms of burden of the disease (UNAIDS, 2014). The HIV prevalence increased steadily from 1.8% in 1991 to 4.5% in 1995 and peaked at 5.8% in 2001, declined to 5% in 2003 and 4.1% in 2010 (FMoH, 2010) among pregnant women attending ante-natal clinics while it declined from 3.6% to 3.4% in the general population (NARHS, 2012).

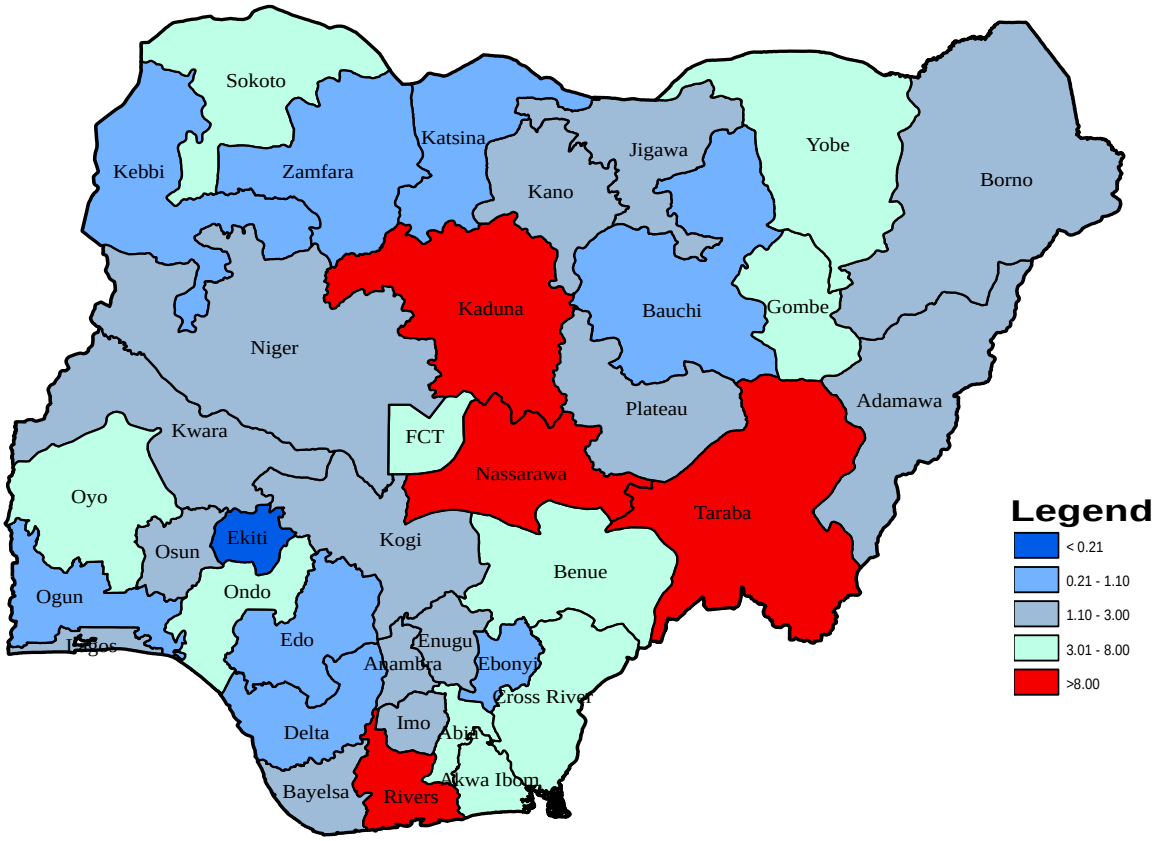
In Nigeria, an estimated 3.4 million people are living with the virus, out of which 1.5 million persons are eligible for antiretroviral, 222,315 new infections, while 223,604 AIDS related deaths occur nationally (NHEIA, 2014). The country ranked second to South Africa in the number of people living with HIV/AIDS in the world, representing 9% of the global burden of the disease (UNAIDS, 2013).

Fig. 1.1: Trend of HIV prevalence in the country



The HIV/AIDS prevalence varies from state to state according to the NARHS 2012 studies in the various geopolitical zones of the country with prevalence ranging from 0.2% in Ekiti State to 15.2% in Rivers State. The states of Kaduna 9.2% (2012) 6.8% (2007), Rivers 15.2% (2012) 3.2% (2007), Nassarawa 8.1% (2012) 6.8% (2007) and Taraba 10.5% (2012) 3.6% (2007) have prevalence above 8% and increased from the 2007 figures (NARHS 2012). A total of 10 States and FCT had prevalence ranging 3% to 8%. Two each from the North East, North Central, North West, South West and South South and only one from the South East. The four states with the highest prevalence are Rivers, Nassarawa, Kaduna, and Taraba.

Fig. 1.2: Geographic Distribution of HIV Prevalence by State (NARHS, 2012)



The epidemic has shown some states with progressively rising HIV prevalence from 2003 to 2010. In this fold are Abia (4% to 7.3%), Akwa Ibom (6.5% to 10.9%), Anambra (4% to 8.7%), Bayelsa, (4% to 9.1%), Benue (8.5% to 12.7%) and Edo (4.1% to 5.3%). A number of reasons have been advanced for this, for instance all the states except Benue and Anambra are coastal states where economic activities of migrant fishermen and petroleum oil businesses have favoured high levels of transactional sex in the coastal cities. Anambra for example, as a major national trade centre hosts major junction towns and businesses and a resultant high influx of people on a daily bases which

makes its towns and villages hotbeds of transactional sex. In terms of risk settings, commercial sex workers, truck drivers, youths and migrant traders combine to sustain the epidemic in the high burden states. Another perspective that should be mentioned regarding the states with progressively rising or declining prevalence is AIDS deaths. In Akwa Ibom State, for instance, where the prevalence has risen from 6.5% in 2003 to 10.9% in 2010, AIDS deaths have also increased from 1,508 to 16,339 in 2013. It would seem that the prevalence could have been higher but for the large numbers of AIDS deaths. This might be the same situation in Anambra where the HIV prevalence, currently at 8.7%, would have been higher but for rising AIDS deaths (from 1,116 in 2006 to 1,678 in 2012).

The Mode of Transmission (MOT) study of 2009 reported that 62% of new infections occur among persons perceived as practicing 'low risk sex' in the general population including married sexual partners, while persons practicing high risk sex including drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSMs) account for 32%. The leading route of transmission is heterosexual intercourse accounting for over 80% of HIV infections. Therefore evidence-based preventive interventions through the Minimum Prevention Package Intervention (MPPI), Nigeria's version of the combination prevention approach, among MARPs and the general population to ensure that higher numbers of Nigerians remain HIV negative are appropriate. These new infections are fuelled by low personal risk perception, multiple and concurrent sexual partnerships, intense transactional and intra-generational sex, ineffective and inefficient services for sexually transmitted infections (STIs), inadequate access to and poor quality of healthcare services, entrenched gender inequalities and inequities, chronic and debilitating poverty, and persistence of HIV/AIDS-related stigma and discrimination. The nation in fighting new HIV infections has constituted and mandated the new Prevention Technologies Technical Working Group (NPTTWG) to lead in the development of an updated, forward-looking and action-oriented National HIV vaccine plan that advances Nigeria's capacity to contribute to vaccine research and development and following up on the implementation of the plan and launch of the eMTCT plan.

The Federal Government launched the President's Comprehensive Response Plan (PCRP) for HIV/AIDS in Nigeria and started implementation through SURE-P, which is a strategic and investment tool to the challenges facing the national response, designed with the mission of addressing priority systems and service delivery challenges to the HIV and AIDS Response in Nigeria .The goal of this tool is to accelerate the implementation of key intervention over a two year period to bridge existing service access gaps, address key financial, health systems and coordination challenges and promote greater responsibility for the HIV response at federal and state levels. This plan aims to avail 80 million men and women aged 15 and older knowledge of their HIV status; enroll an additional 600,000 HIV eligible adult and children on ART; provide ART for 244,000 HIV pregnant women for PMTCT, provide access to combination prevention services for 500,000 MARPS and 4 million young person's and activate 2,000 new PMTCT and 2,000 ART service delivery points across the country.

The nation through NACA is doing a lot to combat the effects of the epidemic, through Promotion of Behavior Change and Prevention of New HIV Infections, Treatment of HIV/AIDS and Related Health Conditions, Care and Support of PLHIV, PABA, and OVC, Policy, Advocacy, Human Rights, and Legal Issues, Institutional Architecture, Systems Coordination, Resourcing, Monitoring and Evaluation Systems comprising M&E, Research and Knowledge Management as spelt out in the NSP 2010-2015.These processes are supported by the HPDPII project, the Global Fund programme, PEPFAR and other donor mechanisms.

1.2 Mandate of National Agency for the Control of AIDS (NACA)

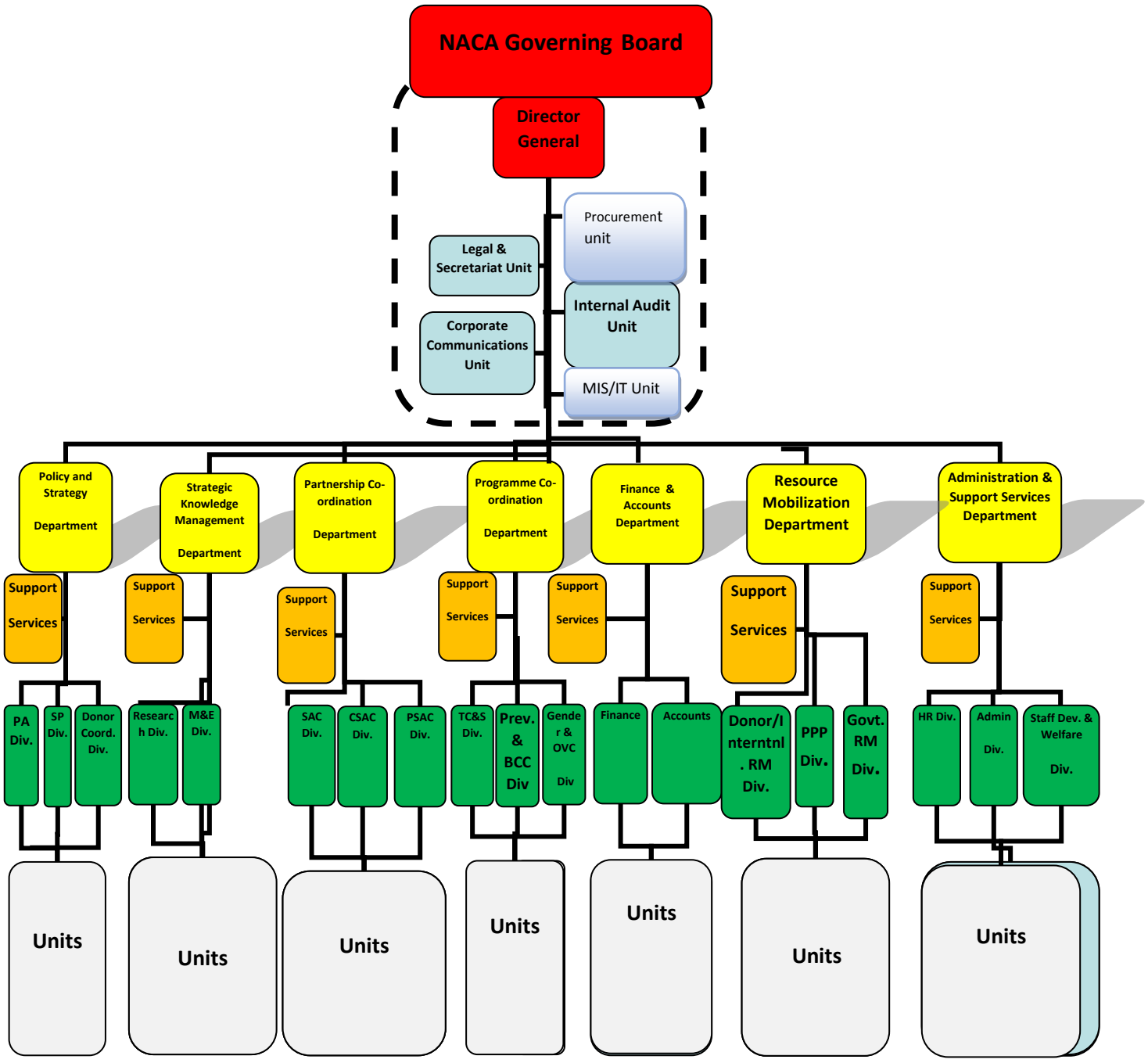
The mandates of NACA include the following:

1. Coordinate and plan identified multi-sectoral HIV and AIDS activities of the National Responses;
2. Facilitate the engagement of all tiers of government on issues of HIV and AIDS;
3. Advocate for the mainstreaming of HIV and AIDS interventions into all sectors of the society;
4. Develop and periodically update the strategic plan of the National Response programme;
5. Provide leadership in the formation of policies and sector specific guidelines on HIV and AIDS;
6. Establish mechanisms to support HIV and AIDS research in the country;
7. Mobilize resources (local and foreign) and coordinate its equitable application for HIV and AIDS activities;
8. Develop its own capacity and facilitate the development of other stakeholders capacity;
9. Provide linkages with the global community on HIV and AIDS; and
10. Monitor and evaluate all HIV and AIDS activities.

