



NACA ANNUAL REPORT 2016

REPORT OF ACHIEVEMENTS FOR THE YEAR 2016

About NACA

NACA's Vision

To make 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 authorised to facilitate all stakeholder HIV/AIDS activities in the country.

NACA's Mission Statement

To provide an enabling policy environment and stable on going facilitation of proactive multi sectoral planning, coordinated implementation, monitoring and evaluation of all HIV/AIDS prevention and impact mitigation activities in Nigeria.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALCO	Abidjan – Lagos Corridor Organisation
APIN	AIDS Prevention Initiative Nigeria
ARV	Anti-Retroviral
ATM	AIDS, Tuberculosis and Malaria
AYP	Adolescent and Young People
BBFSW	Brothel based Female Sex Worker
CCM	Country coordinating mechanism
CiSHAN	Civil Society for HIV/AIDS in Nigeria
CGAT	Country GeneXpert Advisory Team
CSO	Civil Society Organization
DR-TB	Drug Resistant Tuberculosis
DFID	Department for International Development
FHI	Family Health International
FLHE	Family Life HIV/AIDS Education
FME	Federal Ministry of Education
FMoH	Federal Ministry of Health
FPFMD	Federal Project Financial Monitoring Division
FSW	Female sex worker
GARPR	Global AIDS Response Progress Report.
GDP	Gross Domestic Product
GF	Global Fund
GIFMIS	Government Integrated Financial Management Information System

GIPA	Greater Involvement of Persons Living with HIV/AIDS
GoN	Government of Nigeria
GTC	Gender Technical Committee
GVB	Gender Base Violence
HAF	HIV/AIDS Funds
HIV	Human Immunodeficiency Virus
HCT	HIV Counselling & Testing
HTS	HIV Testing Services
HPDP II	HIV/AIDS Programmes Development Project II
IAS	International AIDS Society
IBBSS	Integrated Bio-Behavioural Surveillance Survey
IDPs	Internally Displaced Persons
IDUs	Injecting Drug Users
IFRS	International Financial Reporting Standards
IPSAS	International Public-Sector Accounting Standards
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
NBTS	National Blood Transfusion Service
NCPI	National Composite Policy Index
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
NNRIMS	Nigeria National Response Information Management System
NBBFSW	Non-Brothel based Female Sex Worker
NPC	National Planning Commission
NSF	National Strategic Framework
NSP	National Strategic Plan
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
ORPTHEM	Optimizing the Response in Prevention and treatment and HIV/AIDS Efficiency in Nigeria
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
PSM	Procurement and Supply Chain Management
SACA	State Action Committee on AIDS
SAPC	State AIDS Programme Coordinator
SFH	Society for Family Health
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

From the Director General



Nigeria as a Nation has made tremendous progress in the fight against HIV/AIDS and in achieving the global goal of getting to zero new HIV infections, zero discrimination and zero AIDS-related deaths. The year 2016 marks the end of another strategic planning cycle 2010 to 2015 extended to 2016 and the beginning of the planning process for the next strategic planning cycle, 2017 to 2021. The HIV prevalence has been on the decline from 5.8% in 2001 to 3.0% in 2014(ANC,2014).

A total of 11,325,552 individuals were counselled, tested and received their results with 360,941 testing HIV positive. In its efforts to ensure a HIV free generation a total of 56,483 HIV positive pregnant women received antiretroviral prophylaxis for the Prevention of Mother to Child Transmission of HIV (PMTCT). While a total of 983,980 individuals were on treatment.

The government has taken over funding of the response in Abia and Taraba states.in its quest for ownership of the response. The agency successfully conducted the National prevention conference, World AIDS Day, the National Council on AIDS, commenced a study on the Cost Efficiency and the role of Management in HIV prevention interventions for female sex workers in Nigeria (ORPTHE2).

The agency is working towards ensuring that the national response achieve the 2020 targets of 90% of all people living with HIV knowing their HIV status; 90% of all people with diagnosed HIV infection receiving sustained antiretroviral therapy to achieving a 90% viral suppression among the people receiving antiretroviral therapy. The WHO's Consolidated guidelines on the use of antiretroviral drugs for treating and preventing new HIV infection, through the test and treat strategy so as to achieve the 2030 goal of ending the AIDS epidemic.

The agency remains focused, in spite of the challenges of insecurity in some parts of the country which hampered programme implementation and the continued dependence of the response on foreign support, though declining and the low political will in supporting the response at sub-national levels.

The agency attributes these remarkable strides to the determined leadership and commitment of the national government and key stakeholders.

Executive Summary

The National Strategic Plan and Framework for HIV 2010 -2015 ended in 2015, though extended to 2016, which allowed for the development of the NSF 2017 – 2021. In 2017, using a bottom-up approach, the findings of the States and Sectors plans will be used to develop and finalise the National Strategic Plan for HIV (2017 -2021). In 2016, there was also a change in the leadership of the agency; that ushered in Dr. Sani H. Aliyu as the new Director General.

Globally, remarkable achievements have been made in the fight against the scourge with new infections dropping from 2.2million in 2010 to 2.1million in 2015 among others. The country made progress in that the prevalence dropped to 3% in 2014 (FMoH,2014) from a high of 5.8% in 2001. HIV prevalence has also declined from 3.6% to 3.4% in the general population (NARHS, 2007, 2012). The same trend with the Most At Risk Populations (MARPs), Brothel Based Female Sex Workers (BBFSWs) (37% in 2007, 27.40% in 2010 to 19.40% in 2014) Non-Brothel Based Female Sex Workers (NBBFSWs) (30.20% in 2007, 27.40% in 2010 to 8.60% in 2014) except for Men having Sex with Men (MSM) which has increased from 13.50% in 2007, 17.20% in 2010 to 22.90% in 2014 (IBBSS, 2007, 2010, 2014).

In 2016, a total of 11,325,552 individuals were counselled, tested and received their results and 360,941 testing HIV positive, 56,483, HIV positive pregnant women received antiretroviral prophylaxis for the Prevention of Mother to Child Transmission of HIV (PMTCT), while 983,980 individuals on treatment, in addition to increased government funding of the response.

In furtherance to meeting its mandate of establishing mechanisms to support HIV&AIDS research in the country, the agency is undertaking the Cost Efficiency and the Role of Management in HIV Prevention Intervention for Female Sex Workers in Nigeria (ORPTHEN 2). A qualitative study funded by Bill and Melinda Gates Foundation. The conduct of the National HIV Prevention Conference, the Review of National HIV Epidemiology and Impact data (Rebasing) commenced in 2016 with protocol development, this study is aimed at triangulating and analysing all recent community and facility based testing data using the corrected median positivity rates for HIV to rebase the HIV prevalence level in Nigeria. The agency participated in the Multiple Indicator Cluster Survey, which aimed at collecting estimates of key indicators to assess the situation of women, children and men, among others. The agency participated in the international AIDS conference in

Durban South Africa, which was followed by a post IAS symposium/IAS educational fund meeting in Abuja, Nigeria. Preceding the Worlds AIDS Day, 2016 was the HIV prevention conference, which had a forum on Adolescent and young people. There was also the development of the National Strategic Framework (NSF), 2017 -2021.

The challenges of low political will to support the response at sub-national levels, dependence on foreign support, which is decreasing and the pockets of insecurity in parts of the nation hampered programme implementation.

The agency, despite the daunting challenges is looking forward to ensuring the determination of the true prevalence rate of HIV in Nigeria through a collective and all-inclusive population survey. Improving the uptake of Prevention of Mother to Child Transmission (PMTCT) services among pregnant women and address concerns on data integrity and put in place a robust sustainability plans for the States HIV response.

CHAPTER ONE: INTRODUCTION

In 2016, the agency witnessed the end of the National Strategic Plan (NSP) and Framework (NSF) for HIV 2010 -2015, though NSP was extended to 2016, which allowed for the development of the NSF 2017 – 2021. The NSF provided guidance for States to develop their State Strategic Plans. In 2016, there was also a change in leadership; that ushered in Dr. Sani H. Aliyu as the new Director General. In 2017, using a bottom-up approach, the findings of the States and Sectors plans will be used to develop and finalise the National Strategic Plan for HIV (2017 -2021)

Globally, a lot of successes have been recorded in the fight against the scourge of HIV, yet it still remains a disease of public health importance. The number of new infections have dropped from 2.2million in 2010 to 2.1million in 2015. The Sub-Saharan region accounts for 65% of the new infections. The global AIDS related deaths are on the decline from a high of 1.5million in 2010 to 1.1 in 2015. In Sub-Saharan Africa AIDS related death dropped by 29% from 1.13million in 2010 to 0.8 million in 2015, though the region still accounts for about 70% of all people dying from AIDS causes in 2015 (UNAIDS, 2016).

The country has made significant progress in the fight against HIV/AIDS, yet the disease still remains a leading health and development challenge, with the country ranking second to South Africa in terms of the burden globally. The country's population is estimated at 170million (NPC, 2014), has a generalized HIV epidemic, where the prevalence has dropped from a high of 5.8% in 2001 stabilizing at 4.4% in 2005, 4.6% in 2008 and 4.1% in 2010 then dropped to 3% in 2014 (FMOH, 2014). HIV prevalence has declined from 3.6% to 3.4% in the general population (NARHS, 2007, 2012). The prevalence among Most at Risk Population (MARPs) also shows a decline, but with figures higher than in the general population. The BBFSW (37% in 2007, 27.40% in 2010 to 19.40% in 2014) NBBFSW (30.20% in 2007, 27.40% in 2010 to 8.60% in 2014) except for MSM which has increased from 13.50% in 2007, 17.20% in 2010 to 22.90% in 2014 (IBBSS, 2007, 2010, 2014)

Fig.1: Trend of HIV prevalence in the country from 1991 to 2014 (HSS 2014, FMOH, Abuja, Nigeria)

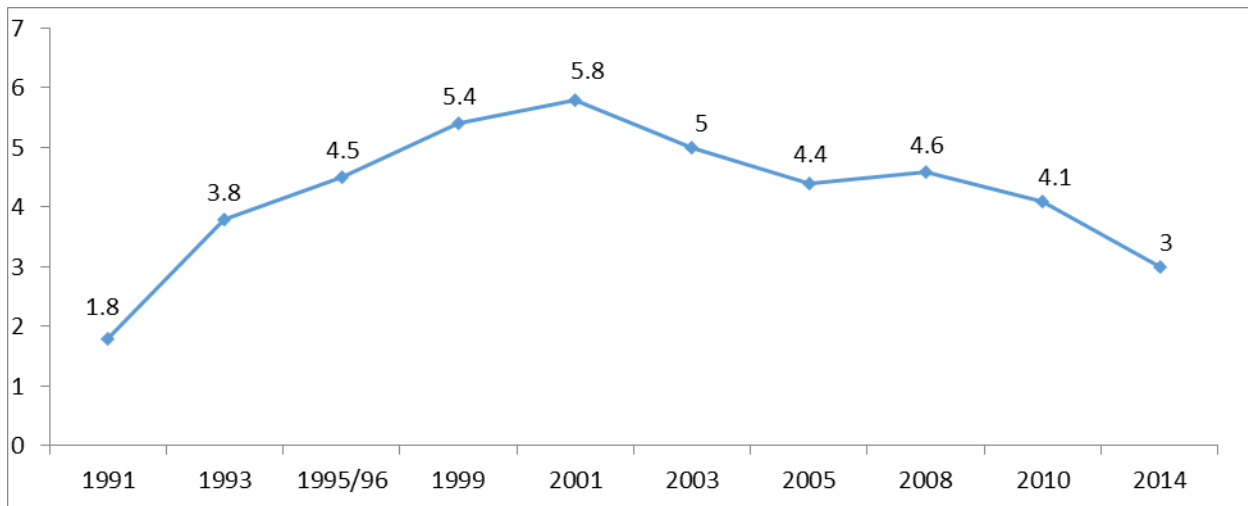
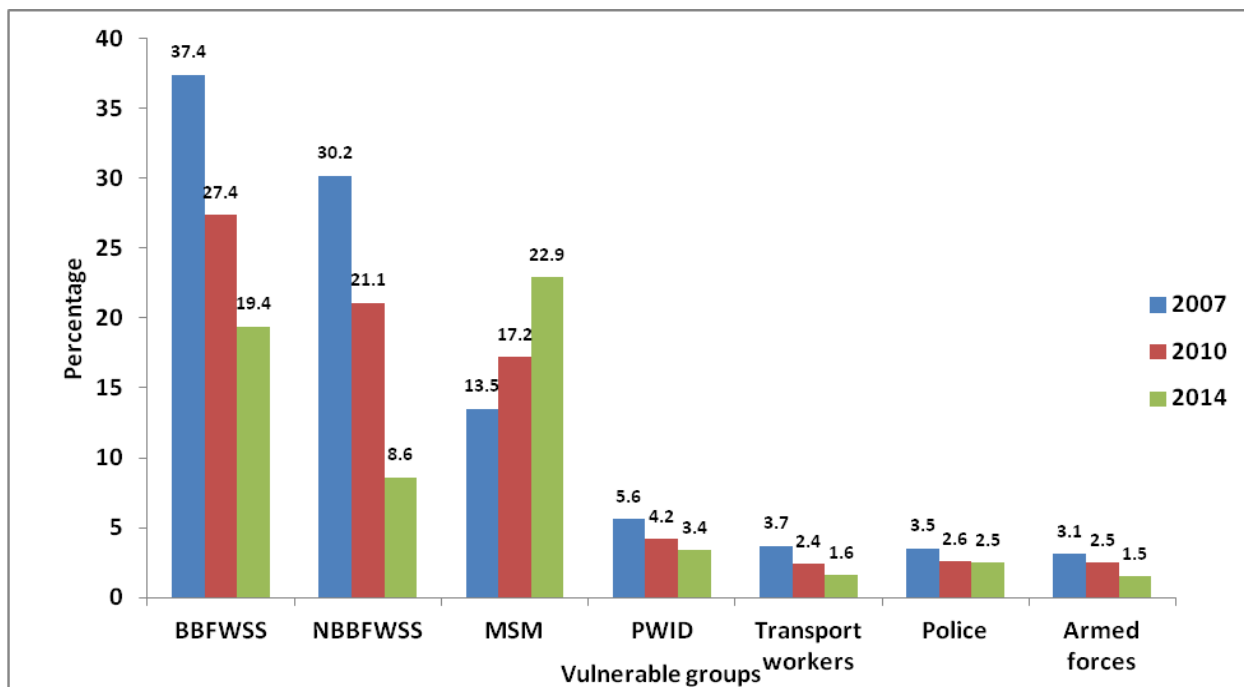