1.3 National Agency for the Control of AIDS (NACA) Structure

1.3.1 NACA Organogram

Fig. 3: NACA organogram



1.3.2 National Agency for the Control of AIDS (NACA) Top Management as at December 2014

Prof. John Idoko, Director General

Hajiya Maimuna Muhammed
Director, Partnership Coodination

Dr. Emmanuel Alhassan
Director, Resource Mobilization

Mr. Nsikak Ebong
Director, Finance & Accounts

Mr. Emmanuel Chenge
Director, Admin. & Support Services

Dr. Priscilla Ibekwe
Ag. Director, Programme Coordination

Dr. Kayode Ogungbemi
Director, Strategic Knowledge Management

Dr. Akudo Ikpeazu
Director, Special Duties

Mr. Alex Ogundipe
Director, Policy & Strategy

1.3.3 National Agency for the Control of AIDS (NACA) Management Team

S/no	Name	Department/Unit	Designation
1	Professor John Idoko	Office of the DG	Director General
2	Hajiya Maimuna Muhammed	Partnership coordination	Director
3	Mr. Emmanuel Chenge	Administration & support service	Director
4	Dr. Kayode Ogungbemi	Strategic Knowledge Management	Director
5	Mr. Alex Ogundipe	Policy &strategy	Director
6	Dr. Akudo Ikpeazua	Special duties	Director
7	Mr.Nsikak Ebong	Finance & Accounts	Director
8	Dr. Emmanuel Alhassan	Resource Mobilization	Director
9	Dr. Ibrahim Atta	Partnership Coordination	Deputy Director
10	Dr. Greg Ashefor	Strategic Knowledge Management	Deputy Director
11	Mr. James Ofodi	Internal Audit	Deputy Director
12	Dr. Kenneth Kalu	Finance & Account	Deputy Director
13	Mr. Sam Archibong	Communication	Deputy Director
14	Mrs. Jane Ezenekwe	Administration & support service	Deputy Director
15	Dr Olufunke Oki	Policy and Strategy	Deputy Director
16	Mrs Kalu Josephine U	Resource Mobilization	Deputy Director
17	Mrs Uwa Nne Samuel	Finance & Account	Deputy Director
18	Dr. Priscilla Ibekwe	Programme Coordination	Ag. Deputy Director
19	Dr. Chidi Uweneka	Policy & Strategy	Deputy Director

1.3.4 National Agency for the Control of AIDS (NACA) Staff Strength

S/NO	Category	Number
1	Senior Staff	245
2	Junior Staff	46
Total number of staff		**291**

CHAPTER TWO: ACTIVITIES OF THE NATIONAL AGENCY FOR THE CONTROL OF AIDS IN 2014

2.1 Department of Administration and Support Services

2.1.1 Achievements

- Security services were provided for NACA office locations (Main Office, Lagos & Edo houses) with no recorded security breach in the year 2014.
- Generator maintenance was done which kept the generator sets in good working condition to maintain staff productivity in events of power outage.
- NACA vehicles and equipment were operated with requisite insurance coverage.
- Power utility bills were paid for continuous power supply in all NACA office locations.
- Courier delivery of important official document was done to facilitate communication.
- Promotion exercises were conducted for eligible staff.
- Office and equipment including photocopiers, printers, air conditioners and refrigerators maintenance and provision of stationeries/ Security documents & IT consumables to ensure comfortable working environment for staff
- Annual renewal of office rent was done to maintain the office spaces for the year 2014.
- A porter cabin refurbishment was carried to create office space for the drivers.
- There was continued welfare for staff through food gifts at the end of the year, support of staff weddings and other social gatherings to boost their morale, promote the spirit of brotherhood regardless of religious, tribal and regional affiliations.
- The department coordinated the training programmes for the agency and engaged it staff on Servicom and training of its secretaries and clerical officers in secretarial advanced administration, documentations and Report writing for improved performance on the job.
- The department conducted Management and general staff meetings to ensure organisational mandates and objectives are being achieved.
- The department conducted Junior and senior staff committee meetings to interview staff for promotion.

2.1.2 NACA 2014 Trainings

Admin Department- General Admin Division & Protocol Unit

Course Title	No. of Participants	Cost per Participant	Total Cost	Cadre	GL	Course date	Duration	Govt/ Private/ Consultant	Sponsor
NACA Fixed Asset Training	2	N45,000 N24,000	N69,000	Admin	09 05	25-27 Nov.	3 Days	Consultant	GoN
Work Ethics, electric mails & paperwork control	3	N137,520	N412,560	Executive	05	18-24 Nov.	7 Days	Govt.	GoN
Developing Business Etiquette & Protocol	2	N1,548,558	N3,097,116	Admin	13 11	5-9 Jan	5 Days	Private (Dubai)	GoN (SURE-P)

Programme Coordination

Course Title	No. of Participants	Cost per Participant	Total Cost	Cadre	GL	Course date	Duration	Govt/ Private/ Consultant	Sponsor
Programme Management	2	N12,500	N25,000	Prog. Officer	07	1-5 Dec	5 Days	Consultant	GF
PLC Net	1	N25,000	N25,000	,,	07	24-28 March	,,	,,	GoN
NACA Mgt. Training	37	N5,000	N185,000	,,	07 08	24-28 March	,,	,,	GoN
Time Mgt. Training	1	N25,000	N25,000	,,	13	24-28 March	,,	,,	GF
PLC Net	4	N5,000	N20,000	,,	07	24-28 March	,,	,,	GoN

Time Mgt.	1	N30,705	N30,705	,,	10	11-15 Nov.	,,	,,	GF
Genet rant Installation 2	2	N141,000	N282,000	,,	14 10	11-15 Nov.	,,	,,	GF
Project Mgt.	2	N141,000	N282,000	,,	07	1-5 Dec	,,	,,	GF
PLC Net	2	N141,000	N282,000	,,	07	24-28 March	,,	,,	GF

Strategic Knowledge Department

Course Title	**No. of Participants**	**Cost per Participant**	**Total Cost**	**Cadre**	**GL**	**Course Date**	**Duration**	**Govt/ Private/ Consultant**	**Sponsor**
M & E Training	6	N210,000	N1,260,000	Programme Officer	07 08 09	18-31 March	2 Weeks	Govt.	GoN
PLCN Training	11	N210,000	N2,310,000	,,	07 08	7-13 June	1 Week	Consultant	GoN
PHIS 2 Academy Training	6	N170,000	N1,020,000	,,	13 10 09	5-11 Aug	1 Week	Private	GoN
Mathematical Modelling	24	N349,400	N8,385,615	,,	07 08 09		3 Weeks	Private	WB

Resource Mobilization Department

Course Title	**No. of Participants**	**Cost per Participant**	**Total Cost**	**Cadre**	**GL**	**Course Date**	**Duration**	**Govt/ Private/ Consultant**	**Sponsor**
PLCNET Training	9	N25,000	N225,000	Programme Officer	07 08 09	24-28 March	5 Days	Consultant	GoN

Policy & Strategy Department

Course Title	No. of Participants	Cost per Participant	Total Cost	Cadre	GL	Course Date	Duration	Govt/ Private/ Consultant	Sponsor
Project Mgt.	35	N196,091	N6,86,220	Programme Officer	12	1-5 Dec	5 Days	Consultant	GF
PLC Net	38	N196,091	N7,451,496	,,	08	1-5 Dec	5 Days	,,	GoN

Partnership Coordination Department

Course Title	No. of Participants	Cost per Participant	Total Cost	Cadre	GL	Course Date	Duration	Govt/ Private/ Consultant	Sponsor
PFC Net	7	N25,000	N175,000	Senior Staff	07 08	24-28 March	5 Days	Consultant	GoN

Finance & Accounts Department

Course Title	No. of Participants	Cost per Participant	Total Cost	Cadre	GL	Course Date	Duration	Govt/ Private/ Consultant	Sponsor
Fixed Asset Training	22	N104,828	N2,306,200	Senior staff	07 08 09	March	3 Days	Consultant	GoN
IPSAS Training	5	N10,000	N50,000	,,	09	Apr	2 Days	Govt.	GoN
IPSAS Training	6	N959,467	N5,756,800	,,	09 10	May	8 days	Consultant	GoN

Director-General's Office

Internal Audit Unit

Course Title	No. of Participants	Cost per Participant	Total Cost	Cadre	GL	Course Date	Duration	Govt/ Private/ Consultant	Sponsor
Fixed Asset Training	3	N45,100	N135,300	Senior staff	08 10 12	25-27 Nov	3 days	Private	GoN
Refresher Upgrade Training	2	N83,589	N167,167	,,	12 14	4-6 Oct	,,	,,	WB
IPSAS Training	3	N154,000	N462,000	,,	12	15-19 Oct	5 days	Consultant	GoN
Project Mgt	4	N55,000	N220,000	,,	07 08 09	1-5 Dec	,,	Private	GF

Legal Unit

Govt. Legal Advisers/Law officers course	2	N100,000	N200,000	Senior staff	08	11-15 May	1 week	Govt	GoN

Corporate Communications

z	2			Senior staff	07	24-28 March	5 days	Govt	GoN
Leadership in strategic Health Communication				,,	10	27Oct-8Nov	2 Weeks	,,	GoN

2.1.3 A Summary of NACA Staff by State Representation as at December 2014

S/NO	State	No. of Staff
1.	Abia	14
2.	Adamawa	6
3.	Akwa Ibom	16
4.	Anambra	20
5.	Bauchi	4

6.	Bayelsa	3
7.	Benue	25
8.	Borno	8
9.	Cross River	9
10.	Delta	13
11.	Ebonyi	7
12.	Edo	13
13.	Ekiti	8
14.	Enugu	9
15.	FCT	4
16.	Gombe	1
17.	Imo	16
18.	Jigawa	-
19.	Kaduna	13
20.	Kano	2
21.	Katsina	3
22.	Kebbi	1
23.	Kogi	19
24.	Kwara	10
25.	Lagos	3
26.	Nassarawa	9
27.	Niger	4
28.	Ogun	11
29.	Ondo	13
30.	Osun	6
31.	Oyo	7
32.	Plateau	5
33.	Rivers	3
34.	Sokoto	1
35.	Taraba	6
36.	Yobe	-
37.	Zamfara	-

2.2. Department of Programme Coordination

2.2.1 Achievements

- The completion of a research project and publication of a report highlighting the programming opportunities along the transport corridors of Nigeria as outline in the NACA/MDG work plan i.e. ‘’**Summary of structural and individual factors driving continued HIV transmission along key transport corridors in Nigeria: An opportunity for intervention’’.**
- The MDG project, HIV prevention messages reached over 50,000 Nigerians in 13 states during advocacy visits to community leaders, distribution of 10,000 IEC Materials and Stickers, radio and television announcements.
- The NACA/MDG project trained Over 200 vulnerable women and People Living with HIV in Kaduna State and Gwagwalada in the Federal Capital Territory on Income Generating Activities and are to receive start up grants and inputs to start their own businesses.
- Demand creation activities for PMTCT (and offer of HCT at first point of contact with pregnant women) are on-going and targeted to reach 15,000 women.
- Conduct of 2 quarterly PMTCT national task team meetings.
- Printing of the National Guidelines for Implementation of HIV Prevention Programmes for FSWs in Nigeria and the MPPI how-to-guide.
- Provided technical assistance in the production of the National Priority Agenda for Vulnerable Children in Nigeria (NPA-2013-2020) and production and launching of Vulnerable Children (VC) Standard of Services in Nigeria. A strategic framework that will guide the multi-sectoral operationalization of the objectives and strategies of Nigeria Vision 20:2020 (NV20:2020) which aim to ensure the protection of the most vulnerable children in Nigeria and reduce child poverty, which is a movement from a response for vulnerable children which is direct service-delivery focused, to a comprehensive response which aims to build and strengthen integrated and linked systems.
- HAF CSOs have been provided with direction on how best to provide services to Vulnerable Children (VCs) and PLHWA, by bringing out the Care and Support component during the MPPI/DHIS training for HAF CSOs in various states of the country.

Products of NACA empowerment programme at display in ANAWIM Home in Gwagwalada, Abuja

- A total of 54,750 individuals were Counselled, tested and given results with 1286 testing HIV Positive through the MDG HCT outreach at Obafemi Awolowo University (NUGA 2014)
- Partnered with FMWASD and other partners to develop and disseminate the Gender Based Violence in Nigeria and National Guidelines & Referral Standards (2014) .These documents are geared towards strengthening and addressing gender related issues in situations of conflict & insurgency as well as in the national HIV & AIDS response in Nigeria.
- Partnered with UNDP to develop and disseminate the report of the Mapping of Laws, Policies and Services on Gender Based Violence (GBV) and its intersections with HIV in Nigeria (2014).
- The Capacity of 38 participants from MDAs, networks and CSOs were trained and linkages created at a workshop in Lagos on National HIV and gender based violence intersection programmes.

Products of the NACA empowerment programme on display in ANAMIM home In Gwagwalada, Abuja.

- Conduct quarterly GTC meeting to support the mainstreaming of gender equality in the National Response as outlined in the National Strategic Framework for gender responsiveness.
- Supports various capacity building for internal and external mainstreaming of gender in HIV/AIDS response e.g. Gender training for NACA Senior staff.
- Conduct of the MPPI/DHIS training for HAF CSOs in 27 states of the country, for Proper implementation of Prevention care & support programs using the standard approach as well as reporting using the DHIS.
- The department ensure that 5 out of the 10 proposed states have done their cluster listing exercise, this brought about the Validation of existing/new hotspots as well as mapped services delivery points and was used to populate the cluster listing template.
- The training of 16 NDLEAs officers and 11 CSOs by NACA in collaboration with UNODC, to better support interventions for PWIDs.
- The department has hosted the NPP 2013 – 205 plan on the NACA website which is currently running.
- Conducted pre- workshop development meeting with the 4 MDAs streamline for the World Bank HPDPII implementation for understanding of their targets, result framework and indicators.
- Assisted the 4 MDAs under World Bank HPDPII to develop and costed their work plans.

- Conducted 2 of the 4 quarterly meeting of National Prevention Technical Working Group IN 2014.
- Drafted TV spot for PMTCT demand creation and printing of IEC material for PMTCT demand creation.
- Development of an HIV action plan for adolescent and youths.
- Adolescent and young persons strategy in place and in use.
- Support and facilitated the production and distribution of national guidelines for care and support and making the guidelines available to all stakeholders in all facilities and CBOs.

2.3 Department of Strategic Knowledge Management

2.3.1 Achievements

- Conduct of states and National HIV/AIDS Epidemiological and Impact Analysis, for 2014.
- Conduct of the PHC survey 2014.
- NACA Commenced reporting of the Non-Health Sector data (prevention programs for MARPS, OVC, and HBC) on DHIS platform.
- Mobile phones were deployed to selected Primary Health Care (PHCs) facilities to enable them report on program data through the DHIS.
- Conduct of three out of the four Strategic Knowledge Management National Technical Working Groups (SKM NTWG) Meetings, in 2014.
- Development and harmonisation of prevention and non-health sector tools.
- Building the capacity of over five hundred CSOs involved in communities based interventions on reporting using the DHIS database across the country.
- Support the development of the concept for the Global Fund Interim Fund application and New Funding Model (NFM), which will culminate in additional funds towards the national response
- Production of the 2014 NACA annual report, detailing the achievements of the Agency.

The Director, Strategic Knowledge Management, Dr. Kayode Ogumgbemi in a session at the International AIDS Conference, Australia

2.4 Department of Resource Mobilization

2.4.1 Achievements

- Finalising the Resource Mobilisation Strategy and HIV Financial Analysis with support from USAID under the Health Finance and Governance (HFG) project.
- Held high level engagement with NHIS to incorporate comprehensive HIV/AIDS services as part of the basic benefit package of the national health insurance programme. The additional premium to cater for this is being worked out by NHIS actuary unit in collaboration with NACA.
- Conducted Ecobank/NACA joint assessment of the bank supported Youth Friendly Centres. This included Ahmadu Bello University, Zaria, (Kongo Campus), Bayero University, Kano, University of Abuja, University of Nigeria, Nsukka, (Enugu Campus), Univesity of Port Harcourt, University of Uyo, Obafemi Awolowo University, Ile-Ife.
- Developed and printed the Resource Mobilisation Training Manual with EU/TSP funds.
- Finalised call centre Standard Operational Procedure (SOP).
- Facilitated production and airing of Shuga series 3 in Nigeria. This programme reached more than 50 million people in country with over two million USD investments.

2.5 Finance and Account

2.5.1 Achievements

- Achieved about 80% reporting rate from SRs due to the quarterly supervisory visits conducted to SRs, to review operations and provide feedback and Technical support.

- Achieve about 90% report submission by SACAs due to the conduct of refresher training of SACAs Accountants & Finance Officers on IFR reporting Template and consolidation.
- The Accounts staffs have shown basic understanding of the flexible Accounting software due to the training of Accounts department personnel, Federal Project Financial Monitoring Division (FPFMD) staff on IFR reporting template.
- Production of the financial statement of the HPDPII for the year 2014.
- About 30% of staff of the Finance & Accounts Department have been trained on the IPSAS and IFRS guidelines and regulations.
- The SAP software has been fully deployed real-time and online for reporting.
- Financial Management and Audit training for the PRs Finance & Account staff to fully understand the GF reporting Template and timeliness in reporting.