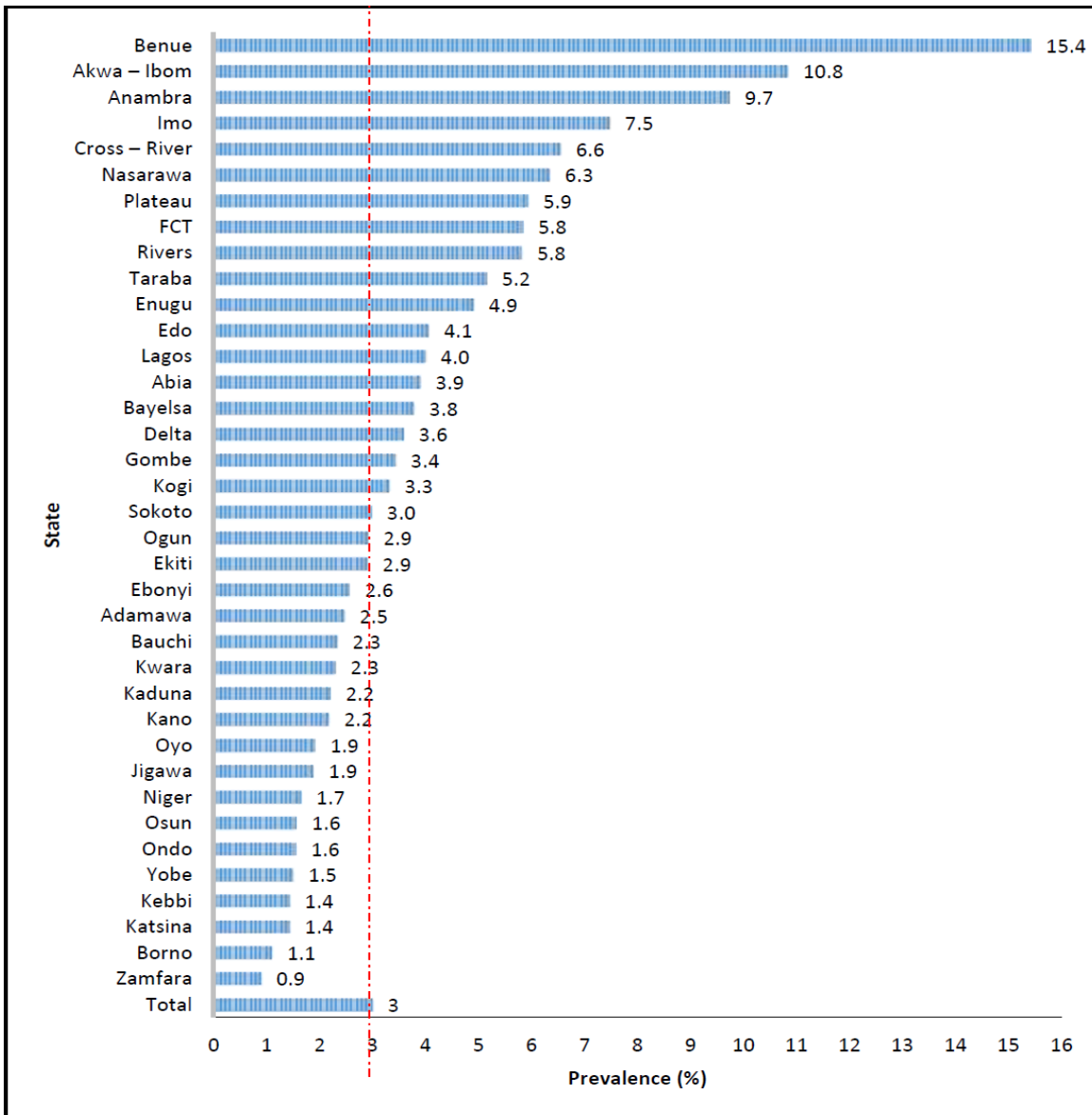
Fig.2: HIV prevalence trends among all vulnerable groups (2007 – 2014), Nigeria IBBSS, 2014.



Nigeria has an estimated 3.6 million people living with the Human Immuno Deficiency Virus (PLHIV) which is contributing 9% of global figures with an estimated 1.5 million requiring treatment. The country also contributes 10% of the global new infections and 14% of AIDS related deaths (UNAIDS, 2016). The HIV epidemic in Nigeria varies across states and zones, according to the 2014, ANC, Sero-Prevalence sentinel survey, figures vary from 0.9% in Zamfara State (North West zone)

to 15.4% in Benue State (North Central zone). Only Zamfara State had less than one percent prevalence rate. Seventeen states and the Federal Capital Territory (FCT) have HIV prevalence figures higher than the National average of 3.0%. The states are Benue (15.4%), Akwa-Ibom (10.8%), Anambra (9.7%), Imo (7.5%), Cross River (6.6%), Nasarawa (6.3%), Plateau (5.9%), River (5.8%), Taraba (5.2%), Enugu (4.9%), Edo (4.1%), Lagos (4.0%), Abia (3.9%), Bayelsa (3.8%), Delta (3.6%), Gombe (3.4%), and Kogi.

The data available from the NARHS shows that the epidemic is feminized as HIV prevalence among females in 2007 and 2012 was 4.0% and 3.5% respectively compared to lower prevalence for men of 3.2% (2007) and 3.3% (2012) respectively. This is also higher for women than men across all age groups except 35-39 years and 40-44 years' age groups in 2012. In both urban and rural areas, HIV prevalence is consistently higher among females when compared to males. Among age groups 15 years and above, annual number of new infections reduced from 240,000 in 2006 to 220,000 in 2016. For ages 0-14, the number of new infections was 51,000 in 2006 and 22,000 in 2016. Projected AIDS related deaths have reduced from 210,000 in 2006 to 160,000 in 2016. (National Spectrum Estimate, 2016). The zonal variations show sero-prevalence rate ranging from 1.9% in the North West to 5.8% in the North Central zone, and the urban rate was higher than the rural in each of the geo-political zones. Fig.3: HIV sero-prevalence among pregnant women in sentinel antenatal clinics by states: Nigeria, ANC, 2014.



National average -----

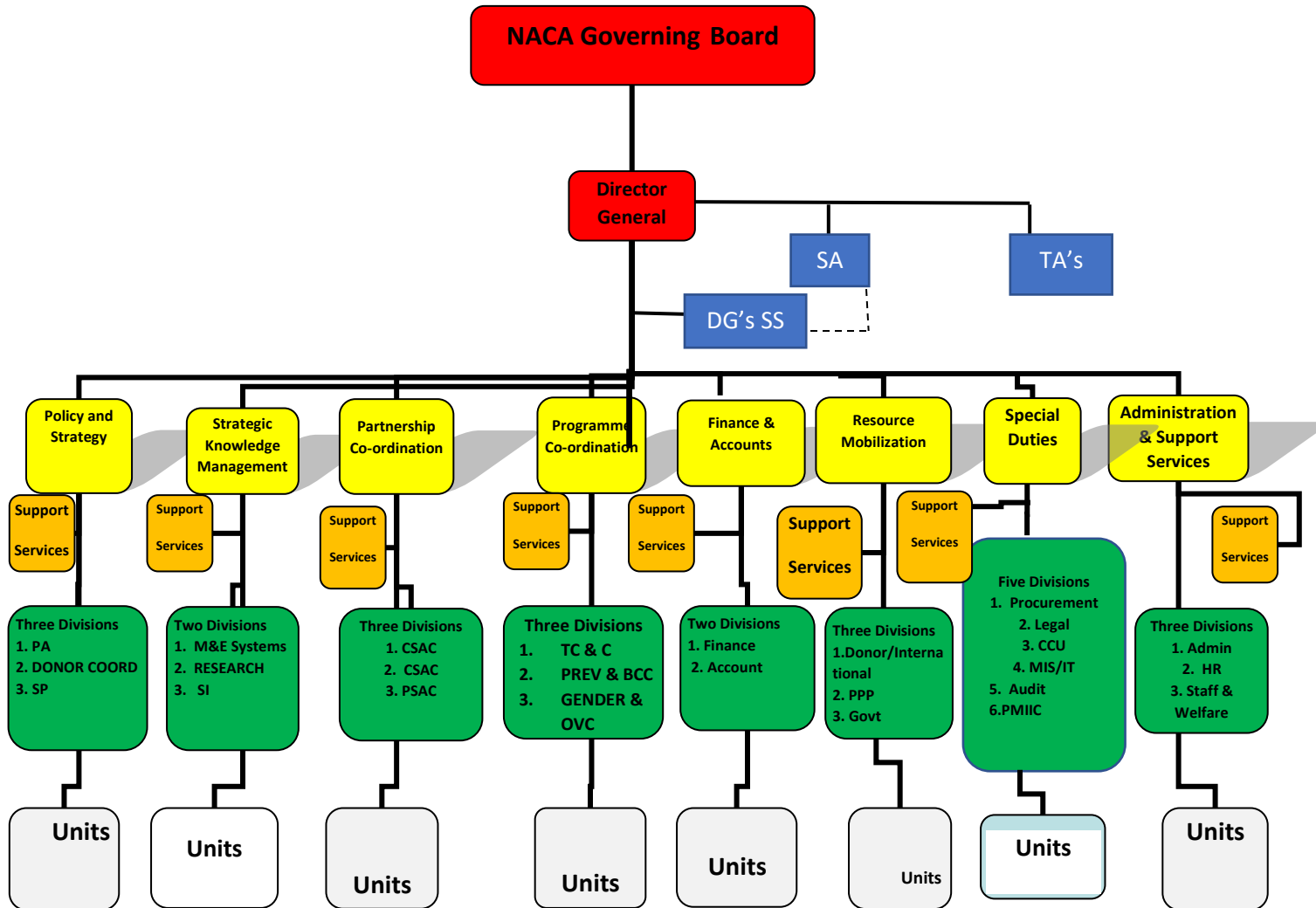
NACA Mandate:

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

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

1.2.1 NACA Organogram

Fig. 4: NACA ORGANOGRAM



1.2.2 NACA Top Management as at December 2016



Dr. Sani H. Aliyu
DG- NACA



Mr. Alex Ogundipe, Director
Policy and Strategy



Dr. Akudo Ikpeazu Director
Programme Coordination



Dr. Kayode Ogumbemi
Director, Strategic Knowledge
Management.



Mr. Emmanuel Chenge
Director, Admin. & Support
Services



Dr. Emmanuel Alhassan
Director, Partnership Coordination



Mr. Nsikak Ebong
Director, Finance & Accounts



Dr. Ibrahim Atta
Director, Special Duties



Mrs. Josephine Kalu
Director, Resource Mobilization

1.2.3 NACA Management			
S/no	Name	Department/Unit	Designation
1	Dr. Sani Aliyu	Office of the DG	Director General
2	Dr. Kayode Ogungbemi	Strategic Knowledge Management	Director
3	Mr. Alex Ogundipe	Policy & Strategy	Director
4	Dr. Akudo Ikpeazu	Programme Coordination	Director
5	Mr. Nsikak Ebong	Finance & Accounts	Director
6	Dr. Emmanuel Alhassan	Partnership Coordination	Director
7	Mr. Emmanuel Chenge	Administration & Support Services	Director
8	Mrs Josephine Kalu	Resource Mobilization	Director
9	Dr. Ibrahim Attah	Special Duties	Director

CHAPTER TWO: ACTIVITIES OF THE AGENCY IN 2016

2.1 Department of Administration and Support Services

2.1.1 Achievements

- Provision of conducive working environment for staff through regular Cleaning Services and fumigation of offices, regular power supply to run the office equipment, adequate supply of water, regular supply of computers and stationeries and proper waste management.
- The department has been able to beef up the security of the agency through the installation of security Close Circuit Television (CCTV) cameras, visitors ID cards were introduced and Staff are mandated to conspicuously wear their ID within the office to avoid infiltration of the office by criminals.
- The department ensure the continuous maintenance of a robust transport system for the agency, through vehicle maintenance and insurance which enhances productivity.
- The department ensure that all departments of the agency are housed in the same building and the remodelling of the office spaces for effective productivity.
- The Call/National HIV Resource centres have new office accommodations.,
- The department conducted promotion examination for 87 senior staff and promoted 64 (73%), while 42 junior staff partook in the examination and 35 (83%) were promoted in line with the agency's quest to boost staff productivity
- Ensured the Supply of required office furniture and equipment for both the new and old buildings, for effective and efficient work flow.
- The department coordinated capacity building trainings for Finance and Accounts staff on professional courses.
- The department coordinated all the agency's internal meetings, top Management meetings, Technical meetings and General staff meetings for effective cohesion of the agency's policies and decision making.
- Provision of Newspapers, Periodicals and Magazines, to ensure proper dissemination of information to keep staff up to date on current news within and around the world

2.1.2 NACA Staff Strength

S/N	Category	Number
1	Senior Staff	252
2	Junior Staff	27
Total number of staff		279

2.1.3 A Summary of NACA Staff by State Representation as at December 2016

S/N	NAME OF STATE	TOTAL NUMBER
1	Abia	12
2	Adamawa	5
3	Akwa-Ibom	15
4	Anambra	20
5	Bauchi	3
6	Bayelsa	3
7	Benue	23
8	Borno	8
9	Cross river	8
10	Delta	13
11	Ebonyi	7
12	Edo	11
13	Ekiti	8
14	Enugu	9
15	FCT	3
16	Gombe	1
17	Imo	16
18	Kaduna	13

19	Kano	3
20	Katsina	3
21	Kebbi	2
22	Kogi	18
23	Kwara	10
24	Lagos	3
25	Nasarawa	8
26	Niger	4
27	Ogun	10
28	Ondo	12
29	Osun	6
30	Oyo	6
31	Plateau	7
32	Rivers	3
33	Taraba	6
	TOTAL	279

2.2. Department of Programme Co-ordination

2.2.1 Achievements

- Two (2) institutions (NACA & Benue SACA) were trained in the gender analysis of HIV budgets and planning development, for Improved Gender Responsive HIV Plans and Budgets in Nigeria.
- Developed communication tools for gender responsive budgeting in the HIV/AIDS response in Nigeria, including Policy Briefs and Facts Sheets on women and girls, and gender equality in HIV/AIDS in Nigeria.
- Generation of validated data on gender responsive budgets of the HIV/AIDS sector in order to identify critical issues to address and improve human rights of women living with or affected by HIV/AIDS in Nigeria.