2.6 Department of Policy and Strategy

2.6.1 Achievements

- The conduct of PAG annual retreat where 5 Policy briefs were developed and also reviewed process, facilitates the formation of a tax team for the coordination of the responds; facilitates the process for the development of tax shifting policy.
- The capacity of 60 national and sub-national officers built on the policy brief development.
- Hosted 2 number HIV/AIDS donors consultative forums where consensus were built on harmonization of reporting of HIV/AIDS donor activities using the DAD: on grant assessment of donors and Implementing Partners.
- Conduct joint assessment visits of HIV/AIDS donors, implementing partners in Nigeria, where AIDS programme data were collected.
- Hold 12 months NACA/GF PCU team meeting to improve coordination of the GF grant.
- Held four GF, PR (PCU) quarterly reviewed where SRs report were reviewed for performance improvement.
- Held NACA GF team annual retreat to promote information sharing, agenda setting and strategic review amongst NACA GF team members.
- The department held four PR/SR quarterly reviews meeting to improve GF grant performance.
- The department held one ATM PR-PR coordination meeting to improve coordination among PRs.
- The department held eight SPMs monthly monitoring and supervising visit to improve SRs performance in terms of equipment functionality, service delivery and increase data reporting at the facility level.
- Conduct CQI assessment visit to improved service delivery and collection of baseline information on the quality of service provided at the facility level.

- Developed NACA costed work plan where result based planning approach was introduced and used NACA Management retreat held to brainstorm and come up with goals and objectives to facilitate result based planning, NACA work plan harmonised costed and submitted for Management approval in September which has not happened before.
- The 36 States plus FCT harmonized their 2015 costed work plans with result based approach introduced to states and helped them set goals and objectives and generate activities to achieve the set goals.
- Held one TSP steering committee meeting.
- About 80% of states and NFACA had their work plan completed by December, 2014.
- There was capacity building on planning for results and skills update on 2015 work plan development/implementation for federal MDAs, CCEs and Umbrella organisations.

2.7. Partnership Coordination and Support

2.7.1 Achievements

- The interdepartmental Supportive Supervision (ISS) visits to the 36 states plus the FCT, to provide technical assistance, review documents, Implementing Partners (IPs) support of the HIV/AIDS response has led to the update of state information data base and development of strategies to improve coordination of SACAs base on the gaps identified.
- The Rapid appraisal of safeguard practices and level of implementation by states has been conducted in some states.
- The engagement of Performance Monitoring Service Support Organisations (PMSSOs) for the HAF project.

2.8. Office of the Director General

2.8.1 Achievements

- The participation in the 16th International Meeting of the Institute of Human Virology held in Baltimore from the 14th -17th September 2014.The meeting provided an opportunity to review the operations and plans of the institute which is one of the major HIV resource providers in Nigeria. It served as an opportunity to push forward our request for more support especially in areas such as HIV treatment and management of treatment complications.
- Participation in the 69th Regular Session of the United Nations held in New York from the 19th to 27th September. As the coordination agency for the achievement of MDG 6, NACA responded to the invitation by the Federal Ministry of Foreign Affairs and was part of the Presidential delegation for the session. NACA made technical inputs to resolutions which supported the Government of Nigeria's aspirations for better public health for her citizens.

- Participation in the Strategic and Technical Advisory Committee for Viral Hepatitis (STAC-HEP) Meeting and WHO Global Hepatitis Programme Partners Meeting WHO Headquarters, Geneva Switzerland, organised as an opportunity for members to review the approaches towards strengthening preventive and treatment options for viral hepatitis especially in the face of co-infections with HIV. It broadened Nigeria's knowledge on policy and programmatic issues around the control of viral hepatitis.

The DG NACA addressing a session at the International AIDS conference in Melbourne Australia

- Participation in the Global Meeting on HIV Prevention in Geneva, Switzerland organised by the Joint United Nations Programme on HIV/AIDS (UNAIDS) with the theme "shaping a new phase in HIV prevention: towards sustainable action, innovation and accountability." The meeting focused on limited progress against national and global prevention targets to reduce sexual transmission by 50% in 2015; scientific progress in the domain of prevention; and the changing socioeconomic context of HIV prevention.
- Participated in the Council Meeting of the Society for AIDS in Africa (SAA) Accra Ghana. The Society for AIDS in Africa (SAA) was established with the support of the WHO in 1990 and has since then been organizing the International Conference for AIDS and STIs in Africa (ICASA). The SAA is governed by an Administrative Council drawn from the five regions of Africa: South, North, East, West and Central Africa. The DG is a member.

- Participation in the 1st Annual Statutory Meeting of Abidjan-Lagos Corridor Organisation (ALCO) Governing Board Abidjan Cote D'Ivoire. ALCO was established to provide HIV services to migrants and travellers who traverse our West African Borders for various purposes including trade. The Abidjan-Lagos Trade and Transportation Facilitation Project (ALTTFP) is a six year project funded by the World Bank and ECOWAS and began in August 2011. The project among other things includes the corridor performance monitoring and HIV/AIDS Program. The first annual statutory meeting of ALCO held on the 14th and 15th April, 2014 in Abidjan.
- Participation in the 20th International AIDS Society (IAS) Conference in Melbourne Australia from the 20th to 25th July, 2014. The International AIDS Conference is the premier gathering for those working in the field of HIV, as well as policy makers, persons living with HIV and other individuals committed to ending the pandemic The AIDS, 2014 conference presented new scientific knowledge and offered many opportunities for structured dialogue on the major issues facing the global response to HIV. A variety of session types and other related activities contributed to an exceptional opportunity for professional development and networking.
- Participation in the presidential launch of the elimination of Mother To Child Transmission of HIV (eMTCT) Plan 2015-2016 at International Conference Centre (ICC). The President's Comprehensive Response Plan for HIV/AIDS (PCRP) which was launched by Mr. President in 2013 is currently being implemented. The launch of the eMTCT was a demonstration of will by the Government of Nigeria to fully support the implementation of the elimination of Mother to Child Transmission of HIV (eMTCT) Plan 2015-2016.

DG NDLEA'S COURTESY VISIT TO DG NACA, 14TH JULY, 2014

The DG NACA with a representative of the DG NDLEA during a courtesy visit of the organisation to NACA

- The DG ensured the 2014 Worlds' AIDS Day (WAD) was a huge success leading to the eventual signing into law of the Anti-Stigma Bill by Mr President.The control and elimination of HIV/AIDS starts with knowing one's status and behavioural change to prevent new infections or treatment and care. In line with the global theme "Getting to Zero- Zero new Infections, Zero HIV related deaths, and Zero Stigma and Discrimination", the National Theme of the World AIDS Day (WAD) commemoration 2014, is "Zero HIV Anti-stigma and Discrimination."

2.8.2 Units

2.8.2.1 Corporate Communication

Achievements

- The media Coverage of "Premiere of ShugaNaija''coordinated by Resource Mobilization.
- The media Coverage of NACA-NPC Donor consultative forum organized by Policy and Strategic Department.
- The media Coverage of Meeting with Expanded Team Group and ORPHEA project coordinated by the Strategic Knowledge Management Department.
- The media Coverage of the Expanded theme Group meeting organized by Policy and Strategic Department on 13th February, 2014 to make information available in the public space for the public consumption.
- Development of Communication strategy by Cooperate Communication Unit/ Policy and strategy Department, in order to give a direction to HIV communications on programmes in the National response.
- The documentation in the appropriate media the Public presentation of a special edition on HIV/AIDS of the African journal of reproductive health (AJRH) by DG''s Office.
- In order to put NACA news worthy activities in the public space, there was the media Coverage of Utilizing research results in improving HIV response in Nigeria workshop organized by the Strategic Knowledge Management Department.
- The media Coverage of Bill and Melinda Gates Avalian visit to Nigeria organized by Programmes Department on March 17th, 2014.
- The media coverage on care & support NTWG meeting coordinated by Programmes Department.
- The media coverage on Dissemination of information of the draft National & state Epidemic & Impact Analysis report by Strategy Knowledge Management Department.
- The media Coverage on Technical Working Group Meeting organized by Resource Mobilization Department on March 27th, 2014.

- The media Coverage on National HIV Prevention Plan 2013-2015 Validation Meeting was organized by Programmes Department on 5th May, 2014.
- The media Coverage on Official Launch of Protect the Goal Nigeria coordinated by Legal Unit.
- The media coverage on Press briefing for Protect the Goal Campaign by Legal Unit on 12th May, 2014.
- The media Coverage on Public Lecture/Induction of the DG NACA by the Nigeria Academy of science coordinated by the DG's office.
- The media Coverage on MDAs HPDPII Work plan development Workshop organized by Partnership Department on 8th-10th July, 2014.
- The media Coverage on National Dialogue & Post 2015 Agenda coordinated by Policy and Strategy in order to put information on this event in the public space .
- The media coverage of Integrated Medical Outreaches in 12+1 states coordinated by Programmes Department.
- The media coverage of the launch of eMTCT Strategic Frame Work coordinated by Programmes Department.
- The media coverage of 2014 WAD commemoration in the Mosque and church organized by WAD Implementation committee in order to inform the Moslem, Christian and the general public on the 2012 WAD and the general public.
- The media coverage on WAD Symposium organized by WAD Implementation committee.
- The health correspondents' dinner coordinated by CCU in order to appreciate all health correspondents reporting on HIV/AIDS and encourages them to be more involved in reporting.
- The printing of NACA yearly Magazine organized by CCU with the support of other Departments and units in order to inform the general public on the events of NACA throughout the year.
- The media tours enabled documentation of HIV intervention success stories to be showcased through the media.
- Printing and dissemination of NACA quarterly magazine which showcased the programmes implemented by different organisations in the response to HIV/AIDS in the country.
- Production and placement of jingles in radio and television stations across the country mobilised individuals for uptake of available HIV/AIDS services.
- Guest appearances in broadcast media outlets was used to disseminate current and correct information to the general public through radio and Television.

2.8.2.2 Management Information System/Information Technology

Achievements

- The SAP module has 96% functionality due to proper maintenance of the module and hardware.
- There is 90% availability of functional, effective and well integrated audit software with trained personnel.
- Internet access was deployed to partnership department from NACA Headquarter via fibre optic cable through the upgrade of Edo house IT infrastructure
- Making available 10Mbps full duplex fibre optics internet access
- Procurement of 10 docking Stations and distributed to departments
- The NACA website hosting renewal and overhaul of current website, development of website document, multimedia and user interaction management system has greatly enhance collaboration
- The availability of video conferencing infrastructure in NACA has saved resources for overseas travels for engagements and improved collaboration with international stakeholders.
- The license 5% productivity software was procured and installed in systems.
- The procurement of laptops and 10 docking station which at least reached 5% of staff with ICT infrastructure.

2.8.2.3 Internal Audit

Achievements

- A total of twenty three NACA and SRs Auditors were fully trained to effectively and efficiently manage GF fiduciary matters.
- The Audit unit was able to ascertain and documented the current Status of all items at the 8 state medical stores across the country.
- The unit produced and submitted Annual Assets Verification Report to NACA management
- The unit successfully engaged external Audit for NACA and the Sub-Recipients for Global Fund grant and that has improved record keeping and adherence to policy.
- Significant improvement in the SRs & SSRs funds management procedures due to the regular audit visits.

CHAPTER THREE: 2014 SPECIAL EVENTS

3.1 World AIDS Day (WAD) 2014

"Close the gap, end stigma and discrimination"

The world commemorate the 1st of December each year as World AIDS Day (WAD). It is a time for stakeholders to meet and take stock of what had happened within the year under review on the fight against HIV/AIDS, show support for people living with HIV, remember people who have died of the disease and set a roadway for the coming year.

The global focus is on the vision of a world with zero new infections, zero discrimination and zero AIDS related deaths. Zero discrimination is at the centre of the vision because cases of stigma and discrimination of PLHIV and human right violation continue to undermine HIV/AIDS intervention activities and make it difficult for governments to achieve public health targets or sustainable development. This informed the choice of the 2014 theme-**"close the gap, end stigma and discrimination now".**

The 2014 pre-World AIDS Day activities started on the 27th December with an inter-school drama competition on HIV/AIDS and discrimination among secondary schools in the FCT at the Education Resource Centre, Abuja, with over 400 students from 12 schools in attendance and six schools participating. This was to provide information about discrimination against PLWHIV among secondary school students. The Jumat prayers and the commemorative Sunday service took place on the 28th and 30th at the central mosque and at St. Martin's Catholic Church Lugbe respectively.

A cross section of students at the 2014 WAD schools drama at the Education Resource Centre, Abuja

The novelty football match took place between NACA and partners at the Guards Brigades football field, Asokoro on Saturday the 29th. The kick-off was performed by Mr. Emmanuel Chenge, Director Admin. and support services accompanied by Hajiya Maimuna, Director, Partnership coordination, Mr. Gabriel Undewawo UNAIDS and Dr Priscilla Ibekwe, Ag. Director Programme Coordination Department, NACA. The NACA team was dressed in sky blue jerseys while the partners were in yellow. The match ended in a draw with one goal apiece. Other side events included volley ball, jogging and Dancing to the beautiful music in the arena.

A scene from the novelty football match between NACA and partners in commemoration of the WAD, 2014

NACA staff at a HCT session during the WAD

The UCC fielding questions from the press during the WAD, 2014

The DG NACA in discussion with some senior staff before the 2014 WAD road show

On Monday the December 1st, the WAD activities started with a road show after an address by the DG NACA at the NACA compound. The road show was to bring HIV and AIDS awareness information to communities through drama, musical performances with celebrities in addition to HIV counselling and testing which had been on-going at every event since the 27th December. The 2nd of December, witnessed the WAD'S symposium on stigmatization and discrimination of PLHIV involving representatives from, government, civil societies, organized labour, employers' associations, private sector, PLHIV's, women groups, bilateral and multilateral partners. The activities rounded up on the 3rd December, 2014 with continued mobilisation outreaches on HIV Counselling and Testing.

Road show WAD 2014 "CLOSE THE GAP, END STIGMA AND DISCRIMINATION NOW"

3.2 Presidential Launch of the National Operational Plan for the Elimination of Mother to Child Transmission of HIV in Nigeria 2015-2016

In 2011, Nigeria committed to the "Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive". The plan aims to reduce by 90% the number of new infections among children and to reduce AIDS-related maternal deaths by 50%. While some progress has been made, the number of new HIV infections among children is still unacceptably high in Nigeria. The 2013 UNAIDS progress report on the Global Plan shows that as at the end of 2012, Nigeria accounted for about one third of new infections in the 21 priority countries in sub-Saharan Africa. In 2012, there were about 60,000 new HIV infections among children. However, the HIV/AIDS response in Nigeria received a boost in July 2013 when Nigeria's President Good luck Ebele Jonathan demonstrated his commitment by launching the President's

Comprehensive Response Plan for HIV/AIDS in Nigeria (PCRP). The PCRP aims to accelerate the implementation of key HIV interventions, PMTCT being one of the priorities of the PCRP. In order to increase the momentum in the county's efforts to achieve eMTCT; there is a need for enhanced political and financial commitment at all levels of government. It is against this backdrop that the Federal Government of Nigeria launched the National Operational Plan for the **elimination of Mother to Child Transmission (eMTCT)** of HIV in Nigeria 2015-2016. The launch took place on the 13th of November 2014 at the International Conference Centre in Abuja, Nigeria.

The goal of the National Operational Plan for the elimination of Mother to Child Transmission of HIV in Nigeria 2015-2016 is "to contribute to the elimination of new HIV infections among children and keep their mothers alive by 2020."This laudable goal is to be achieved through ensuring that

NATIOANL DIALOGUE FOR THE EFFECTIVE IMPLEMENTATION OF THE NATIOANL RESPONSE TO HIV,2014

by 2016, half of adolescents and young people have access to prevention interventions, one fifth of all HIV positive women have access to contraceptives and seventy percent of all pregnant women receive quality HIV and counselling and receive their results.

While seventy percent of all HIV positive pregnant women and breastfeeding mothers receive ARVs, fifty five percent of all HIV – exposed infants received ARV prophylaxis, forty five percent of all HIV – exposed infants have early infant diagnosis and fifty five percent HIV – exposed infants received Cotrimoxazole prophylaxis. The event to launch the National Operational Plan for the Elimination of Mother to Child Transmission of HIV in Nigeria 2015-2016 was attended by major stakeholders in Nigeria's HIV response.

The Vice President, Arch. Namadi Sambo, presenting the President's speech at the eMTCT Launch

The DG NACA in his welcome address informed the gathering that PMTCT is the first intervention with the highest potential for achieving zero new infections because technology exists to interrupt these transmissions and that Nigeria as a nation has made slow progress in PMTCT, with 30% coverage by 2013, owing to a number of structural challenges – inadequate services at Primary Health Care level; poor attendance of pregnant women at antenatal care services; and preference for traditional birth attendants, churches and mosques to access antenatal and delivery services. He went further to stress that the presidents' Comprehensive Response Plan for HIV/AIDS, launch in 2013 was meant to accelerate achievements of targets of key interventions against HIV, including PMTCT. That Nigeria realizes the importance of eliminating Mother to Child Transmission of HIV and this has necessitated the development of the National Operational Plan for the elimination of Mother to Child Transmission 2015-2016 and so, urged all stakeholders to join hands with the Government to ensure the elimination of Mother to Child Transmission of HIV in Nigeria

The UNAIDS Director of the regional support Team for west and central Africa, Dr. Mamadou Diallo commended President Goodluck Ebele Jonathan launched of the PCRP, backed by funding to the tune of 200 to 300 billion Naira to accelerate the HIV response and achieve the MDG 6 by 2015; and the coming of the operational plan for eMTCT as steps forward in the HIV response in Nigeria. He said between 2010 and 2014, Nigeria has moved the coverage of PMTCT from 17% to 30% almost doubles the coverage in less than four years and increased the proportion of people living with HIV (PLHIV) on treatment from 26% in 2010 to 42% in 2013 but emphasised that Currently, only three out of every 10 US dollars spent on HIV in Nigeria are domestic resources and ended by saying that Nigeria has taught Africa and the world a lesson by handling the Ebola crisis succinctly and efficiently, proving that any disease can be defeated if there is political support.
The Secretary to the Government of the Federation, Mr. Pius Anyim Pius, stated that globally, over 400,000 babies are born HIV positive, most of them in Africa accounting for 90% of the burden of Mother to Child Transmission of HIV and that one of the devastating consequences of HIV is its transmission from Mother to Child; HIV has also been recognised as a major contributor to the persistently high maternal mortality in Nigeria. He gave the government commitment to fully accelerate the achievement of the MDGs and that the PCRP is currently being implemented and Government's full support to the plan.
The Vice President Arch. Namadi Sambo, representing the President, stated that despite increase in the number of women accessing PMTCT services, from 13,000 in 2006 to 58,000 in 2013, Nigeria still accounts for a significant proportion of paediatric HIV infections among the 22 countries with high HIV and TB burden in sub-Saharan Africa. He reiterated that the National Operational Plan for the elimination of Mother-to-Child Transmission of Nigeria 2015-2016 entails a review of all existing plans and the obstacles to their implementation. The President in no small measure expressed the nations appreciation to Development Partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations System in Nigeria, the United Sate Presidents' Emergency Plan for AIDS Relief (PEPFAR) and other bilateral partners for their significant contributions to providing care and support for people living with HIV/AIDS, concluding by stating that working together, we can scale up HIV prevention in Nigeria, stop new infections and contribute significantly to the achievement of the Millennium Development Goals.

3.3 National HIV/AIDS Epidemiological and Impact Analysis (NHEIA)

Since the commencement of the multi-sectoral response against HIV/AIDS in Nigeria in 1991, there has been an unprecedented campaign against the epidemic at the national, states and local levels. In spite of this, Nigeria's epidemic has expanded over the past two decades and is currently next to South Africa in terms of global HIV/AIDS burden. An understanding of Nigeria's HIV/AIDS response in terms of epidemiological trends, program coverage and impact, funding gaps and future projections is critical to making informed decisions regarding future priorities and setting national targets for an effective response. In this regard, the National Agency for the Control of AIDS (NACA) with support from the Global Fund commissioned the National Epidemiology and Impact Analysis. The ultimate objective of the analysis is to identify, collate and analyse available evidence that will inform National Policy and Programming for HIV and AIDS interventions in Nigeria, including planning of donors' support and resource allocation. Data for the study were sourced from available national and state databases, existing survey reports, policy frameworks and strategic documents on HIV/AIDS epidemic and the response in Nigeria. The procedure involved extensive desk review, data mapping, synthesis and analyses of data, impact analysis and modelling. In the overall, this was a wholly secondary analysis methodology. The tools used for data collection includes data extraction template, a checklist and spectrum.

Findings

HIV/AIDS Epidemiology

Although there has been decline in HIV prevalence among females from 4.0% to 3.5%, and slight increase among men from 3.2% to 3.3%, the burden is still higher for women than men across all age groups, except for the 35-39 years and 40-44 years age groups. In both urban and rural areas, HIV prevalence is currently higher among females. Likewise, incidence of sexually transmitted infection is reportedly higher among women (with rate between 8.3% and 10.6%) compared to men (with a rate of between 4% and 4.6%). Among age groups 15 years and above, annual number of new infections rose from 115,696 in 1990 to 168, 235 in 2013. For ages 0-14, the number of new infections was 10377 in 1990 and 54130 in 2013. Projected AIDS deaths has risen from 141,225 in 2000 to 233,604 in 2013, and this is associated mostly to ignorance, poor access to health and social services including ART, stigma and discrimination, gender issues and poverty. The analysis of data on HIV prevalence among key populations reveal that infection rates are still very high among FSW (27.4% for BBFSW and 21.1% for NBBFSW) compared to 17.2% for MSM and 4.2% for IDU. According to 2009, Mode of Transmission study, 37% of new infections are attributable to persons perceived as practicing "low risk sex" in the general population, including married sexual partners, 22% through MTCT and 38% by other modes of transmission.

HIV/AIDS knowledge though increasing is still low in the general population, 35.6% for male and 23.6% for females and low across all sub-populations. Condom use seems to be increasing across all age groups but very far from the expected 100% condom usage. Lowest reported condom use is among young people aged 15-19, and especially young women who had sex with non-marital partners without the use of condoms. Among key populations, knowledge of HIV/AIDS is higher among FSW (41% for BBFSW and 36.1% for NBBSW), compared to 20.8% among MSM and 22.7% among IDU (IBBSS, 2010). The analysis of risk behaviour among MARPS indicated that FSW are more likely to use condoms with clients (70%) than MSM (52%), IDU (22%) and HIV risk perception is highest among the FSWs.

Impact of the Response to Date and Gaps

Although there has been significant increase in HCT service outlets (from 228 in 2006 to 5191 in 2013) but overall uptake of HCT service is low and the national targets have never been met. In 2010, 2,434,292 persons were tested, this reduced to 2,056,578 in 2011, before rising to 2,792,611 persons in 2012 and 4,077,663 in 2013.The number of people currently on ART increased from 51000 in 2005 to 639,000 in 2013 and the number of ART sites is currently 820. However, unmet needs for ART have been decreasing from 69% in 2010 to 59% in 2013. Low adherence is one of the primary factor impeding effective HIV treatment in Nigeria. Number of people living with HIV receiving adherence support increased from 253,374 in 2010 to 447,697 in 2012, but declined to 155,558 in 2013.

The number of PMTCT sites increased from 33 in 2005 to 5622 in 2013. Between 2010 and 2013, the total number of HIV positive pregnant women who received ARV prophylaxis for PMTCT rose from 26133 to 57871. Current unmet need for PMTCT stands at 73% in 2013. A significant proportion of HIV exposed infants do not get EID services and ARV prophylaxis. In 2012, 42.1% of HIV exposed infants received ARV prophylaxis out of the total deliveries among HIV positive women. For key populations, service coverage remains low- number of FSW reached with MPPI rose from 17,717 in 2001 to 53,991 in 2013 while 17,158 IDUs were reached in 2011. However, this decreased to 4,525 in 2013. The number of out-of-school youths reached with preventive messages also decreased from 600,000 in 2011 to about 160,000 in 2013. Hence, the MPPI coverage is still very low among young people. FLHE program has been implemented in 4,810 schools with increased knowledge about sexuality and reproductive health. However, the number of students reached with FLHE decreased from 1,271,222 in 2012 to 755,272 in 2013. The services coverage of orphans and vulnerable children (OVC) declined to 483,800 in 2013 from 761,105 in 2012.

Funding Landscape

Main funding source of HIV expenditure is international source, mostly bilateral and multilateral agencies. The total HIV funding from all sources increased from USD 415,287,430 in 2009 to USD577, 432,903 in 2012. HIV funding sourced domestically has been very low and unstable, and largely dependent on international funding source. HIV spending by both public and international sources in the country have declined. Out-of-pocket HIV expenditure has increased steadily over the years, though HIV expenditure by private funding source is low. Treatment and care, program management and human resources accounts for more than 85% of HIV expenditure in the country. The total funding gap increased from USD50 million in 2010 to USD 87.5 million in 2011 and then decreased to USD51.6 million in 2012.

Service Cascade

Based on 2012 HCT service cascade, less than half of those who desire HIV testing are currently being covered. This underscores the relative inaccessibility of HCT to over half of the population. The cascade also shows a significant drop between those who undergo HIV counselling and testing and those who eventually get their test result. The national HIV prevalence rate shows that HCT services are relatively well targeted towards populations or States with higher HIV burden. There is low ANC and HIV testing coverage at 65% and 30% respectively (NARHS, 2012). Indeed, as at end of 2013, PMTCT services were only in 5,622 of the over 20,000 health facilities that deliver MNCH services in the country. Antenatal attendance at 65% reflects an improvement from that of 58% documented in DHIS, 2 years earlier. Half of the estimated HIV positive pregnant women in 2013 were aware of their status due to the persisting low coverage of PMTCT services. There is a large gap between the number of women who tested HIV positive and those who received antiretroviral drugs during pregnancy and delivery. Only a third of HIV paediatric infections were averted in 2013.

Funding Scenario

Three future funding scenarios were analyzed and discussed viz: Baseline, National targets (80%), and Universal targets (100%). If baseline (current investment status) is maintained, the cost of scaling up will stabilize, with a marginal decline from 2014 to 2020. With a moderate response the cost of scaling up HCT will decrease from USD165M in 2014 to USD150M in 2020. Similarly, the cost of scaling up PMTCT services will decrease from USD43M in 2014 to USD38M in 2020. Conversely, the cost of scaling up ART will increase from USD 2.2bn in 2014 to USD2.5bn in 2020. Scaling up at full response will follow the same trend with moderate response with minimal increases. With full investment in the national response, number of new infections per year is likely

to have sharp decline by almost half in 2015, and this may reduce the number of HIV related deaths per year. The annual cost of scaling up paediatric ART, could decline marginally between 2014 and 2020 on the three scenarios.

Recommendation

- Based on geographic focus, three tiers responses options are suggested: 6 +1 states which account for 41% of the burden and 51% of new infections; 12+1 states which account for 60% of the disease burden; and nationally in all states, mobilizing state level resources and ownership.
- On treatment coverage and link to prevention, the recommendation is two folds. First, to focus ARV/TB treatment on key states to achieve high coverage more rapidly, link to prevention and demand, and support greater prevention benefits of the program. Second, to strategically use treatment and HCT in key groups to reach higher, earlier coverage, again to better link to prevention benefits.
- Reprogrammed PMTCT to more effectively leverage the ANC platform.
- Prioritize prevention to address key drivers of new infections, through the following:
    - Prevention to address key population transmission and improve size estimates by strengthening programming and policy focus on key population interventions – including involvement of key populations and improved size estimates.
- Mobilize national funding and incentivize state level response so as to focus on mobilizing and incentivizing national and state level funding, including supporting state level investment returns.
- Strengthen key linkages for the HIV programme.

3.4 The Global Fund ''New Funding Model'' (NFM)

The Global fund (GF) is a unique global public/private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. It was established as a mechanism to support developing nations in their quest to address their burdens of the three health and developing problems. As an organization that learns and evolves; the Global Fund (GF) launched a new approach to funding called the New Funding Model (NFM) with intent of improving on its investments. Nigeria continues to benefit in all 3 disease areas since GF global mechanism was put in place and through various proposal based rounds of grant application.

Nigeria has the largest burden of both HIV and TB in Africa and is classified as a high HIV, TB and MDR-TB burden country. Globally, joint fight against HIV/TB is being advocated as a cost effective strategic intervention to achieve the goal of elimination of TB and reduce HIV prevalence, this

informed why the country requires continued external funding towards sustaining and further expansion of her TB and HIV national response in line with present national strategic plans. It is also critical that gains made thus far are sustained and current services remain uninterrupted. Accordingly, the Country Coordinating Mechanism (CCM), the National Agency for the Control of AIDS (NACA), HIV/AIDS Division of the Federal Ministry of Health, and National Tuberculosis & Leprosy Control Program (NTBLCP) of the Federal Ministry of Health led other stakeholders to develop and submit a joint concept note for HIV/AIDS and TB for submission to the Global Fund. The concept note covers prevention for general population in Kaduna, Oyo, Akwa - Ibom, Rivers, Lagos and Imo states targeting road transport workers, artisans (welders and fitters, automobile mechanics) and construction workers, Mine workers, migrant/mobile workers in agriculture and persons in closed settings (prisons), with an estimated population size of 1,137,877 in these 6 focus states. While the prevention for vulnerable and key populations will be conducted in the states of Akwa Ibom, Cross rivers, Benue, Lagos, FCT, Rivers, Nasarawa and Kaduna. It is expected that **170,824** TB cases will be notified by 2017. This is equivalent to a CNR of 86 per 100,000 and represents a 1.5 fold increase in TB case notification rate and 70% increase in TB case notification over the baseline of 2013. The MDR-TB treatment look at **1,795** DR-TB patients (14.6% of country's target) will be put on treatment from the allocation amount, while **3,605** DR-TB patients (29.3% of country's target) will be put on treatment based on funding from GF, GON, USG and other partners. **7,441** DR-TB patients (61% of country's target) will be put on treatment based on funding from GF (existing, allocation and above allocation), GON, USG and other partners. The programme will strive for additional resources to put the remaining 39% of the country's target on treatment.