- Built the capacity of 42 participants (from NACA, Benue SACA, Kogi SACA, FCT SACA) on Gender Responsive HIV/AIDS plans and budgets.
- Built the capacity of 50 Focal Persons of MDAs on Gender Mainstreaming and Gender Budgeting on the Thematic Areas in the new NSF.
- Developed and validated eighteen (18) gender indicators and two gender (2) tools, for the national HIV information management system, which have been approved by the National M&E Technical Working Group.
- Successfully organized campaigns (including use of media), 16 Days of Activism to Eliminate Gender based Violence against Women & Girls, tagged “*Promoting Access to Comprehensive HIV/GBV Prevention Services: Leave No One Behind*”. Over 1000 people participated in these campaigns.
- Produced and disseminated documentary on the lives of men, women and children living with HIV/AIDS, in order to sensitize programme implementers and decision makers about the needs of people living with HIV in Nigeria.
- Economic empowerment of 10 women from the Network of Women Living with HIV in Nigeria.
- Wrote and submitted 3 abstracts to the 2016 International AIDS conference in Durban, South Africa, and 2 abstracts to the National HIV Prevention conference.
- The department in collaboration with UNAIDS and UNWOMEN developed Guidelines for Gender Mainstreaming and Training Manual for National HIV/AIDS Response and commence dissemination 2015.
- The department Printed toolkits with particular focus on People Who Inject Drugs (PWID) for advocacy in UNDP supported States towards the passage and implementation of the Anti-Discrimination Act
- Printed and disseminated IEC materials and toolkits for key Population for the implementation of the Anti- Discrimination Act as part of the 2016 World AIDS Day and 16 Days of Activism to Eliminate Violence against Women and Girls. Increased awareness creation on the Anti-Discrimination Act among Key population.
- The department in collaboration with GF/Regional UNDP through Enda Sante Sub Recipient for the African Regional HIV Grant on Removing Legal Barriers, developed and

made Available the National Plan of Action on Legal Environment Assessment (LEA) which will inform and equip stakeholders on its implementation.

- Development of National Plan of Action that will guide the coordinated efforts to remove legal and human rights barriers to HIV services in Nigeria, especially among key and vulnerable populations thereby fast-tracking the achievement of the 90-90-90 targets and ending AIDS by 2030. It also contains a priority and accountability framework to ensure sustainability, organizational commitment and accountability in the implementation of the National Plan of Action.
- Dissemination of the National Plan of Action during the 2016, 16 days of Activism to end Violence Against Women and Girls and the World AIDS Day (WAD) disseminated at the Side Event at the National HIV Conference on November 30, 2016.
- The Integration of Gender and Human Rights as a cross cutting issues in the National Strategic Frame work (NSF)
- The Support of 25 Stakeholders (key and vulnerable young people including positive young person with disabilities) to participate at the Youth Summit and National HIV Prevention Conference and commemoration of the World AIDS Day (WAD), 2016. Which created the platforms for strengthening the role of Adolescent and Young People (AYP) in prevention programming, built the capacity of AYPs to be better champions of HIV prevention and treatment for young persons and the development of the youth position paper which was presented at the National HIV Prevention Conference.
- The presentations by the stakeholders from Nigeria at the 2016 IAS showcased efforts that have been put in place to address gender, legal and human rights issues in Nigeria
- The department trained 84 participants from Federal and States level on the revised HTS tools, and on coordination of out of school youth HIV programmes and committed to supporting Anti-HIV Community Development Service groups in the LGAs & States
- The department supported the sensitization of 2080 FLHE teachers on curriculum and delivery from the 104 Unity schools. Also 208 MIS 002, 104 Fact sheets and 104 peer education manuals printed for the Federal Unity colleges.
- The department conducted supportive supervision to 104 unity colleges on FLHE delivery services and appropriate data collection for reporting

- The department conducted HIV Testing Services Training for Health Care Providers in selected Prisons Health Facilities in 3 geopolitical zones (SE, SS &SW) where 28, 25 & 31 prison officers were trained on the provision of HTS in the South respectively.
- The department supported the engagement of 5 IPs, (APIN, SFH, IHVN, CCRN, FHI360), to provide PMTCT to 376 out of 390 activated private health facilities across 13 states for increased access to HTS for PMTCT. The programme has counselled, tested 94,140 pregnant women and received their results in the last five months, of these 951 (1.01%) tested HIV positive and referred for PMTCT with 865 (68.5%) completing referral.

2.3 Department of Strategic Knowledge Management

2.3.1 Achievements

- The department conducted the GIS mapping of all Global Fund supported health facilities in 6 priority states of Lagos, Kaduna, Imo, River, Akwa-Ibom and Oyo.
- The department coordinated the conduct of the National HIV prevention conference.
- The Non-Health sector tools for Family Life and HIV Education (FLHE), Care and Support(C&S) and Prevention among the general and key populations were reviewed to incorporate the global indicators.
- The department continued the DHIS –mobile training to bring more states on board in the use of mobile reporting.
- The department conducted the HIV/ AIDS Fund (HAF) CSO assessment to measure their level of implementation according to contractual agreements and the impact of support by Strategic Knowledge Management (SKM) and partnership departments.
- The department conducted the review of the National Strategic Plan (NSP) 2010 – 2015 extended to 2016 to form the baseline for the development of the National Strategic Framework 2017 – 20211.
- The department coordinated the development and the submission of country's' Global AIDS Response Progress Report (GARPR) 2016 to Geneva.
- The department coordinated the Post IAS symposium in collaboration with WAIDI.
- The department Submitted 5 abstracts in the IAS conference and 6 in the national AIDS conference
- The department supported the harmonization of the health sector tools
- The department coordinated the Production of NACA, World Bank and Global Fund annual reports for 2015.

- The department conducted the National Strategic Knowledge Management(SKM) Technical Working Group (TWG) meeting.
- The department coordinated NACA participation in the Multiple Indicator Cluster Survey(MICS)
- The department conducted Operations research and capacity building on abstract writing, protocol development for NACA staff.
- The department coordinated the Cost efficiency and the role of management in prevention intervention for Female Sex Workers (FSW) in Nigeria

2.4 Department of Resource Mobilization

2.4.1 Achievements

- The department coordinated the development of Resource Mobilization tool kits for 36 states+ FCT.
- Data on state funding for HIV for 2015 was collected in 4 out of 7 states proposed for the year under review.
- Held two progress report, team/skills building meetings of the National Call Centre
- Increased support by Telecom partners valued at over N87.1 Million
- Secured new partnership agreement with UNICEF for technology upgrade of the National Call Center valued over N71 Million
- Multi-channel demand creation & awareness promotion for uptake of services of the National Call Centre on HIV/AIDS & Related Diseases led to increase in the number of people reached with counseling and referral services.
- Resource Mobilization Mission conducted to 18 states led to improved state resourcing of HIV/AIDS from 9.1% in 2015 to 28.4% in 2016 in addition to increased budgetary appropriation for 2017.
- MTV Staying Alive Foundation, UK (MTV SAF) invested \$1,810,000.00 in the Shuga-on- Tour programme during the period under review.
- Etisalat supported the World AIDS Day 2016 activities with N1, 000,000.00.
- Built the capacity of 18 states (36 SACA Staff) on the use of HIV Funding Scorecard developed to track contribution from states to the National Response and Efficiency of resource utilisation.
- Established partnership with SETRACO Nigeria Limited
- Conducted supervisory visits to Public-Private Partnership Youth Friendly Centres in 7 universities

- Held a high-level stakeholders meeting on Health Insurance inclusive of comprehensive HIV/AIDS with 9 states, NHIS and partners

2.5 Finance and Account

2.5.1 Achievements

- The department achieved 70% reporting rate from Sub-Recipients (SRs) due to the quarterly supervisory visits conducted to SRs, to review operations and provide feedback and technical support.
- The department has also achieved about 80% report submission by SACAs due to the conduct of refresher training of staff, SACAs Accountants and Finance officers on IFR reporting Template and Consolidation.
- The department has kept good records that enabled adequate audit of the financial transactions of NACA for 2012-2016.
- Adequate records have also been maintained online using SAP for the GON, World Bank and Global fund.
- Staff advances have been tracked adequately leading to reduction in outstanding/unretired balances from about ₦60million in 2012 to less than ₦15million Naira monthly. This includes projects/ programmes still ongoing.
- Staffs are adequately informed of their outstanding advances by circularization through mails and guided on how to retire their advances to ease audit.
- The SAP Software has been fully developed and deployed real-time and online for reporting.
- Staffs have also been trained on the Implementation of the Treasury Single Account and the Zero based- budgeting (ZBB).
- The department Successfully migrated the agency to the Government Integrated Financial Management Information System (GIFMIS).
- The use of SAP accounting software for financial transactions especially for all Global Fund grants.
- The department ensure timely preparation of bank reconciliatory statements where applicable.

2.6 Department of Policy and Strategy

2.6.1. Achievements

- The department Participated in the Joint supervisory visit with CCM and other PRs to GF supported facilities. Identification and resolving of challenges with implementation in GF supported facilities, Coordination of implementation activities among CCM and PRs, Feedback to SRs national office on achievement/issues identified in supported facilities with recommendations to address said issues.
- Information sharing across the inter-departmental arms of the GF team, Updates on grant performance, Development of strategies to improve grant performance, Discussing/addressing issues from the GF OIG audit report.
- Review of SR quarterly reports, Development of the NACA GF semester reports/PUDR, Population of the quarterly CCM dashboard
- Provision of feedback to SRs on quarterly grant performance, Development of strategies to improve grant performance, Discussion on issues relating to grant implementation (challenges, success stories/innovative practices)
- The conduct of ATM PR/PRs CEOs Quarterly Meetings to discuss the AIDS Tuberculosis and Malaria (ATM) grant implementation arrangement and Provision of updates on ATM grant implementation.
- NACA GF Team Quarterly Technical Meetings to Review and harmonize all NACA-GF Team monitoring and supervisory tools for maximal qualitative feedback to Sub-recipients and GF supported facilities.
- Conducted quarterly SR Portfolio Management team Monitoring of service delivery in GF supported facilities, Mentoring of Health Care Workers in supported facilities, Identification and resolving of PR related issue affecting service delivery. Assessment of availability of drugs/commodities and data capture tools at supported sites, Following up on issues identified at last visit to ensure they have been adequately resolved, Provision of feedback to SRs (national and state offices) on SR related issues affecting service delivery/grant performance and recommendations to resolve identified issues.

- Conducted the Semester Joint monitoring and supervisory visit for the Evaluation of grant implementation (PSCM, M&E, programs) at SR and facility levels, Mentoring of Health Care Workers in supported facilities, Identification and resolving of PR related issue affecting service delivery.
- Assessment of availability of drugs/commodities and data capture tools at supported sites.
- Following up on issues identified at last visit to ensure they have been adequately resolved.
- Provision of feedback to SRs (national and state offices) on SR related issues affecting service delivery/grant performance and recommendations to resolve identified issues.
- Development of National Strategic Framework (NSF) 2017-2021 which serves as the basis for the development of State Strategic Plans 2017-2021 for the 36+1 states of the Federation.
- The department hosted the Quarterly Expanded Theme Group (ETG) meetings which led to getting Support for the NSF development, Support for the Prevention conference and enhance information sharing on partners' activities

2.7. Partnership Coordination and Support

2.7.1 Achievements

- The department is the Secretariat for the second HIV Programme Development Project HPDP II in NACA
- The department Supported 20 plus one States to reengage 93 CSOs to provide HIV services targeted at prevention for Key populations and demand creation / referral for PMTCT.
- The department developed Community engagement strategy document to guide partners, CSOs and other stakeholders on the strategies for effective HIV/AIDS programming at the community level.
- The department coordinated the training of 26 NACA staff on project management and community mobilization which has translated to effective programming among mid-level officers on the HPDP II project
- The department coordinated the implementation of environmental and social safeguards at both the National and States level to ensure compliance to World Bank safeguard policies.
- The department conducted the Integrated Supportive supervision (ISS) in 35 +1 States during which technical assistance were provided to SACAs, CSOs and Health facilities to address programmatic and structural issues. States with low capacity (Ebonyi, Bayelsa, and Imo) were

also mentored in the areas of data quality, complete and timely reporting, procurement and Programme implementation.