3.5 HIV/AIDS Anti-Discrimination Legislation

The concepts of human rights, democracy and development remain and will ever remain most paramount in the affairs of all nations that cherish liberty and good governance, because a lack of respect for human rights fuels the spread and exacerbates the impact of HIV, while at the same time HIV undermines progress in the realisation of human rights.

It is common knowledge that, stigmatization and discrimination directed at persons living with HIV and affected by AIDS in Nigeria is still very much a bane. People affected are refused jobs, unlawfully terminated, refused admission into schools, and ostracized by members of their immediate community and family. This also make highly vulnerable groups socially and economically disadvantaged, marginalized, stigmatized and discriminated against and over time they have become those with the highest risk of infection. The journey started in 2005 with the commencement of a multi-sectoral effort to enact an Anti-Discrimination legislation, majorly a workplace law. The Agency further embarked on various activities and carried out several advocacy initiatives to ensure the passage of the Anti- Discrimination Bill to law. In 2010 a bill was

presented to the National Assembly and passed into law by the House of Representatives awaiting the concurrence of the Senate. The process became slowed down by the electoral activities that culminated in the general election of April 2011. However, after the passage, a number of inadequacies were detected. This informed the holding of a Stakeholders' meeting convened in April 2012 and agreed that the bill be reworked to include issues such as the non-inclusion of people working in the informal sectors. The Agency stakeholder's forum was convened on the proposed HIV/AIDS Anti-Discrimination Bill by NACA in February 2013 in Abuja. This stakeholder's meeting gave birth to a report that reflected suggested inputs and amendments to the draft bill. This report was presented to both Houses of the National Assembly by NACA and the bill was passed at the Lower house of the National Assembly, after which there was a learning and experience sharing visit to Kenya. The upper house of the National Assembly passed the bill which was graciously signed into law by the president on December 15th 2014 and it carries an official assent date of November 27th 2014.

The legislation is an act to make provisions for the prevention of HIV and AIDS-based discrimination and to protect the human rights and dignity of people living with and people affected by HIV and AIDS and other related matters. The next steps sequel to the ascent of the bill by the president shall include aggressive awareness campaigns to stir up the interest of the general populace and create awareness and interest in the bill, ensure the dissemination of a simpler version of the law in different local languages for ease of understanding and conduct sensitization workshops for key stakeholders as well as the establishment of an observatory/ombudsman to ensure respect for the law.

The process shall continue with setting - up of HIV desk at line ministries to receive complaints and Log same to build a body of cases to act as precedents and creation of HIV discrimination complaint centres. The training process shall include training of judges to ensure proper interpretation of the provisions of the law for proper administration and also lawyers on how to access the law and protect the rights of citizens. The process shall include Promotion of Equality and Non-discrimination of PLHIVs in Nigeria, through the conduct of stakeholder meetings on the promotion of equality and non-discrimination, Support the passage of HIV anti-discrimination legislation in 36 states through national and state symposia's. While high level advocacy visits to newly-elected government officials at federal, state and local government levels shall be conducted in addition to vulnerability profile surveys for key affected populations.

Going forward there will be among others, the domestication and dissemination of the Anti-Discrimination Act by December 2015, translating the Act into the 3 major local languages and pidgin English, developing a media strategy/ campaign targeted at awareness creation nationwide and developing, testing and approving user-friendly material to raise awareness on stigma and anti-discrimination; elucidating on the core protective provisions of the Act and available avenues for redress. The Facilitation and the Protection of Rights for at Least 40% PLHIVs under the Anti-

Discrimination Act by 2018, through the training of lawyers, judges, and judicial officers on implementation and interpretation of the Act, build the capacity of staff of NACA, Legal Aid Council and the National Human Rights Commission. The support of test – cases under the Anti-Discrimination Act. Promotion of easy court access procedure for cases of discrimination, creating linkages with countries where HIV anti- discrimination laws are already operational and learn strategies for implementation in Nigeria. The HIV complaints help desks at NACA, NHRC, line ministries shall be linked to NACA call centre for tracking and response.
It is hoped that by 2016, there shall be support for informed and evidence-based law-making process at the National Assembly, through the provision of technical support to relevant NASS committees for access to information on global best practices and sector specific data to feed the law making process. The creation of roundtable expert discussions with legislators to provide relevant information, support legislative learning visits to other jurisdictions and undertaking advocacy visits to parliamentarians.

3.6 Launch of ''Protect the Goal Campaign''

The joint United Nations Programme on HIV/AIDS, in close collaboration with National Agency for the Control of AIDS (NACA), UNAIDS, United Nations Population Fund (UNPF), National Sport Commission (NSC), Nigeria Football Federation (NFF), and Nollywood made an official launch of "*Protect the Goal Campaign".*
The official launch which took place on Monday, 12 May 2014 was presided over by President Goodluck Jonathan with the signing of the ball which symbolizes the aim of the campaign theme. The *"Protect the Goal Campaign"* aims to raise awareness of HIV/AIDS and to mobilize young people to commit to HIV prevention as the epidemic has high prevalence rate among youths. The world tour which runs under the slogan "From Soweto to Bahia" is expected to take the "*Protect the Goal"* football from South Africa towards Brazil during the occasion of the 2014 FIFA World Cup.
During the signing ceremony to kick start the campaign, President Goodluck Jonathan commended the initiative stressing that the campaign will create an avenue to link Nigerians and the Nigerian national team towards the fight against HIV/AIDS. Speaking, the Director General NACA, Prof John Idoko hinted that the link between sport and young people cannot be over emphasized. He noted that NACA would utilize this opportunity in its efforts to reach more young people and all sport loving Nigerians with a comprehensive HIV/AIDS prevention messages to increase uptake of services across the country.

Honourable Haruna Kigbu, Chairman, House Committee on HIV/AIDS, Tuberculosis and Malaria Control, Federal House of Representatives, holding the Protect the Goal Campaign Ball, during the Official Launch of the Campaign at the Council Chamber, Aso Villa, Abuja.

In his own remarks, Mr. Djibril Diallo, Senior Adviser to the Executive Director of UNAIDS said they are excited to mobilize the power and popularity of football towards achieving a unified goal of a world without AIDS. He stressed that UNAIDS is at an historic moment with the outpouring of support for the campaign. The "*Protect the Goal"* campaign will continue its journey through other countries in Africa and the Americas whose teams have qualified for the World Cup before arriving on the 9th June in Salvador da Bahia, Brazil, for the global launch of the campaign by the Executive Director of UNAIDS.

R-L: President Goodluck Jonathan giving a presidential Hand Shake to Keppy Ekpeyong, and Fred Amata, (Nollywood Celebrity Stars) during the Protect the Goal Campaign launch at the Council Chamber, Aso Villa, Abuja.

President Goodluck Jonathan and Vice President, Nnmadi Sambo (Centre) and other Senior Government Officials and International Partners in a group photograph during the Protect the Goal Campaign launch at the Council Chamber, Aso Villa, Abuja

3.7 NACA/SURE-P HIV/AIDS Programme

The President's Comprehensive Response Plan for HIV/AIDS in Nigeria (PCRP) was developed in 2013 to respond to the system and service delivery challenges facing the HIV/AIDS response in Nigeria and ensure that the country is on track in actualizing commitment to universal access by 2015. The PCRP goal is to accelerate the implementation of key interventions over a 2-year period in order to bridge existing gaps in service. It also aims to address key financial, health systems and coordinating challenges and promote greater ownership for the HIV response at Federal and subnational levels.

The PCRP funding for 2014 was provided through the Subsidy Re-investment and Empowerment Programme (SURE-P). A Project Implementation Unit was commissioned in NACA to coordinate the implementation of the programme under direct supervision of the Director General.

The allocated 2014 fund was targeted at providing Antiretroviral therapy (ART) and prophylactic treatment for opportunistic infections (OIs) to 50,000 eligible adults and children, prevent mother to child transmission of HIV among 10,000 pregnant women living with HIV, and avail 5 million men and women aged 15 years and older with knowledge of their HIV status. The fund was to leverage existing systems and structures for active scale up of HIV services in Eight States (Abia, Anambra, Bayelsa, Kano, Niger, Oyo, Plateau and Taraba with initial focus on Abia and Taraba), that are part of the 12+1 States contributing 66% of the HIV burden in the country. The fund was to also support nationwide HIV Counselling and Testing (HCT) campaigns, demand creation and public awareness, strengthen the supply chain management and national health management information system as well as State Management Teams (SMTs) across the country for sustained strong State-led coordination, accountability and resourcing.

The project commenced with the inauguration of the project Implementation Unit (PIU). This was followed by a statewide baseline assessment to validate the existing data in the facilities supported by the USG, as well as assessment of the human resource and support structures available for HIV/AIDS services in the facilities in the eight NACA/SURE-P States.The programme supported the constitution and capacity building for SMTs in the NACA/SURE-P States and procurement of HIV commodities including test kits, ARVs, laboratory reagents, OI drugs, and Point-of-care machines.

The NACA/SURE-P Unit printed HIV/AIDS monitoring and evaluation tools, produced and distributed Information, Education and Communication materials, conducted HCT outreaches across the 21 states of the federation.

The programme finalized the take-over of 32,000 patients currently on ART in Abia and Taraba States and will scale-up to bridge service gap in the States by initiating 18,000 new patients on ART and preventing mother to child transmission of HIV/AIDS among 10,000 HIV positive women.

The NACA/SURE-P Unit wasn't without teething challenges in commencing it programmes, as observed in the delay in the release of fund, which affected the take-off of the programme and implementation of the activities as the first tranche was disbursed to NACA/SURE-P PIU in August 2014. The protracted negotiation with USAID and the implementation partner (IP) for ensuring effective and efficient implementation of the HIV and AIDS programme in Abia and Taraba State delayed the full commencement of the programme in the two States.

Dr. Uduak Essien at NACA SURE-P HCT free medical outreach in Anambra state

RECIPIENTS OF NACA/SURE-P HCT FREE MDEICAL OUTREACH

A scene at a NACA SURE-P HCT free medical outreach in Oyo state

DR SABASTINE WAKDOK GIVING SERVICES DURING NACA/SURE-P HCT FREE MEDICAL OUTREACH

DR EMMANUEL ALHASSAN DURING NACA/SURE-P HCT FREE MEDICAL OUTREACH

RECIPIENT AT NACA/SURE-P HCT FREE MEDICAL OUTREACH

CHAPTER FOUR: WORLD BANK AND GLOBAL FUND PROJECTS

4.1 World Bank (HPDP2)

The gains of the first World Bank project on HIV/AIDS, led to the signing of a US $225 million credit agreement by the Nigeria government in 2010 with the Bank for the implementation of the HIV/AIDS programme Development Project to end in November, 2015.

Component 1: Expanding public sector response:

- Agencies identified as having a more central role in the fight against HIV/AIDS including Health, Education, Women Affairs and Youth Development will receive more funds to scale up their activities.
- Funds will be allocated to the implementation of strategic HIV/AIDS work plans, tailored to the specific client base and issue areas within the national and state-level response most appropriately addressed by each line ministry.
- Specific individual training in core functions like strategic planning for scaling up high impact, client-oriented interventions, resource mobilization, M & E, fund management, governance and leadership.

Component 2: Expanding Civil and Private Sector Engagement and Response through the HIV/AIDS Fund (HAF).

- This component will support the design and implementation of revised HIV/AIDS guidelines to expand and scale up the non-public sector response to HIV/AIDS.
- Capacity building of the staff of NACA,SACA and CSOs
- Funding to civil society networks
- Provide support for private sector HIV/AIDS service provision

Component 3: Strengthening mechanisms for project coordination and management:

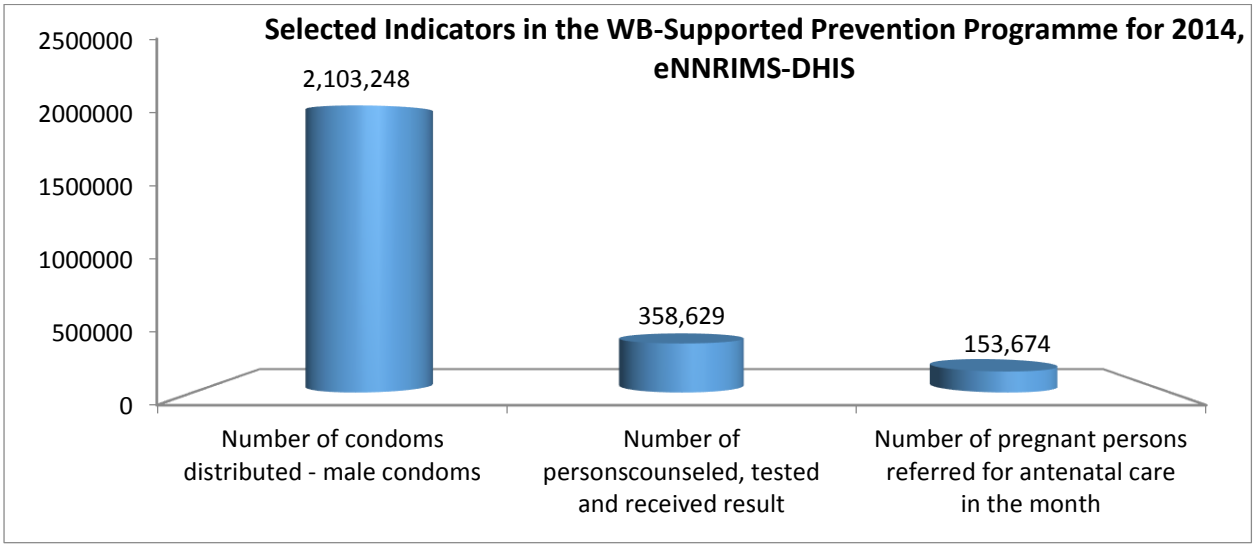
The third component will support capacity building in respect of NACA, SACAs, LACAs, and MDAs in the three tiers of government, the civil society and private sector in order to deliver strengthened evidence-based planning, increase coordination, harmonization and alignment by all stakeholders.