- The ISS provided opportunity for NACA to update information database as regards to state project teams, Implementing Partners, policy documents available in the states and states that have enacted anti-discrimination law.
- The department conducted Advocacy visits to state Government officials and other stakeholders to discuss sustainability and ownership of HIV response, which resulted in increased funding for Kaduna and Benue states who receive up to 5% allocation from the state budget to support HIV/AIDS programming.
- The departments provided technical assistance to States, improved the capacity of State project teams, leading to better coordination at SACA level
- The department conducted the NACA –SACA forum which provided opportunities for information and experience sharing and addressed challenges on project implementation.
- The department conducted Implementation clinics for HPDP II SACA teams on procedures for project closure as well as mentored SACAs on template provided by the World Bank. Technical assistance was also provided to fast tract approvals for reengagement of CSOs in 21 States.
- The department conducted environmental and Social Safeguards Training of Trainers (ToT) for 35 NACA staff, 170 SACA project team members and 10 persons from Federal Ministry of Health, Federal Ministry of Environment and National Environmental Standard Regulation Enforcement Agency, while step-down training was conducted for over 1000 health facility workers across 26 states out of 36+1 States.
- The department provided technical support and facilitated the development of the National HIV/AIDS Stigma Reduction Strategy which was launched in November 2016,

2.8. Special Duties

2.8.1 Achievements

- The department coordinated the NACA Triannual Inter-Departmental Performance Tracking Forum where NACA departments agreed to collaborate and provide all necessary supports to the Performance Monitoring and Implementation Unit (PM/IC) of Special Duties, Office of Director General.
- The department coordinated the agency's participation in International AIDS Society (IAS) conference in Durban south Africa, which promoted sharing of information
- The department coordinated the Production of Programmatic and Financial Performance Reports on various funding streams.
- The department developed a performance Monitoring and Implementation compliance process and a corporate risk management policy

2.8.2 Units

2.8.2.1 Corporate Communication

Achievements

- The agency's and implementing partner's news worthy activities were disseminated in the public space, making NACA very visible in the Print, Broadcast and News media in the year 2016.
- The unit conducted Structured Radio, TV and Print Interviews where experts made clarifications on burning issues of public concern and also obtained direct feedbacks from the public through phone-in programmes.
- The Corporate Communication Unit (CCU) produced and disseminated the PMTCT Jingle in the 12+1 states there by increasing awareness of PMTCT issues in these states and also nationwide through FRCN.
- The unit coordinated the Health Correspondents Dinner conducted to foster further collaboration between NACA and the Media. This created an avenue for the DG NACA to meet with the media outside of official work, where the media correspondents got the opportunity to table their challenges covering HIV/AIDS News.

- The Media Coverage of Integrated Supportive Supervision (ISS) and Sure P projects which were published and aired in the public space which enhanced NACA's accountability and transparency drive.
- The agency's Crisis Management prowess was put to use by the CCU in balancing the NACA's angle of the Global Fund crisis which was doused down via the publishing and granting of interviews to state the true fact of the matter.
- The feedback from the public was very effective as hundreds of questions on HIV/AIDS were answered on a weekly basis, which helped many Nigerians understand Pre-Exposure Prophylaxis (PrEP) as it was, extensively.
- The Unit published the NACA Biannual magazine to disseminate HIV information to stakeholders across the country.

2.8.2.2 Management Information System/Information Technology

Achievements

- The Unit conducted the Website redesign and upgrade with Search Engine Optimization
- There was eNNRIMS DHIS platform upgrade and support with Over 99% availability
- The Unit drafted the Information Technology (IT) policy
- The Unit provided the Call Centre with technology support and maintenance
- The Unit provided Capacity Building for NACA staff on specific IT skills
- There is Helpdesk system improvement
- The Unit provide Social Media Engagement support
- The Unit designed and distributed HIV themed desktop wallpapers and themes
- There was Local Area Network(LAN) Expansion

2.8.2.3 Internal Audit

Achievements

- The Unit conducted financial Audit of the 4 Federal line Ministries, where lapses were corrected to ensure adherence to financial regulations and Generally Accepted Accounting Principles (GAAP)

- The Unit reviewed the technical assistance (Financial) between NACA and UN agencies (UNICEF and UNFPA) for reconciliation of financial position between NACA and the two UN Agencies and Financial report jointly signed by the two parties
- The Unit provided Technical Assistance (Audit) to selected SACA's on commodities procured and delivered by UNICEF and UNFPA, the Technical Assistance provided was on originally identified and new challenges among the SACAs.
- The Audit Unit review financial records of Taraba and Abia States Project Implementation Unit (SPIU), lapses detected were fully corrected on site.
- The Audit Unit audited the Sub-Recipients (SR) for Global Fund for Q1 2016 only, due the suspension of the grant by Global Fund.

2.8.2.3 Legal Unit

Achievements

- The Unit in collaboration with UNAIDS and Lawyers Alert set up The Coalition of Human Rights (COLAHR) which is now established in almost all the states of the federation to provide free legal services to people left behind.
- The Unit aided to simplify the Anti-Discrimination Act for ease of usage. The document was launched by NINNERELA and has been disseminated around the country to Churches, Mosques and faith based organizations.
- The unit aided in the development of the stigma reduction strategy in collaboration with partnership co-ordination department and NINNERELA. The document highlighted strategies that can be adopted to reduce instances of stigma and discrimination of PLHIV in the society.
- The Unit in collaboration with the programmes department coordinated the setting-up of the Gender and Human Rights Technical Working Group, this was done to mainstream human rights and Gender activities into HIV prevention.

CHAPTER THREE: SPECIAL EVENTS

3.1. 2016 International AIDS Conference, Durban, South Africa

The International AIDS Conference is the largest conference on any global health or development issues in the world. AIDS 2016 conference was held at the International Convention Centre (ICC) in Durban, South Africa, from 18th to 22nd of July, 2016. Durban had earlier hosted the conference in 2010. Just as the 2000 International AIDS Conference in Durban served as a catalyst for global treatment advocacy and access, the return of the conference to Durban in 2016 was a defining moment to establish a clear path toward guaranteeing that “Access Equity Rights Now”.

Access Equity Rights Now was a call to action to work together and reach the people who still lack access to comprehensive treatment, prevention, care and support services.

Access Equity Rights Now was a call to action to strengthen the commitment to HIV research and evidence-based interventions.

Access Equity Rights Now was a call for action to all HIV stakeholders to unite and overcome injustices caused by violence and the exclusion of people on the basis of gender, class, race, nationality, age, geographic location, sexual orientation and HIV status.

Access Equity Rights Now was a call to action to repeal laws that infringe on people’s human rights and deny communities the ability to participate in the world as equals.

Access Equity Rights Now reminded us that all our gains will be lost if we do not continue to push forward and build a strong global movement to change the course of the epidemic.

AIDS 2016 aimed to reinvigorate the response to HIV and AIDS by:

- Bringing together the world’s experts to advance knowledge about HIV, present new research findings, and promote and enhance scientific and community collaborations around the world.
- Promoting HIV responses that are supported by and tailored to the needs of at risk populations or people living with HIV, including women and girls, men who have sex with men, transgender people, sex workers, young people, and people who use drugs;
- Promoting activism and community mobilization that holds leaders, industry, and governments accountable and increases their commitment to an evidence-based, human-rights-affirming HIV and AIDS response.

- Advancing a clear agenda for HIV in a post-2015 framework, including the cross-cutting issues of criminalization, gender-based violence, sexual and reproductive health, rights, and stigma and discrimination that keep people living with HIV at the centre of the HIV response and building innovative partnerships with businesses, community, government, and science to strengthen HIV prevention and treatment efforts.

A sizeable number of NACA staff were present at AIDS 2016 conference, ably led by the immediate past DG of NACA, Prof. John Idoko. There were poster presentations at the conference from NACA that showcased outputs of some research works carried out by the agency.

3.2. Post IAS 2016 Symposium/IAS Educational Fund Meeting

The first IAS Educational Fund Meeting, themed "*The Science Driven HIV Response in Nigeria – Translating Best Practices into Policy Service Delivery*", was held jointly by the International AIDS Society (IAS), National Agency for the Control of AIDS (NACA) and the West African Infectious Diseases Institute (WAIDI); on 26th-28th October, 2016 at Transcorp Hilton Hotel, Abuja. This meeting provided a platform for local academics, research and civil society organizations, individuals, healthcare workers, advocates and policymakers to chart the way forward in achieving the 90-90-90 targets in Nigeria by 2020. The specific objectives of the meeting included: sharing and discussing key scientific and policy content from AIDS 2016; discuss HIV implementation science priorities for policy and programme improvements, build consensus on strategies for bridging the gap between HIV science and programme implementation in Nigeria. Others were sharing scientific results from local treatment and prevention experiences, examining and discussing programmatic opportunities, challenges and policy concerns for HIV programming in Nigeria and drawing up a call to action for HIV policy and programme improvement in Nigeria.

This was the first in a series of meetings scheduled to hold in Senegal, Kenya, Morocco and Brazil in 2016 and 2017. The main thrust was to discuss key scientific and policy content from AIDS 2016, and the implementation science priorities for policy and programme improvements towards achieving the 90-90-90 targets in Nigeria by 2020.

At the end of the symposium, key recommendations from the participants fell into six areas: **MTCT:** Addressing implementation issues and barriers to coverage, in order to optimize effectiveness;

Engaging and retaining people in care: Testing models to optimize services, compare models of service provision and adherence support, define issues that result in suboptimal clinical outcomes, identify portals for HIV testing, and identify strategies that affect retention of paediatric and adolescent clients;

Integration of other health care and HIV/AIDS services: Devising innovative approaches to integrating multiple services and determining where integration is advisable versus stand-alone approaches;

Lastly, other recommendations include issues on; HIV treatment as prevention, Optimal approaches for co-infections, Increased advocacy and lobbying for domestic funding.

3.3. National HIV Prevention Conference

In order to showcase key findings from HIV prevention activities in Nigeria and as a build up to the 2016 World AIDS Day (WAD), the National Agency for the Control of AIDS (NACA) with stakeholders in Nigeria's national HIV/AIDS response, organized the National HIV Prevention Conference from 29th to 30th November, 2016, at Transcorp Hilton Hotel, Abuja. The conference theme was: *"Hands on for HIV Prevention"*. The conference was conceptualized to review the successes and challenges in HIV prevention efforts in Nigeria, with a view to repositioning the national response to achieving the 90-90-90 target by 2020, and ending the epidemic by 2030. To this end, public health experts, scientific researchers, CSOs, community leaders, development partners, persons living with HIV and stakeholders at national, state and community levels converged in Abuja over two days, to examine scientific and programmatic submissions, build knowledge, reinforce professional skills and networks, with a view to ultimately chart an effective and efficient way forward for HIV prevention in Nigeria.

The national HIV Prevention conference was epochal in nature, as it was the first of its kind in the annals of Nigeria's HIV/AIDS response. The conference laid a foundation for future discussions to bridge the gaps in prevention of HIV in Nigeria. Attendance at the conference was massive and impressive, with a total of 1,473 registered participants.

A pre-Conference youth summit that featured a plenary which looked into an overview of HIV response amongst young people in Nigeria took place on 28th November, 2016. Speakers

discussed HIV programming for young people. There was a break out session for ICT and media role in HIV among AYP, as well as workshop sessions for capacity and skills building for AYPs. In addition to the Pre-Conference youth summit and three plenaries, there were 10 Sessions featuring presentations on Behavioural Interventions (2 sessions); Bio-medical Interventions (3 sessions); Structural Interventions (2 sessions); and Interventions for Key Populations (3 sessions). There were also 3 Sponsored Sessions, 3 Special Sessions (two of which were on Pre-Exposure Prophylaxis (PrEP) and 3 Poster Sessions.

The conference was declared open by the Honourable Minister of State for Health, Dr. Osagie Ehanire, who pointed out that the high burden of HIV on women and children was unacceptable, and pledged support for prevention interventions in the country, assuring that the 2017 budget captured funding of HIV/AIDS programme in line with the National Health Act, despite dwindling national resources in the face of other competing priorities. Equally during the opening session of the conference, the Chairman House of Representatives Committee on AIDS, Tuberculosis and Malaria (ATM), Hon. Dave Ombugadu, called on the Executive, Legislature and Judiciary to work together to achieve the vision 90:90:90 target. There were other goodwill messages from UNAIDS, PEPFAR and other IPs, all emphasizing the imperative to promptly act in concert against HIV/AIDS.

The presentations at the Plenary Session brought to the fore, the situation analysis, that while science has evolved and HIV/AIDS programming has improved, the pandemic is yet to be controlled. Gaps still exist in: eliminating new infections in children; Testing and linking to Treatment, Care & Support for pregnant women, adolescents and children; implementation of biomedical interventions to prevent sexual transmission especially in Key Populations; and ensuring a sustainable response through improved domestic funding. The keynote speaker for the conference, Prof. Manhattan Charurat of the Division of Epidemiology and Prevention at University of Maryland School of Medicine, USA, stated that tools were available but the Public Health approach to HIV must be strengthened, that tailored combination approach must be expanded and stigma ended. The next speaker at the event, Dr. Schouten concluded that Nigeria should join the global trend of Option B+ as it is superior to Option B which the country currently practice.