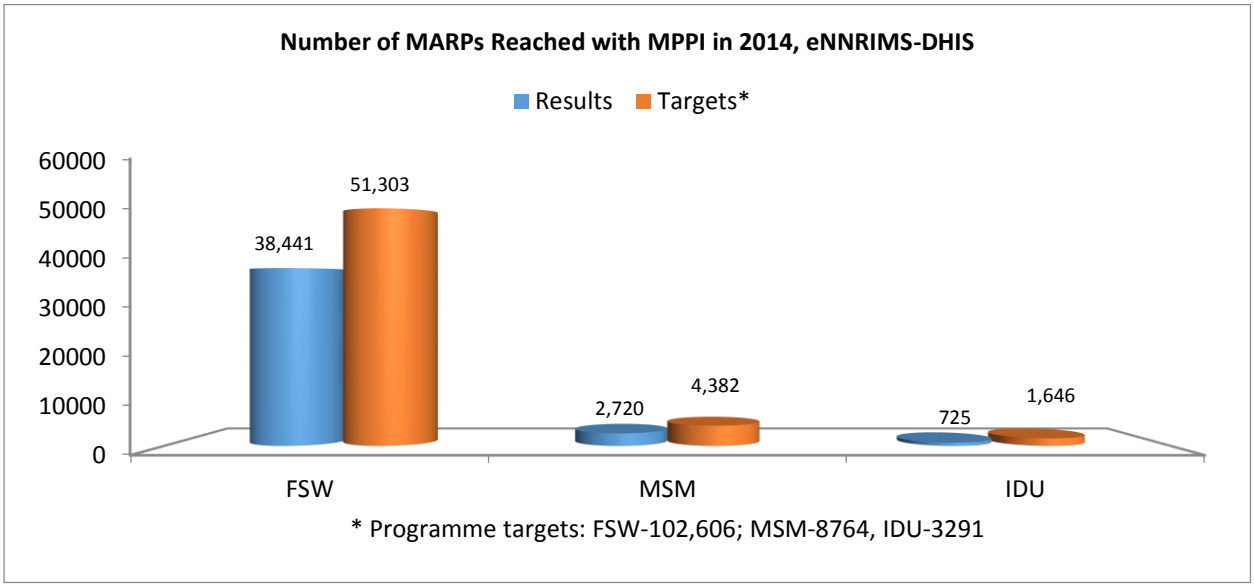
Objective:

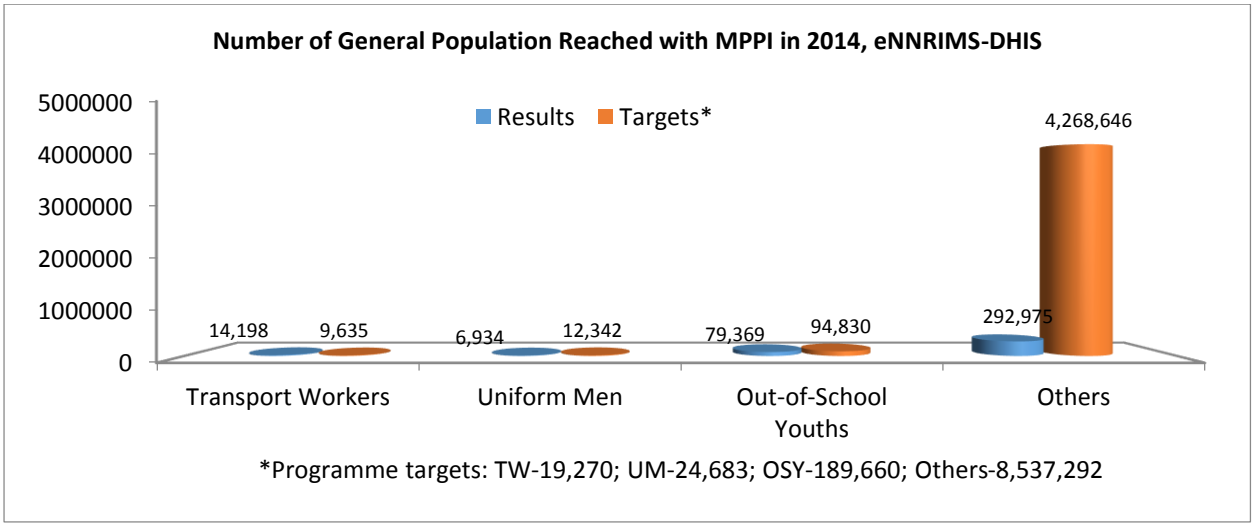
To increase access to and utilisation of HIV prevention interventions, Care and Support services in Nigeria.

Achievements of the HPDP-II Programme:

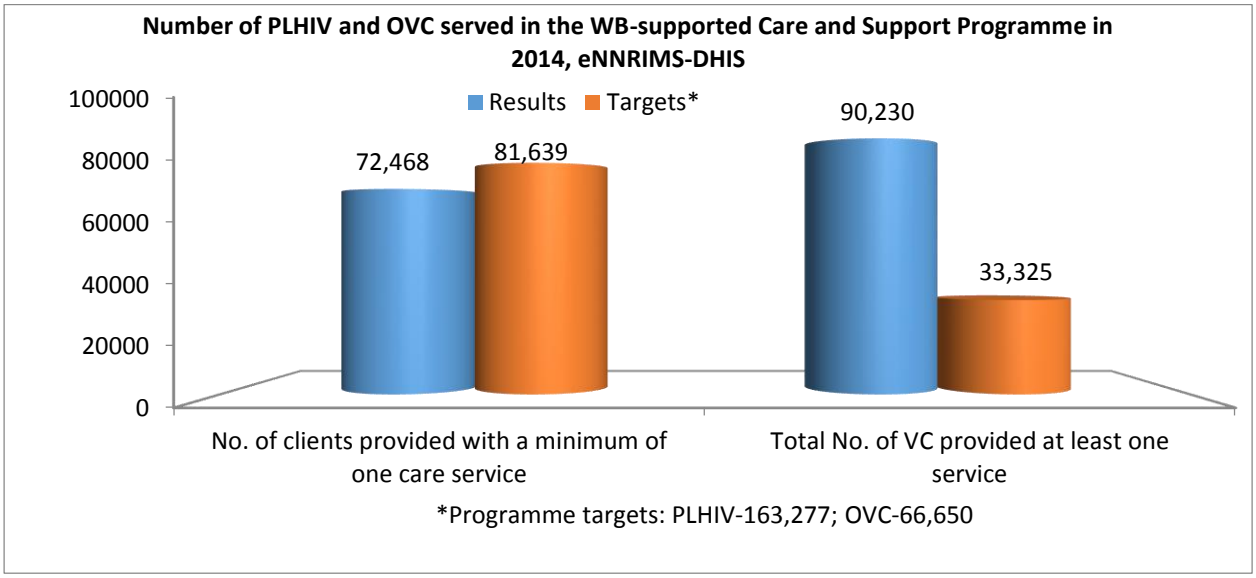
Prevention:


Selected Indicators in the WB-Supported Prevention Programme for 2014, eNNRIMS-DHIS
2500000
2000000
1500000
1000000
500000
0
2,103,248
358,629
153,674
Number of condoms distributed - male condoms
Number of personscounseled, tested and received result
Number of pregnant persons referred for antenatal care in the month


Number of MARPs Reached with MPPI in 2014, eNNRIMS-DHIS
Results
Targets*
60000
50000
40000
30000
20000
10000
0
38,441
51,303
2,720
4,382
725
1,646
FSW
MSM
IDU
* Programme targets: FSW-102,606; MSM-8764, IDU-3291


Number of General Population Reached with MPPI in 2014, eNNRIMS-DHIS
Results
Targets*
5000000
4000000
3000000
2000000
1000000
0
14,198
9,635
6,934
12,342
79,369
94,830
292,975
4,268,646
Transport Workers
Uniform Men
Out-of-School Youths
Others
*Programme targets: TW-19,270; UM-24,683; OSY-189,660; Others-8,537,292

Care and Support



4.2 Global Fund

The Global Fund is a unique, public-private partnership and international financing institution dedicated to attracting and disbursing additional resources to prevent and treat HIV and AIDS, TB and malaria. The Global Fund's model is based on the concepts of country ownership and performance-based funding, which means that people in countries implement their own programs based on their priorities and the Global Fund provides financing on the condition that verifiable results are achieved.

In 2007, Nigeria was successful in its application for Global Fund Round 5 grant support to address HIV/AIDS for five years. The goal of the Nigeria Global Fund Round 5 project was to scale up comprehensive HIV/AIDS treatment, care and support for people living with HIV/AIDS in all 36 states and the Federal Capital Territory. The grant was signed in November, 2006 and the implementation start date was 1st January 2007.

In 2008 Nigeria responded to the GFATM Round 8 call for proposals and this time around included a Health System Strengthening (HSS) component into it for the three disease areas (AIDS, Tuberculosis and Malaria). The HSS proposal was embedded in the HIV/AIDS application. However for the HIV/AIDS proposal only the HSS component of the Round 8 was approved by GFATM. The grant was signed in October 2009 and the implementation start date was 1st November, 2009. The goal of the Nigeria Global Fund Round 8 HSS project is to strengthen health systems for improved service delivery at the PHC level.

In 2009, Nigeria's HIV application for Round 9 funding was approved and rolled out on the 1st of July, 2010 though the grant was signed in September 2010. The goal of the Round 9 grant is to reduce the morbidity and mortality from HIV/AIDS in Nigeria.

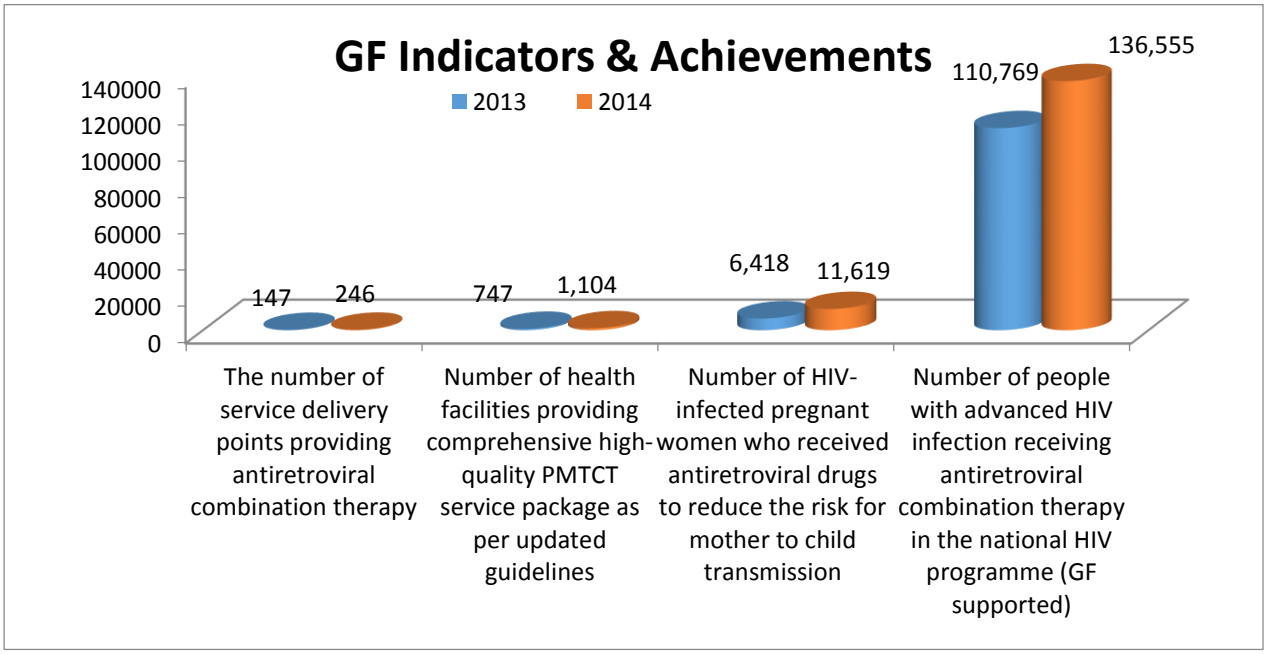
In 2011, to improve coordination and efficiency of the program, GF secretariat in Geneva recommended the consolidation of all on-going grants into a single stream Grant thereby leading to integration of the Health System Strengthening (HSS, Round 8) into the Round 9 so that it can be managed as a single stream.

Objectives:

- To scale-up gender sensitive HIV Prevention services among children and adults in Nigeria
- To create a supportive environment for delivery of comprehensive gender-sensitive HIV/AIDS services
- To enhance the management and coordination of HIV/AIDS programs
- To contribute to the restoration of public confidence in Primary Healthcare Services in Nigeria and thereby reverse the decline in the utilization of PHC facilities

4.2.1 Achievements:

Indicators and Achievements



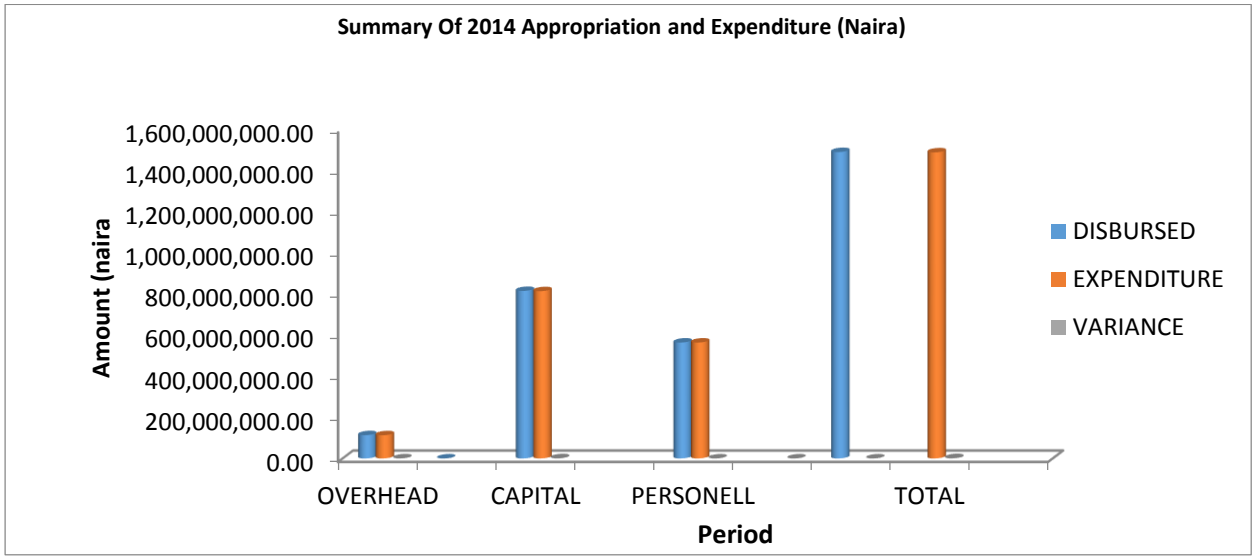
CHAPTER FIVE: STATEMENTS OF PRIORITY FOR 2015

- The end-term review of strategic documents including the National Strategic Plan (NSP) and the development of the 2016 – 2020 plan, the NNRIMS Operational Plan-II (NOP-II), the Global Fund and HPDP-II programme review
- Support the finalisation of the ANC sentinel survey and conduct of key National Surveys such as the IBBSS and the National Survey for HIV/AIDS, 2015
- Take charge of the implementation of the HIV/AIDS programmes in the states of Taraba and Abia through the SURE-P
- To increase access to Prevention of Mother to Child Transmission (PMTCT) services in the 36+1 states through media campaigns so as to complement the activities of demand and supply side of the programmes
- To develop and print SOPs for the National call centre on HIV/AIDS and related diseases
- To upgrade the internet bandwidth
- To develop a comprehensive resource mobilization advocacy pack (including brief) for advocacy at the 12+1 states to support the World Bank credit facility and for sustainability
- To commence stakeholders meeting with NHIS, HMOs and other stakeholders on integrating comprehensive HIV/AIDS services into health insurance
- To hold an annual lecture on the national HIV/AIDS policy direction and implementation of the national response
- To participate in the International Conference on AIDS and Sexually transmitted diseases in Africa (ICASA) and other scientific and public health conferences in 2015
- To increase involvement of private health facilities in prevention activities
- DHIS 2.0 integration
- Review of data collection tools for HIV Counselling and Testing (HCT), Prevention of Mother to Child Transmission of HIV (PMTCT) and Anti-Retroviral Therapy (ART) in line with global indicator review
- Conduct social science research on social and behaviour determinants
- Support conduct of National Epidemiological and Impact Analysis studies
- Conduct National AIDS Spending Assessment (NASA) for the period 2013/2014 in retrospect
- Conduct of mode of transmission studies and support conduct of IBBSS 2016, NARHS and ANC surveys
- GIS mapping of facilities with service results
- Strengthening the supply chain management (SCM) for ATM commodities to ensure health commodities security for the three disease areas - HIV/AIDS, TB and Malaria