3.4 2016 World AIDS Day (WAD)

World AIDS Day is a global event, which is held on the 1st of December each year. It is a symbolic opportunity for people worldwide to unite in the fight against HIV and show support for people living with HIV. World AIDS Day commemoration remains important in view of the fact that it reminds the public and governments all over the world that despite the gains achieved, HIV has not gone away. There is still a vital need for sustained advocacy and funding, increasing awareness, fighting stigma and discrimination, and improving HIV information and education.

The global theme for the World AIDS Day 2016 was *'Hands up for Prevention'*. The theme for Nigeria was *'Hands on for HIV Prevention'*.

3.4.1 WAD Activities

Across the Federation, different activities were carried out, at the Federal level in FCT and States level to mark the WAD. At the Federal level, NACA organized the following events:

1. **Public Event at Transcorp Hilton Hotel:** This event took place on the 1st of December, 2016, and was an august assemblage of major stakeholders in Nigeria's HIV/AIDS response, including an array of personalities in Executive and Legislative arms of Government of Nigeria. The President and Commander in Chief of the Armed Forces of Nigeria, President Muhammadu Buhari, was ably represented at the occasion by the Honourable Minister for Health, Prof. Isaac Adewole, who led the occasion and flagged-off the 2016 National HCT Campaign. The Minister for Health equally used the occasion to launch the new National Guidelines for HIV Treatment and Care in Nigeria.
2. **HTS Campaign:** HIV Testing Services (HTS) is the entry point into HIV prevention, treatment and care. The overall (HTS) goal is to identify as many people living with HIV as early as possible and link them to prevention, care and treatment services in an appropriate and timely manner. Recently, the Government pronounced the test and treat policy and the success of this policy is dependent on identifying those living with HIV. Despite the fact that HTS is the entry point to treatment and care, majority of Nigerians are not aware of their HIV status. NARHS (2013) reported that respondents that have ever tested for HIV was low (26.3%) with variations between regions, target populations, sex and age groups.

NACA, the coordinating Agency for HIV AIDS in collaboration with partners, chose eight locations for the HTS campaign. The locations are Garki Market, Mpape Market, Nyanya

Market, Wuse Market, Berger Round-About, Dutse Market, UTC Area 10 and Utako Market. The testing campaign took place on the 2nd December, 2016. On this day of the campaign, the DG of NACA visited one of the campaign sites and was tested for HIV. He also granted press interview and talked about the benefits of testing for HIV and knowing one's status. In line with the theme of the year, HANDS ON FOR HIV PREVENTION, services were provided using the multi-disease screening approach. The screening test that were offered to the people include blood sugar check, Blood pressure check and HIV counselling and testing. A Disc Jockey (DJ) was engaged to play music and get the attention of the people to the free HTS. Using a public-address system, awareness about HIV was created. There were also talks covering the transmission of HIV, prevention of HIV, PMTCT, HIV discordancy and the free and effective treatment for HIV which is obtainable in the ART centres. There were pre-counselling, post-counselling and HIV risk assessment. Condoms and IEC materials were distributed during the campaign. The clients that were reactive to HIV test were referred to nearby facility for treatment, care and support service

Data on the World AIDS Day HTS outreaches held at several points in Abuja

S/N	Site	Number Tested			Number Negative			Number Positive		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Garki Market	107	57	164	105	55	160	2	2	4
2	Mpape Market	349	107	456	348	104	452	1	3	4
3	Nyanyan	258	69	327	256	68	324	2	1	3
4	Wuse Market	255	59	314	251	59	310	4	0	4
5	Berger Round about	278	112	390	275	112	387	3	0	3
6	Dutse Market	222	123	345	219	122	341	3	1	4
7	UTC Area 10	209	67	276	207	66	273	2	1	3
8	Utako Market	115	41	156	114	40	154	1	1	2
	TOTAL	1793	635	2428	1775	626	2401	18	9	27

Total number testing negative and positive

Number Tested			Number Negative			Number Positive		
Male	Female	Total	Male	Female	Total	Male	Female	Total
1793	635	2428	1775	626	2401	18	9	27

Fig 5: Total number of individuals tested during the WAD, disaggregated by sex

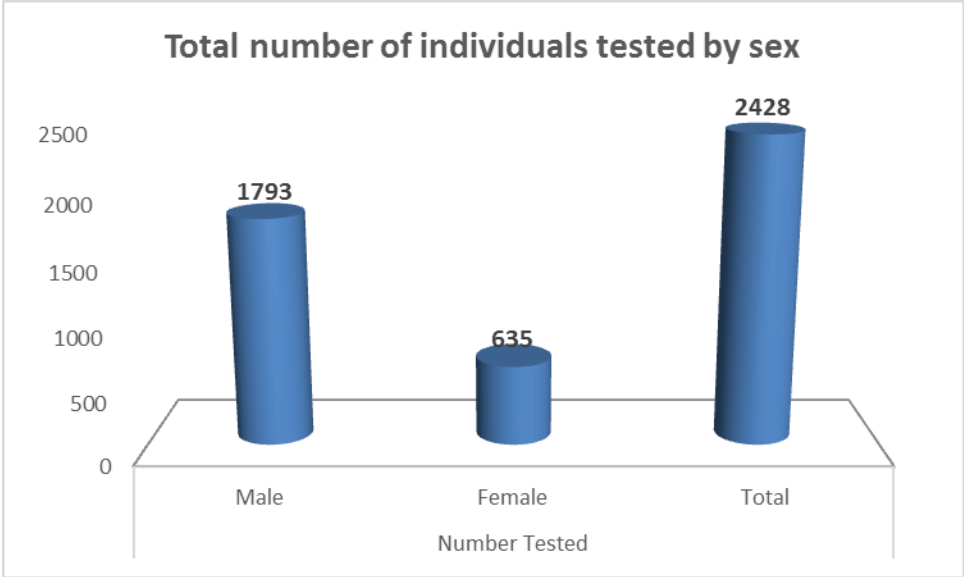


Fig 6: Total number of individuals tested during the WAD, disaggregated by sex

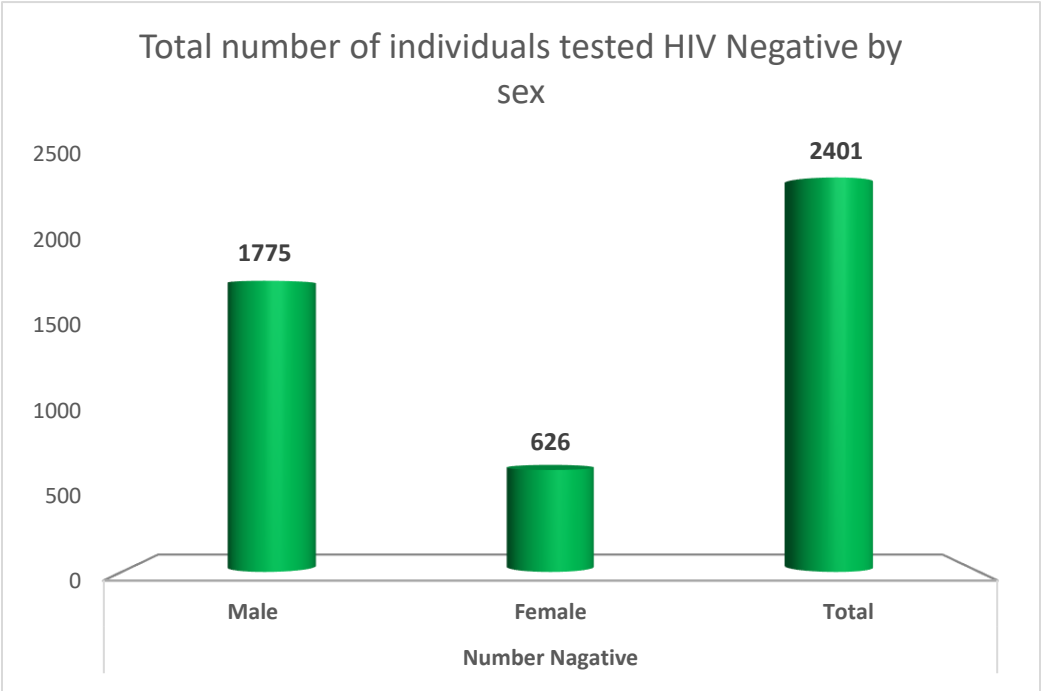


Fig.7: Total number of individuals tested during the WAD, disaggregated by sex

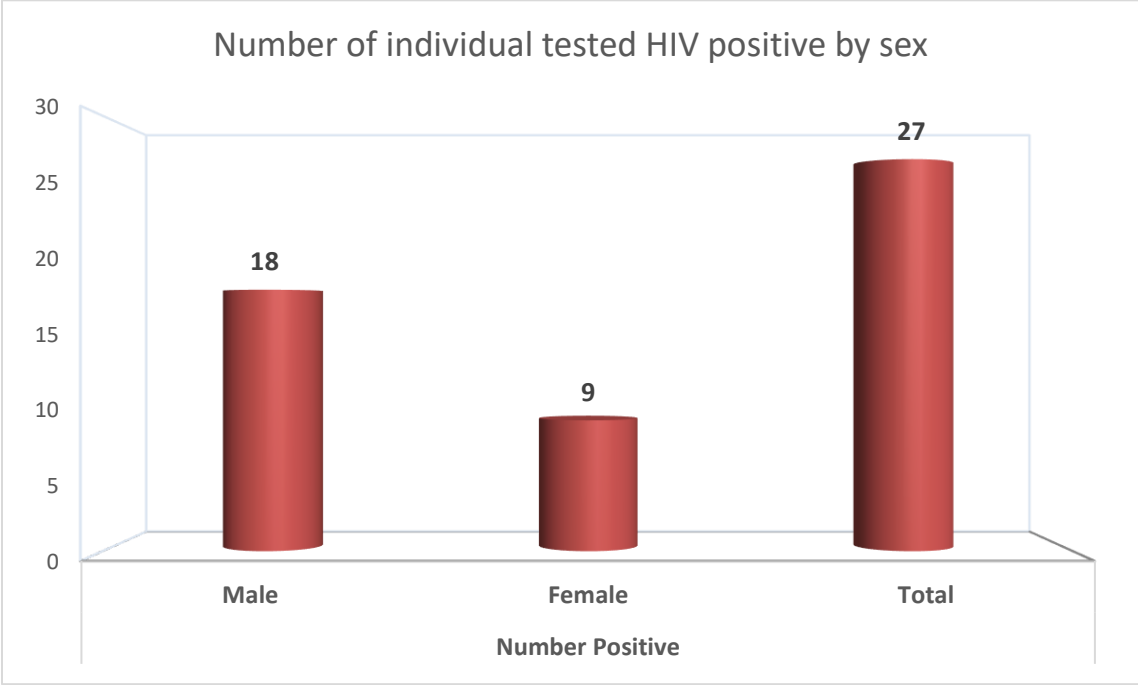
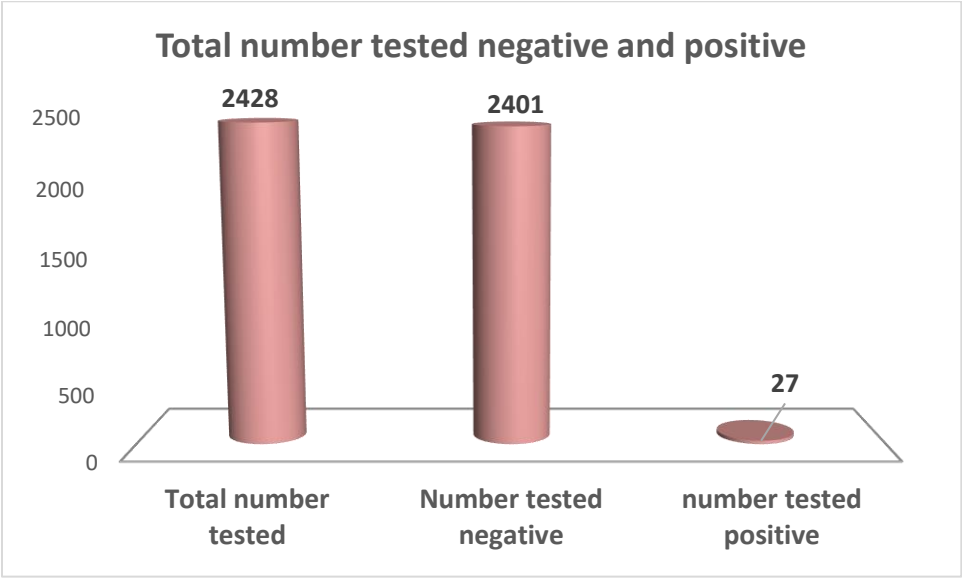


Fig 8: Total number tested negative and positive during the WAD



3. Adolescent and Young People (AYP) Forum:

Prevention is at core of Nigeria's HIV strategy for Adolescent and Young People (AYP). Consequently, as part of activities for 2016 WAD, a forum for AYP, especially for in-school youth was organized by NACA, in collaboration with the Federal Ministry of Education (FMOE), on the 2nd of December, 2016, at Titsall Global Schools, Wuse II Abuja. To raise awareness of in-school youth about HIV/AIDS issues, build capacity of the AYP to appropriately manage common HIV/AIDS issues including stigma and discrimination and explore young people's perspectives about roles of parents, teachers and policy makers in health promotion and HIV prevention.

A total of ten schools (including schools of special needs and albino foundation) with one hundred and ten (110) adolescent and young people, 20 accompanying Teachers, six Federal Ministry of Education staff and 20 NACA staff were in attendance. There were series of youth friendly HIV/AIDS activities, including debate and drama sessions, essay writing, youth speak out and speed poetry competition, all in a bid to increase youth awareness on HIV/AIDS. The event started with an opening remarks and introduction of invited schools by Mrs. Chime E. O. Assistant Director HIV/AIDS Unit of Federal Ministry of Education who chaired the event. The events at the forum were found very interactive by all students in attendance, as all their concerns/worries about HIV/AIDS and related diseases were cleared with explanations. Winning schools and students were presented with awards and prizes for participation. The closing remark was made by the Deputy Director HIV/AIDS Unit of Federal Ministry of Education, Mrs. Florence Otahru. In her remarks, she acknowledged the participation of all the schools and their efforts towards increasing the HIV prevention knowledge of their students. NACA on the other hand acknowledged the efforts of partners (NYNETHA, UNDP, UNWOMEN: violence against women and girls, SFH) for their supports with IEC materials, shirts, jotters and key holders for the participants.

3.5. The National Strategic Framework (NSF) 2017-2021 Development

The National Strategic Framework serves as a guide to the National Response to HIV and AIDS in Nigeria. It has over the years evolved from the 2001-2004 HIV Emergency Action Plan; 2005-2009 National Strategic Framework 1; 2010-2015 National Strategic Framework 2 and 2010-2015 National Strategic Plan. The expiration of the National Strategic Framework (NSF) 2010-2015 necessitated the development of NSF 2017-2021, which as usual involved the participation and

consultation with critical stakeholders that included policy makers and government officials from federal and state levels, technical experts, representatives of the national HIV and AIDS Technical Working Groups (TWGs), representatives of the civil society, as well as bilateral and multilateral development partners.

Oversight for the entire NSF development was provided by the National Agency for the Control of AIDS (NACA) and key partners such as the World Health Organization (WHO), United Nations Children's Fund (UNICEF), the Joint United Nations Programme on AIDS (UNAIDS) and the United States Government (USG). While the process proper consisted of four key stages: (i) Preparatory stage; (ii) Framing of the national response priorities and strategies; (iii) Finalization of the drafting of the NSF and approval; and, (iv) development of the Guidance Notes for the state and sectoral HIV response plans.

Technically, the development of the NSF started in 2015 with the preparatory processes. The Strategic Knowledge and Management (SKM) Department of NACA generated data on the status of the HIV epidemic and national response in Nigeria and contracted independent consultants to undertake the annual reviews, mid-term evaluation and end-of-term evaluation of the 2010-2015 NSP. On the other hand the Policy and Strategy Department of NACA in consultation with key partners and National Technical Working Groups developed a roadmap for the process. This was followed by the recruitment and selection of consultants who were to work on the development of the NSF. Subsequently an orientation meeting was organized to familiarize them with the development plan, timelines, as well as provide them with an update on current National and Global issues on HIV

To frame the NSF, an interactive workshop was held with selected Thematic and Cross-cutting consultants, leadership of the various National TWGs, and technical experts from NACA, National AIDS and Sexually Transmitted Infection Control Programme (NASCP) of the Federal Ministry of Health (FMoH) and National Primary Health Care Development Agency (NPHCDA), relevant desk officers from other key federal ministries/agencies, State Agencies for the control of AIDS, Civil society organizations, representatives of people living with HIV and key populations. The objective of the workshop was to build consensus on the vision, goals, and objectives of the NSF, and to identify key priorities and strategies for the NSF. The output of the workshop formed the basis for the development of the zero draft of the NSF by the consultants, which NACA shared

with a wide spectrum of stakeholders for comments and feedback. The feedback from stakeholders was used to revise the zero draft, after which it was circulated to national stakeholders, including members of the Steering Committee, for further review, culminating in a one day validation meeting involving stakeholders that included members of the Steering Committee. The outcome was used to finalize the draft NSF document, after which it was presented to the National AIDS Council for approval.

States and sectoral plan development guidance notes that included a Costing template were developed and approved by the steering committee preparatory to the development of a National HIV and AIDS Strategic Plan (NSP) 2017-2021. The approach employed was a bottom-up approach, which entailed NACA developing the NSF from which all states and the sectors in the national HIV response are expected to develop their respective Strategic Plans. The various Strategic Plans will eventually be pulled together to form the National Strategic Plan (2017-2021).

3.6. Leadership Change in NACA

One of the key special events that took place in NACA in 2016 was the change in the leadership of the Agency, with the appointment of Dr. Sani Aliyu as the new Director General, by President Muhammadu Buhari, in August 2016. Until his appointment, Dr. Sani Aliyu was based in the United Kingdom as a Medical Microbiologist and Infectious Disease Consultant at Cambridge University.

CHAPTER FOUR: PHOTO NEWS



The AG, DG Dr Kayode Ogumbemi, flanked on the left by the DD Admin. And Support Services, Mrs Jane Ezenekwe and to the right by Dr. James Anenih an Assistant Director Strategic Knowledge Management department, at the commemoration service for the WAD, 2016.



The chief Imam of Central Mosques, Abuja and NACA staff at the JUMAT Prayer in commemoration of WAD, 2016.



A session during the church service comemorating the Worlds AIDS Day, 2016.



A cross section of NACA staff at the Jumat Prayer during the WAD, 2016.



The DG NACA and the Director Strategic Knowledge Management interacting with exhibitors at an exhibition stand during the HIV conference, 2016.



The DG NACA, Dr. Sani H. Aliyu addressing participants at the HIV conference in Transcorp Hilton, 2016.



The DG NACA third from right and other dignitaries during the HIV conference, 2016



Across section of youths at the Youth summit during the HIV conference, 2016.



The UNAIDS Country Coordination, Dr. Billali Camara sitting (Centre) at the youth summit during the HIV conference held at the Transcorp Hilton Hotel, Abuja, 2016.



The DG NACA interfacing with some NACA staff during the HIV prevention conference, 2016.



The DG at the NACA exhibition stand at the HIV conference, 2016.



The NACA visiting team with donations at the IDP camp, 2016.



The Director of Admin. And Support Services Mr. Emmanuel Chenge interfacing with IDPs, 2016.



The Hon. Minister of health Prof. Isaac Adewole been screened for HIV during the WAD, 2016



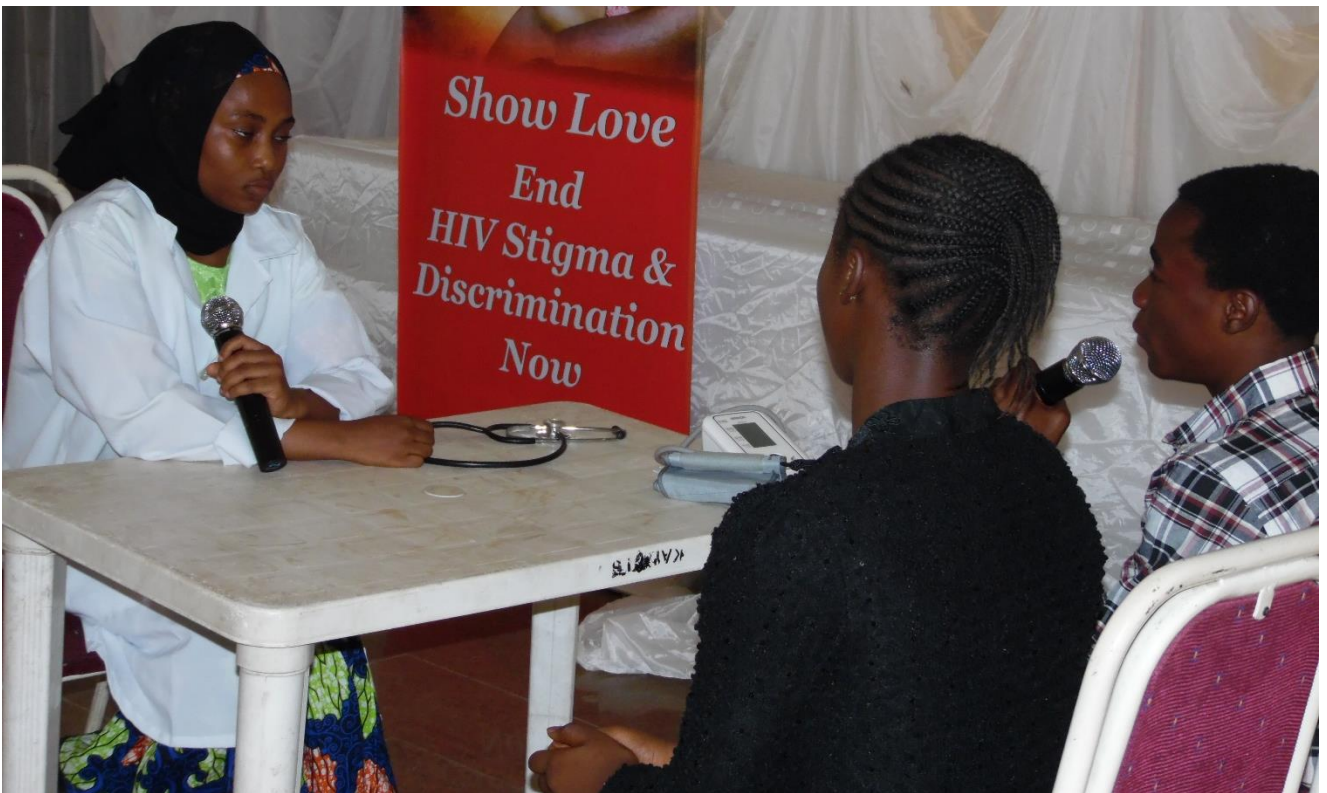
The DG Dr. Sani H. Aliyu been screened for HIV at the WAD outreach, 2016.



A cross section of secondary school students during the Adolescent and Young People (AYP) Forum, at Titsall Global School, Wuse II, Abuja, during WAD, 2016.



Participant during the debating session at the Adolescent and Young People (AYP) Forum, at Titsall Global School, Wuse II, Abuja, during WAD, 2016.



Drama session at the Adolescent and Young People (AYP) Forum, at Titsall Global School, Wuse II, Abuja, during WAD, 2016.



Students acknowledging performance of their colleagues at the Adolescent and Young People (AYP) Forum, at Titsall Global School, Wuse II, Abuja, during WAD, 2016.



Participants at the launch of the National HIV Strategy for Adolescents and Young People, 2016.



The Director Partnership Coordination, Dr. Emmanuel Alhassan interacting with participants during the NACA-SACA forum, 2016.



The former DG NACA Prof. John Idoko fifth from left with other dignitaries at the Abidjan-Lagos Corridor organisation (ALCO) first governing Council meeting in Abuja, 2016.



A session at the Abidjan-Lagos Corridor organisation (Alco) meeting in Abuja 2016.



A cross section of participants during the NSF development, 2016.



Former DG creating awareness on HIV/AIDS at Bereketi Family programme on LOVE FM Radio, Abuja, 2016.



Across section of participants at the consultative forum for NSF at Ajuji Hotel, 2016.



The representatives of the Strategic Knowledge Management Department at the consultative forum for the SSP development, 2016



The lead consultant NSF development Prof. Adesegun Fatusi extreme right discussing with the Director Policy and Strategy to the left and his deputy (centre) Dr. Chidi Wenea during the NSF development workshop, 2016.

CHAPTER FIVE: WORLD BANK AND GLOBAL FUND PROJECTS

5.1. World Bank (HPDP II)

The second World Bank HIV/AIDS Programme Development Project (HPDP-2) was developed to address key emerging sectoral issues in relation to HIV and AIDS as identified by the Federal Government of Nigeria in partnership with a range of stakeholders. The main goal of the project is to reduce the risk of HIV infections by scaling up prevention interventions and to increase access to and utilization of HIV counselling, testing, care and support services.

The HPDP II had an eleven months' non-cost extension from November 30, 2015- February 28, 2017 to ensure adequate prevention of new infections among MARPs and Prevention of Mother to Child Transmission (PMTCT). The focus of PMTCT was demand creation for pregnant women to access ANC services and referral for PMTCT for those tested positive. The first round of HAF implementation was concluded in 31 States at the end of 2015. A 15 month no cost extension was granted to states with undisbursed fund for HAF. Twenty (20) +1 states re-engaged 93 CSOs to provide HIV services to MARPs and demand creation for PMTCT among Pregnant women. The re-engaged CSOs had their contracts extended to provide prevention services in already identified hot spots for MARPs and communities for pregnant women. A maximum of five CSOs that performed well in the first round of HAF were reengaged by each SACAs. Four States (Anambra, Bayelsa, Imo and Nasarawa) continued with the first round of HAF CSOs during the period of the extension due to delayed implementation. NACA also provided continuous technical assistance and supervision to SACAs throughout the period of the extension.