CHAPTER SIX: BUDGET PERFORMANCE

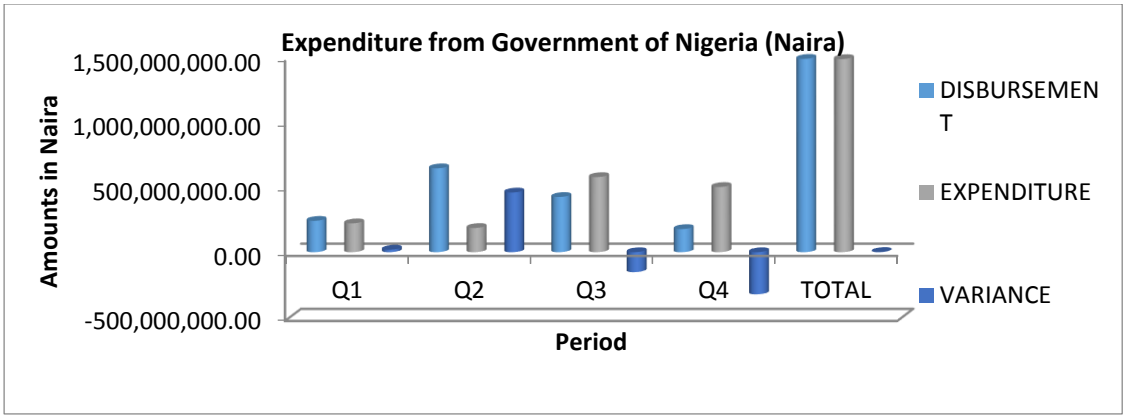
6.1 Summary of 2014 Appropriation and Expenditure

	DISBURSED	EXPENDITURE	VARIANCE
OVERHEAD	112,889,295.00	112,447,370.37	441,924.63
CAPITAL	812,373,733.10	811,252,584.78	1,121,148.32
PERSONELL	562,044,801.38	562,044,801.38	0
TOTAL	1,487,307,829.48	1,485,744,756.16	1,563,072.95



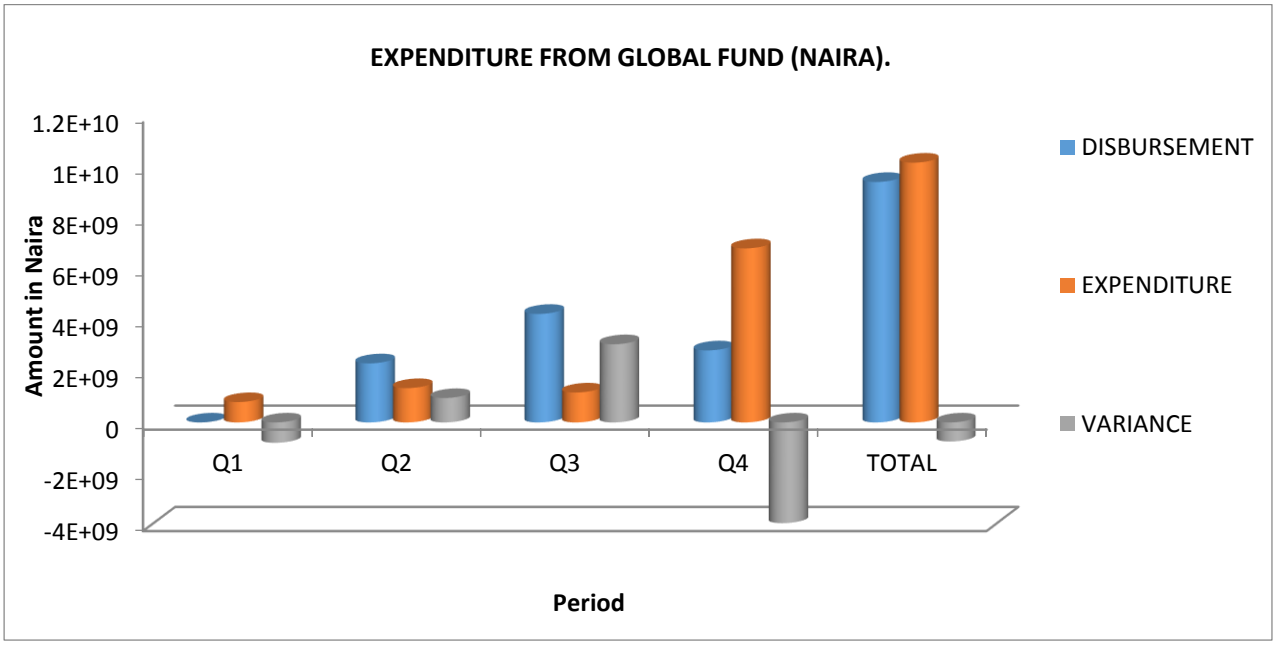
6.1.1 Expenditure from Government of Nigeria (Naira)

QUARTER	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT	240,932,200.43	644,642,614.12	424,274,265.50	177,458,749.43	1,487,307,829.48
EXPENDITURE	221,610,397.11	186,038,580.39	577,239,207.21	500,856,571.82	1,485,744,756.53
VARIANCE	19,321,803.32	458,604,033.73	(152,964,941.71)	(323,397,822.39)	1,563,072.95



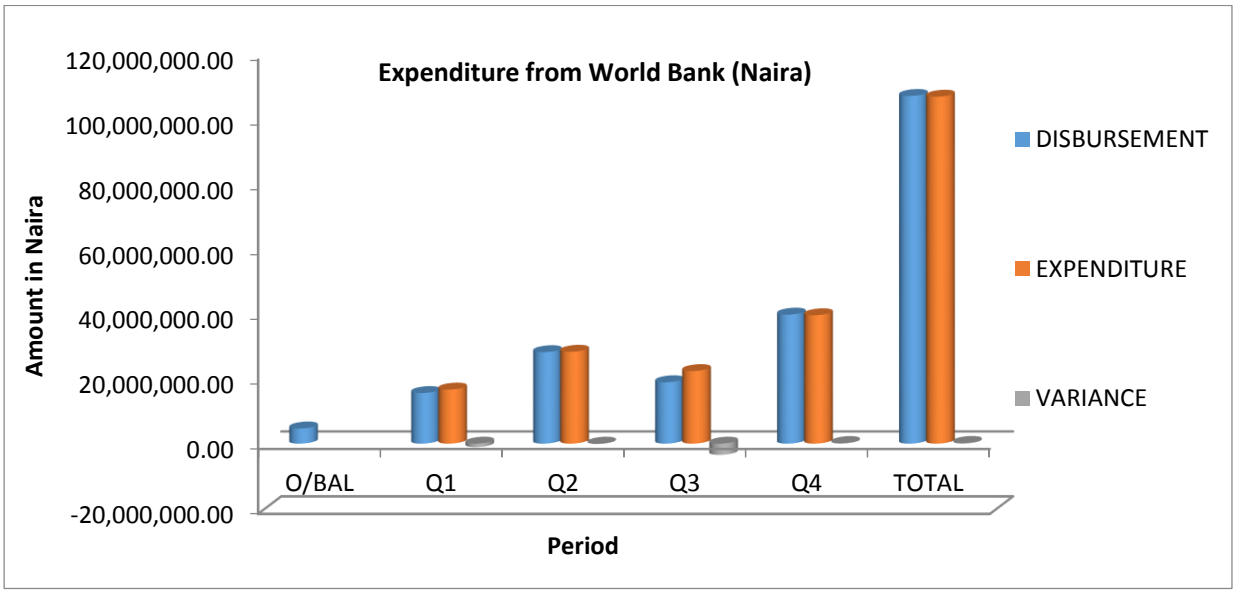
6.2 Expenditure from Global Fund (Naira)

QUARTER	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT	0	2,318,222,129.84	4,245,828,228.24	2,823,691,739.16	9,387,742,097.24
EXPENDITURE	803,962,297.27	1,353,757,243.81	1,182,248,384.84	6,800,762,366.04	10,140,730,291.96
VARIANCE	-803,962,297.27	964,464,886.03	3,063,579,843.40	-3,977,070,626.88	-752,988,194.72



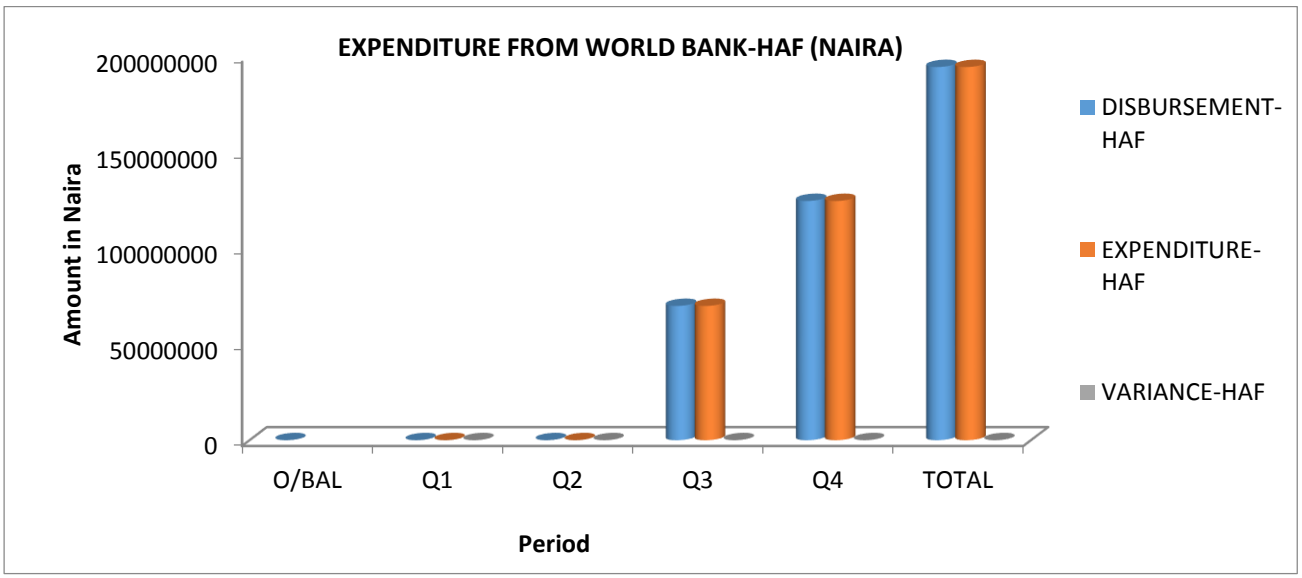
6.3 Expenditure from World Bank (Naira)

QUARTER	O/BAL	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT	4,672,529.07	15,596,847.32	28,192,061.79	18,918,176.33	39,763,652.07	107,143,266.58
EXPENDITURE		16,664,863.90	28,315,263.70	22,366,566.54	39,567,425.82	106,914,119.96
VARIANCE		(1,068,016.58)	(123,201.91)	(3,448,390.21)	196,226.25	229,146.62



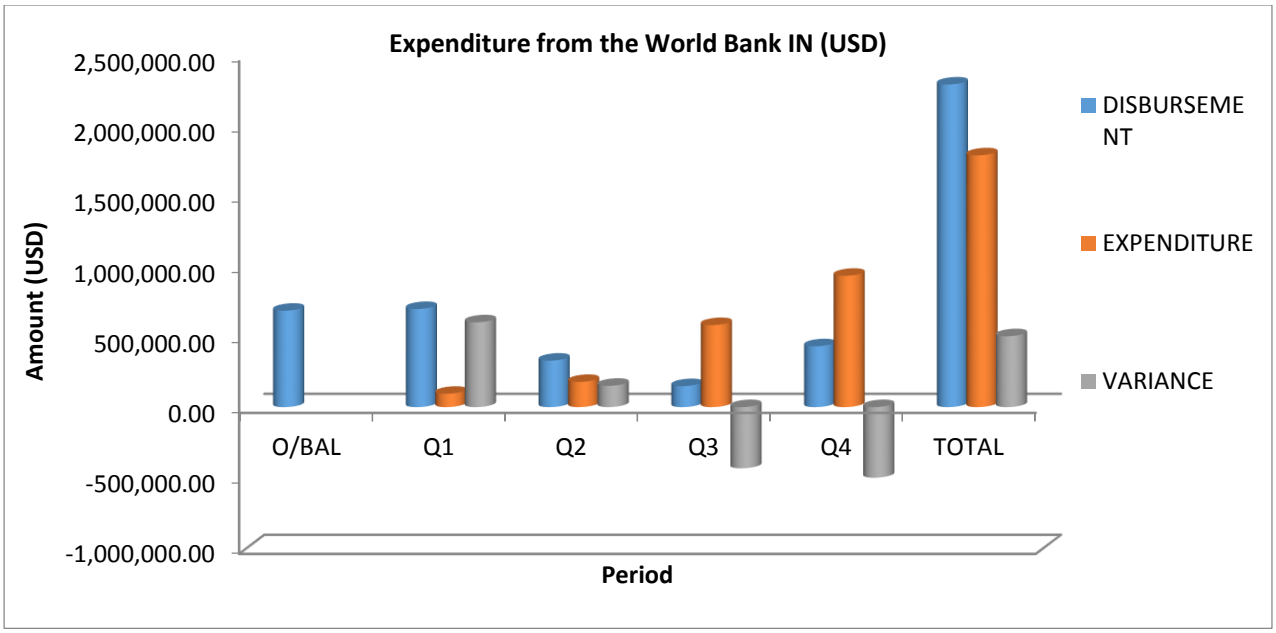
6.3.1 Expenditure from World Bank for HIV/AIDS Fund (Naira)

QUARTER	O/BAL	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT-HAF	0	0	0	69,791,801.46	124,475,941.97	194,267,743.43
EXPENDITURE- HAF		0	0	69,791,536.72	124,469,680.69	194,261,217.41
VARIANCE-HAF		0	0	264.74	6,261.28	6,526.02



6.3.2 Expenditure from World Bank (USD)

QUARTER	O/BAL	Q1	Q2	Q3	Q4	TOTAL
DISBURSEMENT	684,581.88	697,133.18	330,127.31	148,849.75	432,153.33	2,292,845.45
EXPENDITURE		94,612.56	178,736.63	582,844.83	933,067.89	1,789,261.91
VARIANCE		602,520.62	151,390.68	(433,995.08)	(500,914.56)	503,583.54