5.1.1. Achievements:

Prevention

Fig. 8 Number of MARPS reached with MPPI

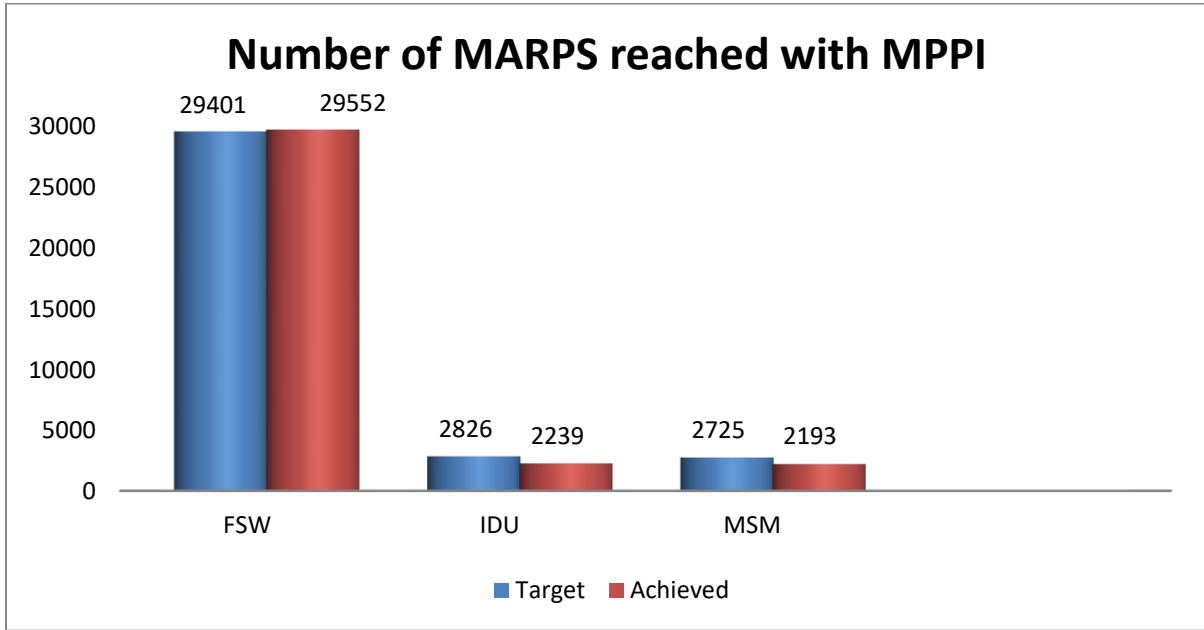


Fig. 9. Number of MARPs counselled, Tested and received results.

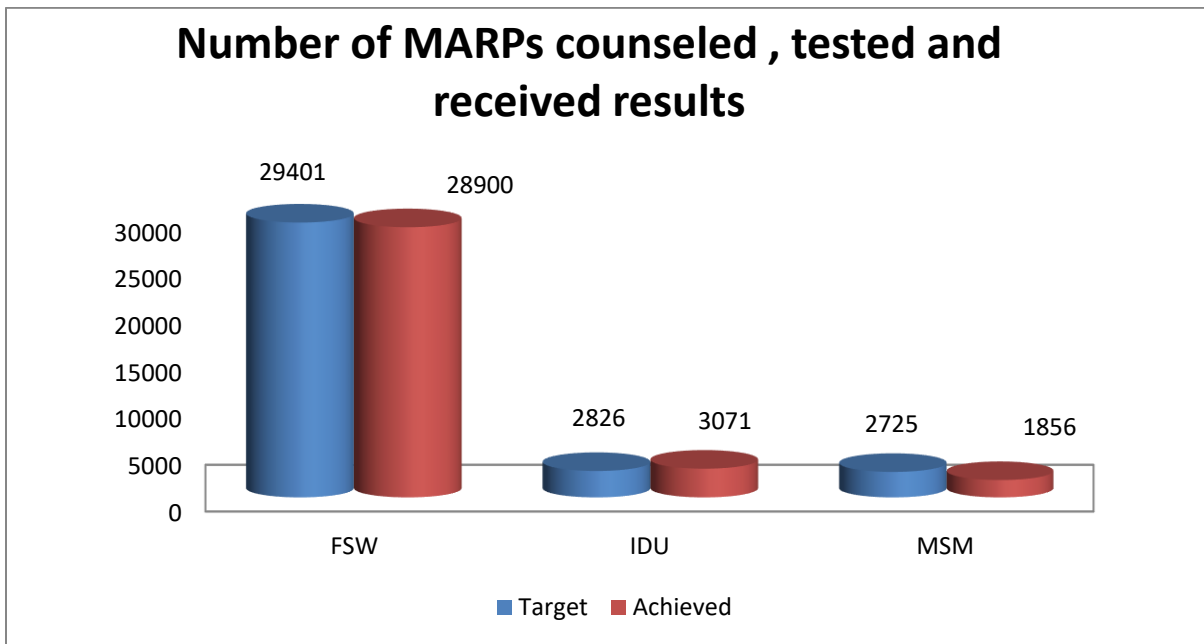


Fig.10. Number of condom distributed

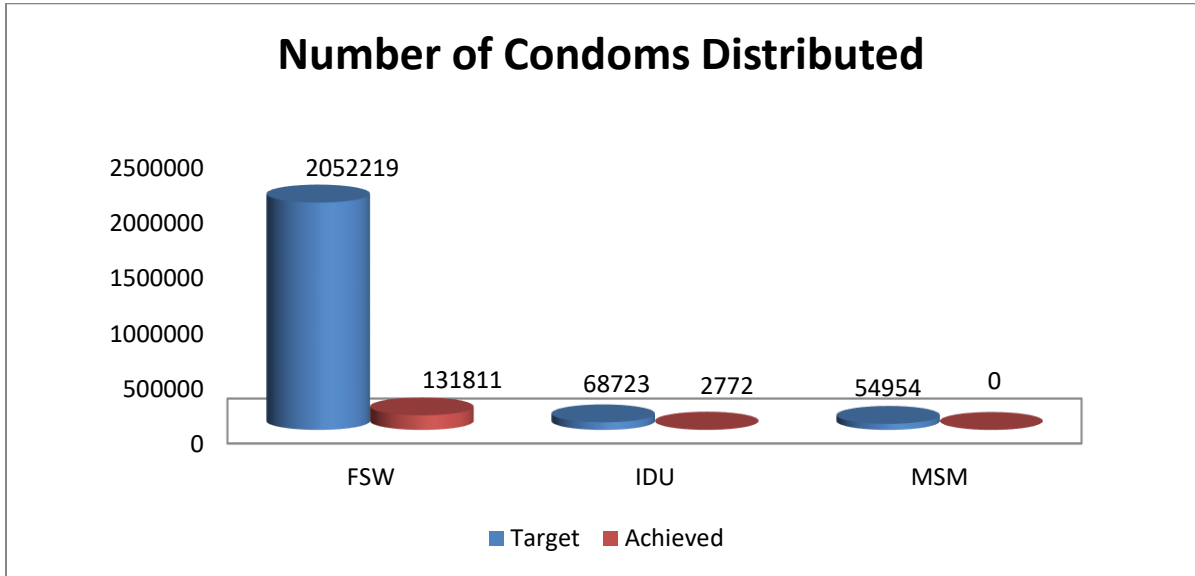


Fig.11. Number of persons referred for STI

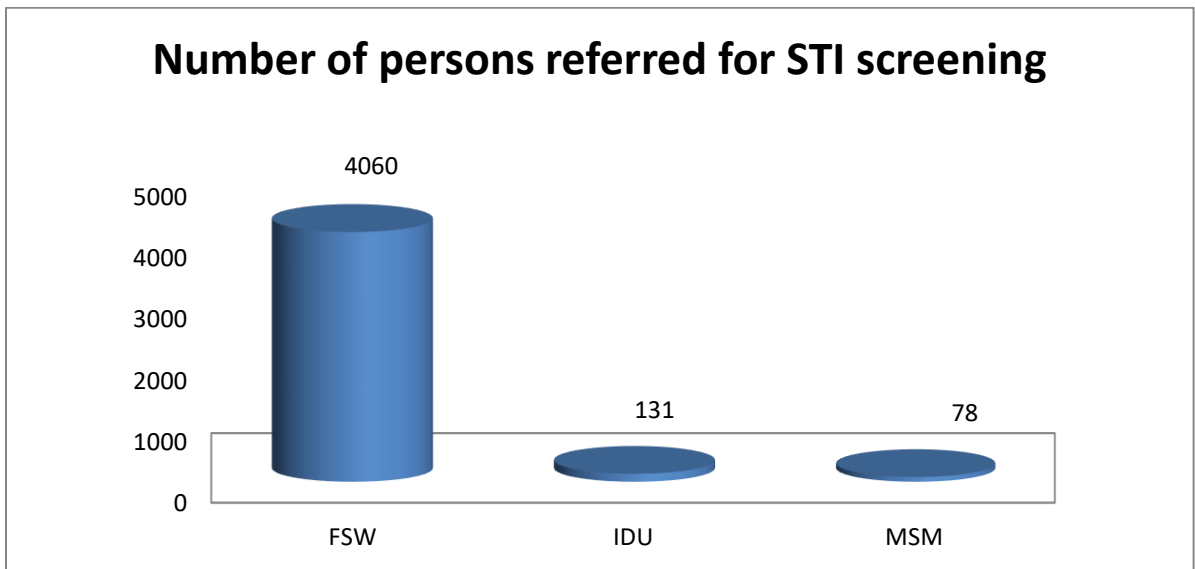
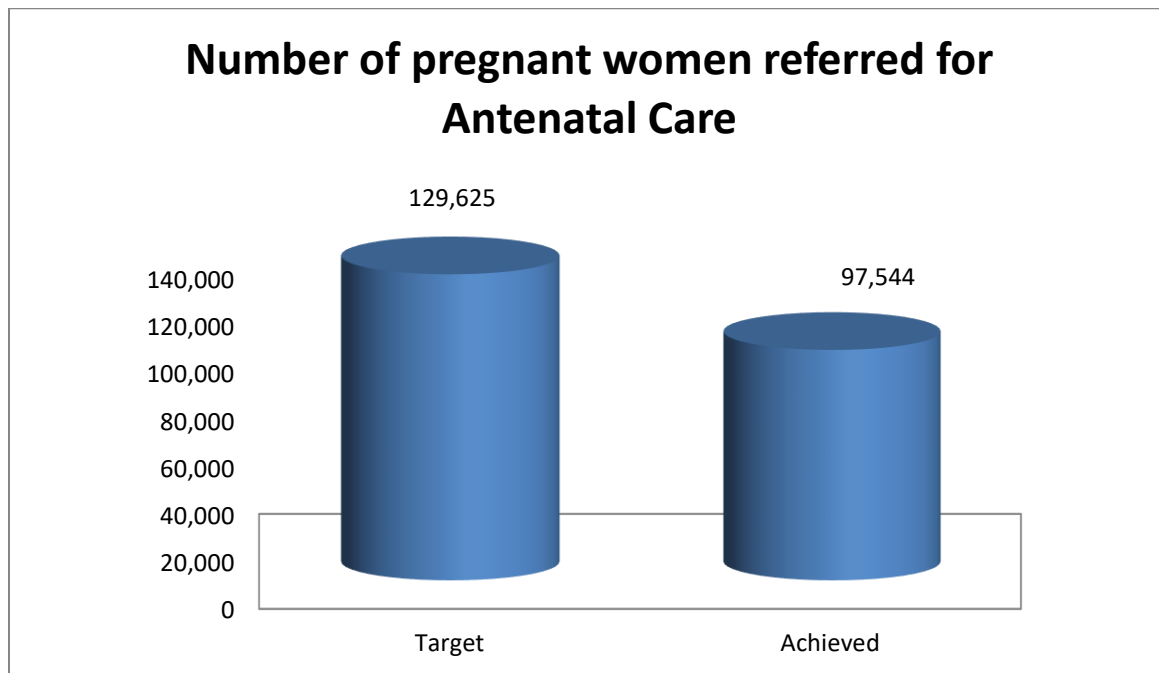


Fig. 12. Number of pregnant persons referred for antenatal care



5.2. THE GLOBAL FUNDS HIV 2016 ACTIVITIES

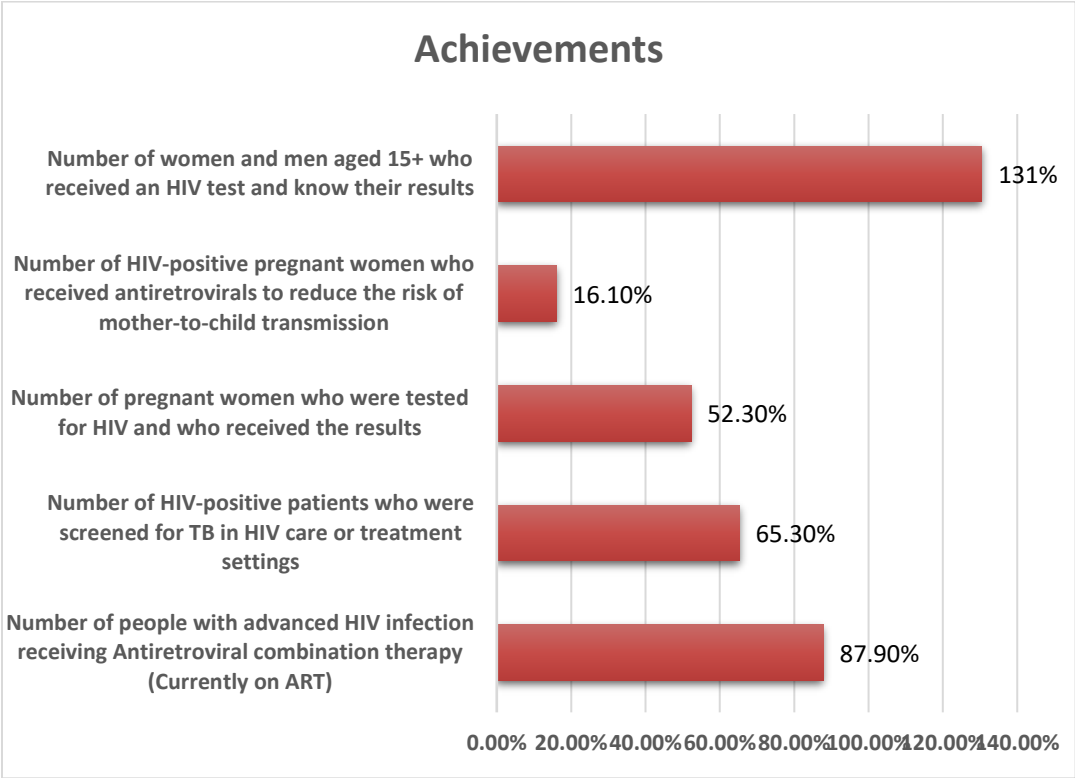
The Global Fund is an international financing institution dedicated to attracting and disbursing resources to prevent and treat HIV and AIDS, TB and malaria. The Global Fund promotes partnerships among governments, Civil Society Organizations, the private sector and affected communities, in the most effective way to reach those in need. This innovative approach relies on country ownership and performance-based funding, people in countries implement their own programs based on their priorities and the Global Fund provides financing.