TARGET / INDICATOR	GARPR 2013	GARPR 2014
Target 1: reduce Sexual Transmission of HIV by 50%		
General Population		
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	24.2% NARHS 2007	24% NARHS 2012
Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	11.9% NARHS 2007	15.5% NARHS 2012
Percentage of respondents aged 25-29 who have had sexual intercourse with more than one partner in the last 12 months	11.4% NARHS 2007	16.3% NARHS 2012
Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the past 12 months and who report the use of condom during their last intercourse	52.5% NARHS 2007	64.5% NARHS 2012
Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	11.7% NARHS 2007	17.1 NARHS 2012
Percentage of young people aged 15-24 who are living with HIV	4.1% ANC 2010	4.2% ANC 2010
Sex workers		
Percentage of sex workers reached with HIV prevention programmes	18.2% IBBSS 2010	18.2% IBBSS 2010
Percentage of sex workers reporting the use of a condom with their most recent client	88.6% (MSM &FSW) 54.7% (MSW) 92.9% (FSW) (IBBSS 2010)	88.6% (MSM &FSW) 54.7% (MSW) 92.9% (FSW) (IBBSS 2010)

Percentage of sex workers who have received an HIV test in the past 12 months and know their results	41.8% (Male & Female Sex Workers) 17.5% (Male Sex Workers) 44.8% (Female Sex Workers)	41.8% (Male & Female Sex Workers) 17.5% (Male Sex Workers) 44.8% (Female Sex Workers)
Percentage of sex workers who are living with HIV	24.5%(Male & Female Sex Workers) 18.6% (Male Sex Workers 25.2% (Female Sex Workers) IBBSS 2010	24.5%(Male & Female Sex Workers) 18.6% (Male Sex Workers 25.2% (Female Sex Workers) (IBBSS 2010)
Men who have sex with men		
Percentage of men who have sex with men reached with HIV prevention programmes	17.99% (IBBSS 2010)	17.99% (IBBSS 2010)
Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	50.97% (IBBSS 2010)	50.97% (IBBSS 2010)
Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	24.92% (IBBSS 2010)	24.92% (IBBSS 2010)
Target 2: Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015		
Number of syringes distributed per person who injects drugs per year by needle and syringe programmes	Not Available	Not Available
Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	52.5% (IBBSS 2010)	52.5% (IBBSS 2010)

Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	70.89% (IBBSS 2010)	70.89% (IBBSS 2010)
Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	19.42% (IBBSS 2010)	19.42% (IBBSS 2010)
Percentage of people who inject drugs who are living with HIV	4.2% (IBBSS 2010)	4.2% (IBBSS 2010)
Target 3: Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS related maternal deaths		
Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission	30.1% (FMOH 2013)	(FMOH 2014)
Target 4: Have 1.5 million people living with HIV on antiretroviral treatment by 2015		
Percentage of eligible adults and children currently receiving antiretroviral therapy	43% (FMOH 2013)	49%
Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	81.0% (FMOH 2013)	81.0% (FMOH 2013)
Target 5: Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015		
Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	28.1% NTBLCP(2013)	28.1% NTBLCP(2013)
Target 6: Reach a significant level of annual global expenditure (US$22-24 billion) in low- and middle- income countries		
Domestic and international AIDS spending by categories and financing Sources	US$574,310,06 2 (NASA 2012 expenditure)	US$574,310,06 2 (NASA 2012 expenditure)
Target 7: Critical Enablers and Synergies with Development Sectors		
Number of condoms distributed	27,157,136	34,124,906
Number of schools implementing FLHE curriculum	1,765	8335

Number of students/ pupils reached with FLHE	755,272	949,396
Number of MDAs that have HIV/AIDS workplace programs	64	291
Number of orphans and vulnerable children (OVC) provided with social services health, nutrition, shelter, education, care, protection, psychosocial support, households and economic strengthening	466,933	897,935
Number of MARPs (female sex workers) reached with individual and/ or small group level MPP intervention	51,534	374,705
Number of MARPs (transport workers) reached with individual and/ or small group level MPP intervention	50,061	52,383
Number of MARPs (MSMs) reached with individual and/ or small group level MPP intervention	18,245	37,072

7.1 Prevention

Prevention is a cornerstone in achieving reduction in new HIV infections among the general population and Most-At-Risk Populations (MARPs). The prevention programmes and activities are guided by the following objectives:

- At least 80 % of all Nigerians have comprehensive knowledge on HIV and AIDS by the year 2015
- At least 80% of young people 15-24 years adopting appropriate HIV and AIDS related behaviour
- At least 80% of men and women of reproductive age (MWRA) have knowledge about dual protection benefit of condoms
- At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015.

7.1.1 Achievements

- The Agency has been able to develop strategic prevention documents to guides its prevention activities, like the National Prevention Plan 2010 – 2012 revised for 2014 – 2015 and the SBCC strategy, Peer education plus manuals, guidelines for FSW prevention programme in Nigeria and conduct of epidemic appraisal.
- The Agency has developed and is implementing the MPPI, which is the Nigeria domesticated Combination prevention approach, where over five hundred CBOs are engaged nationwide working within communities reaching the general population and Most-At-Risk Population (MARPs).
- The establishment of learning sites for the MPPI programme one in each selected states of Akwa Ibom, Benue, Lagos and Abuja.
- For effective coordination of prevention programmes, there is in place the National Prevention Technical Working Group which plays an advisory role.
- The Agency works with state SACAs to development state HIV prevention operational plan based on National Prevention Plan 2014 – 2016.
- The completion of a research project and publication of a report highlighting the programming opportunities along the transport corridors of Nigeria as outline in the NACA/MDG work plan i.e. ''**Summary of structural and individual factors driving continued HIV transmission along key transport corridors in Nigeria: An opportunity for intervention''.**
- Assessment of HIV and AIDS situation in prisons and detention centres with a focus on harm and risk reduction needs

7.2. HIV counselling and testing (HCT)

Though national targets for HCT are not been met consistently over the years, HCT is still the entry point for most HIV and AIDS prevention and control programs. The uptake of HCT has increased significantly. The HCT programmes have helped millions learn about their HIV status and given them options for informed decisions, where those testing negative plan to remain negative while those testing positive have the options of enrolling into long term care and treatment programmes. The number of sites providing HCT has increased from **1,064** in 2010 to **8114** as at December 2014. This number is still inadequate to meet the needs of the populations as most services are still facility base and located in secondary and tertiary health facilities inaccessible to hard- to-reach communities and have insufficient targeting of MARPS. In 2013, the total number of persons who were counselled tested and received results was **4,077,663** and rose to **6,716,482** as at December, 2014.

Specific Objectives of HIV/AIDS prevention for HIV Counselling and Testing:

- At least 80% of sexually active adults (including discordant couples and people in concurrent multiple partnerships) accessing HCT services in an equitable and sustainable way by 2015
- At least 80% of most at-risk-populations accessing HIV counselling and testing by 2015

7.2.1. Key achievements on HCT

There has been an increase in the number of HCT sites in the country, from 2391 in 2012 to 7075 in 2013.This is as a result of the strong commitment by government and increase donor support to get Nigerians know their HIV status and make inform decisions.

Achievements on HCT

Indicators	2013	2014
Number of HCT sites	7075	8114
Number of individuals who received HIV testing and counselling and know their results during the reporting period (HCT Setting)	4,077,663	6,716,482

The number counselled, tested and received results has continued to increase, it is still inadequate compare to the estimated population of 177 million people in the country. Survey results have shown that the desire by Nigerians to go for HIV testing increase from 43% in 2005 to 72% in 2007 (NARHS, 2007) and 77% in 2012 (NARHS, 2012), yet the uptake of HCT is low among the general population. Though the uptake of HCT among MARPs show some increase from 2007 and 2010, the increase is still inadequate considering the fact that the HIV prevalence among these group is higher than that of the general population, hence potential source of new infections.

7.3. Antiretroviral Therapy for Patients Living with HIV

The ART programme commence in the country in 2002, with the target of placing 10 thousand patients on drugs. Many players came into the field following the free ART policy of the government in 2006; this led to increase access and uptake of treatment by eligible people living with HIV. The number of facilities rendering ART services has increased from 516 as at December 2012 to 820 in 2013.The number of persons receiving ART as at 2012 stood at 491,021 compared to 639,397 in 2013. The Specific Objectives of the antiretroviral program are as follows:

- At least 80% of eligible adults (women and men) and 80% of children (boys and girls) are receiving ART based on national guidelines by 2015.

- At least 80% of PLHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015
- All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015
- All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015
- All PLWHIV have access to quality TB screening and those suspected to have TB, to receive Comprehensive TB services

7.3.1 Key Achievements on ART

The progress of the antiretroviral therapy has been measured over time using the following output, outcome and impact indicators.

Output, Outcome and Impact indicators for ART Program

Indicator	2013	2014
Number of health facilities that offer antiretroviral drugs	820	1057
Number of adult and children with advanced HIV infection who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol(WHO standards)	639,397	747,382
Percentage of adult patients and children with HIV still alive and known to be on antiretroviral therapy 12 months after initiating treatment	81%	81%
Number of individuals newly started on ART during the reporting month	148,919	145,053

The table show an increase in the number of sites offering ART services from 516 in 2012 to 820 in 2013; may be attributed to increased political will of the government and number of foreign donors in the ART programme. The free ARV provision policy in 2006 by the federal government has led to increased access and uptake of treatment for eligible people living with HIV accounting for the increase in the number of patients on ART .The 81% of patients on treatment 12 months after initiation shows the increase in quality of life and increase life expectancy of patients on treatment sequel to the improved supply chain management of antiretroviral drugs and Rapid Test Kits (RTKs).

7.4. Prevention of Mother to Child Transmission of HIV (PMTCT)

Increased attention is being paid to PMTCT in the national response making the intervention an area of priority, knowing that it contributes 10% of new HIV infections and an estimated mother to child transmission rate of 24% (spectrum).

7.5.1 Key achievements in the PMTCT program

Indicator	2013	2014
Number PMTCT sites in the country	5,622	6283
Number of pregnant women who were tested for HIV in the last 12 months and received their results	1,706,524	3,067,514
Number of HIV positive pregnant women receiving ARV prophylaxis to reduce MTCT.	57,871	63,350
Number of infants born to HIV infected women started on CTX prophylaxis	87,164	24,867

Though coverage of PMTCT is low, the number of pregnant women tested for HIV show increase from 1,706,524 in 2013 to 3,067,514 in 2014. The number of HIV positive pregnant women receiving ARVs prophylaxis to reduce MTCT has increased from 57,871 in 2013 to 63,350 in 2014. These improvements are due to increase funding of the programme by government and donors support.

7.6. Coordination of the National Response to HIV/AIDS

The national response in Nigeria is coordinated through a system involving state and non-state actors. NACA leads the coordination at national level, with the FMoH responsible for the health sector component of the response and other line ministries for other inter related aspects at National level. Non-state actors are equally responsible for key aspects of the response including resource mobilization, advocacy, demand creation and equity. For purposes of consistency, NACA interfaces with representatives from key stakeholders to broaden the coordination reach and effectiveness. These include NACA-SACA, NACA-Civil Society organizations (CSOs), NACA-private sector, NACA-public sector and NACA-development partner and NACA-TWG interactions.

Strategic Objectives of the National Response Coordination include:

- To strengthen NACA, SACA and LACA capacity to effectively coordinate sustainable and gender sensitive and aged-responsive multi-sectoral HIV/AIDS response at National, state and LGA respectively.

- Increase in the financial contributions of government at all levels to at least 30% of financial resources required for HIV/AIDS interventions by 2015.
- To mobilize additional financial resources from non-governmental sources in support of the implementation of the national HIV/AIDS response.

Key achievements in the National Response Coordination for 2011 and 2012

Indicator	**2013**	**2014**
Number of states that have coordinating body as agency	36	36
Percentage of government contributions to total HIV/AIDS spending	21%	21%
Number of SACAs and line ministries that are submitting report to NACA at least twice a year	36	36

The number of states that have transformed into agencies (backed by legislation) from ad hoc committees have steadily increased from 10 in 2010 to 29 in 2011 and 35 +1 in 2014. The effective coordination of NACA through advocacy and government commitment to fighting HIV/AIDS is responsible for this increase thus there is increase ownership at state levels. Also inherent is its increased funding, by 25% in 2010 though dropped to 21% in 2014 of total expenditure in the national response increasing government resolve to ownership and sustainability.

CHAPTER EIGHT: ACHIEVEMENTS SUMMARY, CHALLENGES AND CONCLUSION

8.1 Achievement

- A total of **6,716,482** individuals were counselled, tested and received results and **747,382** adults and children placed on drugs as at December 2014
- The national HIV prevalence has declined from 3.6% to 3.4% in the general population and 4.1% from a peak of 5.8% among pregnant women attending antenatal clinic in the country.
- NACA commenced reporting of the Non-Health Sector data (prevention programs for MARPS, OVC, and HBC) on DHIS platform
- Mobile phones were deployed to selected Primary Health Centres (PHCs) to enable them report on program data through the DHIS
- The Agency supported the launch of the elimination of Mother to Child Transmission (eMTCT) of HIV in Nigeria 2015-2016 plan aimed at eliminating new infections among children and keeping their mothers alive by 2015
- The implementation of the Presidential Comprehensive Response Plan commenced with support from the SURE-P
- The development of the concept for the Global Fund Interim Fund application and new funding model, which will culminate in additional funds towards the national response
- Development of strategic document and plans including the Resource Mobilization Strategy and Communication Plan
- The NACA/MDG team conducted integrated multi-disease outreaches in 13 states of the Federation between September and November 2014. A total of 43, 955 Nigerians were counseled, tested and received their HIV result. These activities identified 1224 Diagnosed HIV Positive (2.8%), of this number all the 673 Newly Diagnosed (1.6%) clients were linked to other services providing HIV Care and Support. Over 45,000 Nigerians received other services including free blood pressure checks, screening for hepatitis, free malaria tests, free medical consultation, free drugs, 20,500 Bed nets, 350,000 Aqua tabs, 5000 bars of soap, over 100,000 condoms, deworming of all children under 5 that attended the outreaches
- The completion of a research project and publication of a report highlighting the programming opportunities along the transport corridors of Nigeria as outlined in the NACA/MDG work plan titled ‘’Summary of structural and individual factors driving continued HIV transmission along key transport corridors in Nigeria: An opportunity for intervention’’
- The NACA/MDG project’s HIV prevention messages reached over 50,000 Nigerians in 13 states during advocacy visits to community leaders, distributed 10,000 IEC materials and stickers, and undertook radio and television announcements

- The NACA/MDG project trained over 200 vulnerable women and People Living with HIV in Kaduna State and the Federal Capital Territory in Income Generating Activities and were to receive start-up grants and inputs to start their own businesses

8.2 Challenges

- The pockets of insecurity in some parts of the country affected the proper coordination of the national response in 2014.

- There are existing gaps in effectively carrying out prevention, HCT, PMTCT, treatment and care programmes due to inadequate political commitment at lower levels, inadequate local funding and low level of community ownership and involvement.

8.3 Conclusions

The progress made in the National HIV/AIDS response continuously increased as observed in the areas of prevention activities among MARPS and the general population. The HIV/AIDS prevalence in the general population has dropped following an increased scale-up of ART centres and more people placed on treatment. Institutional and technical capacity at national and state levels has been strengthened and domestic contributions for the HIV/AIDS response has improved as evident in the financing of the PCRP plan through SURE-P. While gaps and challenges remain, NACA with the support of donors, partners and other stakeholders remain committed to overcoming these challenges and reaching the set goals, objectives and targets of the national HIV/AIDS response.