The Global Fund has supported over 1,000 programmes in 151 countries since its inception in 2002. The Global Fund has provided AIDS treatment for over 4.2 million people, anti-tuberculosis treatment for over 9.7 million people and offered over 310 million insecticide treated nets for prevention of malaria.

Nigeria secured the Global Fund joint TB and HIV New Funding Module for two and half years from July 2015 to December 2017. The Joint TB/HIV grant was meant to strengthening collaboration between both diseases and improve the impact of Global Fund intervention on the

patient quality of care and strengthen the health system through Global Funds investments. However, the grant implementation experienced setback due to alternative management arrangement at the level of the PR. However, the sub-recipients continued implementation of the Global Funds HIV grant. Despite the challenges some progress was made in 2016 through Global Fund support for HIV activities in the country.

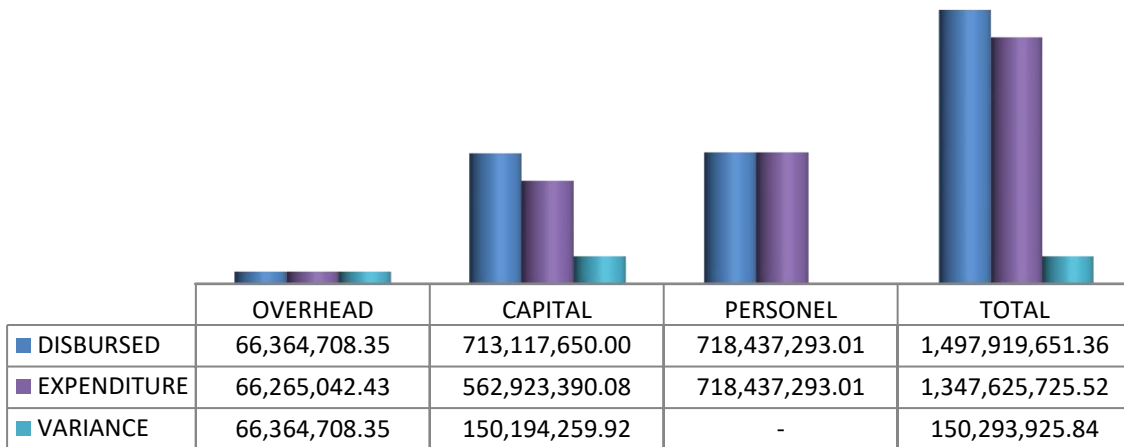
5.2.1 Achievements:



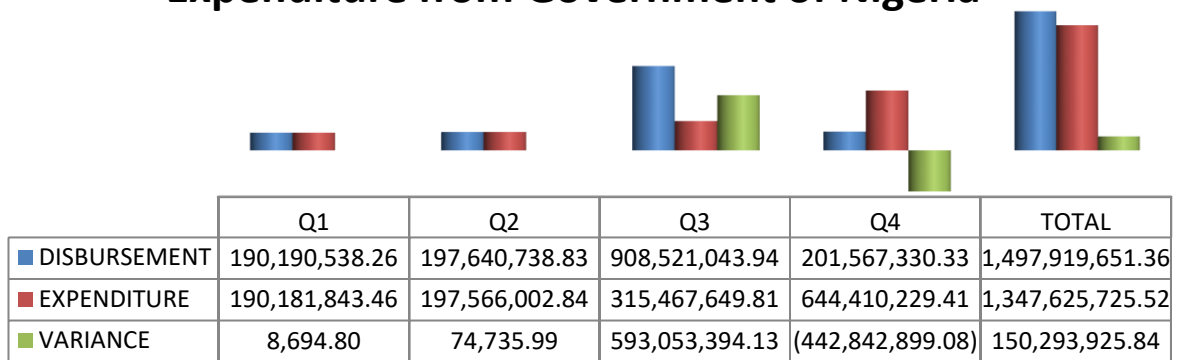
Provisional results as at Q3 2016

CHAPTER SIX: BUDGET PERFORMANCE

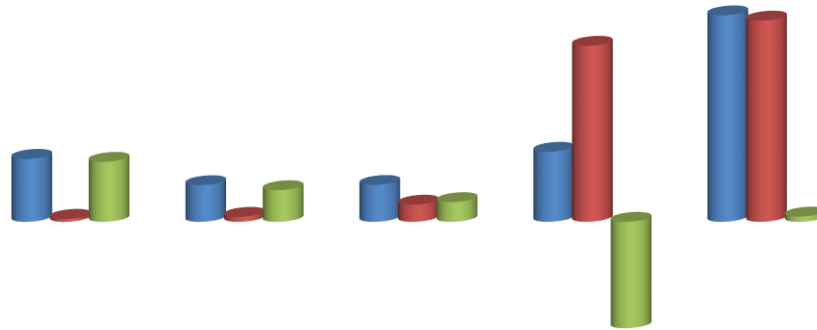
Summary of 2016 Appropriation and Expenditure



Expenditure from Government of Nigeria

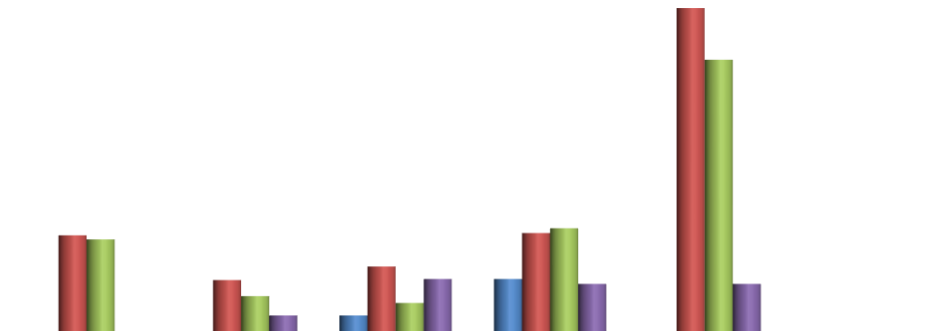


Global Fund Expenditure



	Q1	Q2	Q3	Q4	TOTAL
■ DISBURSEMENT	3,570,419,317.	2,076,157,546.	2,088,787,520.	3,971,500,877.	11,706,865,261
■ EXPENDITURE	169,992,717.00	284,122,168.00	973,354,222.00	9,983,149,289.	11,410,618,396
■ VARIANCE	3,400,426,600.	1,792,035,378.	1,115,433,298.	(6,011,648,411	296,246,865.70

World Bank Expenditure



	Q1	Q2	Q3	Q4	TOTAL
■ Opening Balance		9704004.32	46991368.83	131542607.8	
■ Disbursement	233123944.7	129058983.9	160477996.1	238197691.6	760858616.3
■ Expenditure	223419940.4	91771619.42	75926757.08	249572787.1	640691104
■ Variance	9704004.32	46991368.83	131542607.8	120167512.3	120167512.3

CHAPTER SEVEN: NATIONAL RESPONSE DATA

TARGET / INDICATOR	GARPR 2014	GARPR 2015	GARPR 2016	Remarks
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% NARHS, 2012	24% NARHS 2014	24% NARHS 2014	NARHS was conducted in 2014, NPAIS will be conducted in 2017, for current figures.
Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	15.5% NARHS, 2012	15.5% NARHS 2014	15.5% NARHS 2014	NARHS was conducted in 2014, NPAIS will be conducted in 2017, for current figures
Percentage of respondents aged 25-29 who have had sexual intercourse with more than one partner in the last 12 months	16.3% NARHS, 2012	16.3% NARHS 2014	16.3% NARHS 2014	NARHS was conducted in 2014, NPAIS will be conducted in 2017, for current figures
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	64.5% NARHS, 2012	64.5% NARHS 2014	64.5% NARHS 2014	NARHS was conducted in 2014, NPAIS will be conducted in 2017, for current figures
Percentage of women and men aged 15-49 who received an HIV test in the	11.7% NARHS, 2012	11.7% NARHS 2014	11.7% NARHS 2014	NARHS was conducted in 2014, NPAIS will be

past 12 months and know their results				conducted in 2017, for current figures
Percentage of young people aged 15-24 who are living with HIV	4.2% ANC, 2010	2.3% ANC 2014	2.3% ANC 2014	ANC was conducted in 2014, NPAIS will be conducted in 2017 for current figures
Sex workers				
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	MSM=82.6% NBBFSW=92.3% BBFSW=91.3% IBBSS 2014	MSM=82.6% FSW 89.8%, KPA, 2016	KPA was conducted in 2016 among MSMs and FSWs.
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) IBBSS, 2010	BBFSW 86.2%, NBBFSW 76.8%, IBBSS, 2014	BBFSW 92.1% NBBFSW 88% KPA, 2016.	KPA was conducted in 2016 among MSMs and FSWs.
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	NBBFSW=19.4% BBFSW=8.6% IBBSS, 2014	NBBFSW=19.4% BBFSW=8.6% IBBSS, 2014	
Men who have sex with men				
Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	50.97% IBBSS, 2010	77.5% IBBSS 2014	66.9% KPA, 2016	KPA was conducted in 2016 among MSMs and FSWs.
Percentage of men who have sex with men that have received an HIV test	24.92% IBBSS, 2010	97.6% IBBSS 2014	95.6% KPA, 2016	KPA was conducted in 2016

in the past 12 months and know their results				among MSMs and FSWs.
Target 2: Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015				
Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	52.5% IBBSS, 2010	76.6% IBBSS, 2014	76.6% IBBSS, 2014	
Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	31.1% IBBSS, 2010	97.4% IBBSS, 2014	97.4% IBBSS, 2014	
Percentage of people who inject drugs who are living with HIV	4.2% IBBSS, 2010	3.4% IBBSS	3.4% IBBSS	
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%	34%	35%	
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%	37%	31%	
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\$723,917,352.00	US\$632,378,599	US\$513,365,265.00	

Target 7: Critical Enablers and Synergies with Development Sectors				
Number of condoms distributed	27,157,136	82,313,535	37,021,760	
Number of schools implementing FLHE curriculum	1,765	49,051	23,026	
Number of students/ pupils reached with FLHE	755,272	2,066,664	2,347,267	
Number of MDAs that have HIV/AIDS workplace programs	64	4,727	987	
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	1,077,050	624,226	
Number of MARPs (female sex workers) reached with individual and/ or small group level MPP intervention	51,534	173,276	81,126	
Number of MARPs (transport workers) reached with individual and/ or small group level MPP intervention	50,061	66,258	12,772	
Number of MARPs (MSMs) reached with individual and/ or small group level MPP intervention	18,245	30,446	25,895	

7.1. NATIONAL DATA FROM SPECTRUM ESTIMATES, 2016.

S/N	Indicators	2014	2015	2016	Remarks
1	Estimated HIV prevalence (Adult 15-49)	3.1%	3.0%	2.9%	2016 Spectrum Estimates.
2	Estimated AIDs Death (All ages)	170,000	160,000	160,000	2016 Spectrum Estimate
3	People Living with HIV (All ages)	3,100,000	3,200,000	3,000,000	2016 Spectrum Estimates.
4	Estimated HIV Incidence (per 1,000) All ages	1.29	1.27	1.23	2016 Spectrum Estimates.
5	Estimated New HIV Infection (All ages)	210,000	220,000	220,000	2016 Spectrum Estimates
6	Number of Adults and Children receiving Antiretroviral Therapy (ART)	747,382	853,992	983,980	Actual validated programme data.
7	Estimated Coverage (%) of people living with HIV Receiving Antiretroviral Therapy	23%	24%	31%	The denominator is estimated number of people living with HIV, 2016 Spectrum Estimates
8	Estimated percentage of pregnant woman living with HIV who Received Antiretroviral for preventing mother-to-child-transmission	37%	31%	32%	2016 Spectrum Estimates

9	New infections averted	50,000	53,000	53,000	2016 Spectrum Estimate
10	AIDS deaths averted	70,000	75,000	77,000	2016 Spectrum Estimate

7.2. PREVENTION OF HIV IN GENERAL POPULATION AND MOST AT RISK POPULATION (MARPS)

7.2.1 Background

- The national HIV prevention efforts are geared towards reducing the risk of HIV transmission acquired through HIV-risky sexual behaviours, unsafe blood and blood products, use of non-sterile needles in People Who Inject Drugs (PWID), and mother-to-child transmission. This inform the design of programmes to address the generalised nature of the HIV epidemic.

7.2.2 Objectives

- At least 80% of Most-At-Risk Populations (MARP) reached with group-specific interventions and adopting appropriate HIV and AIDS related behaviour.
- At least 80% of MARPs use condoms consistently and correctly by 2015
- At least 80% of drug dependent persons (IDUs and non-IDUs) have access to quality prevention programs/services in accordance with national guidelines by 2015.

7.2.3 Achievements

S/N	Indicator	20015	2016
1	Number reached with Minimum Prevention Package Intervention(MPPI)	1,325,972	126,145
2	Number of condoms distributed	82,313,535	37,021,760
3	Number of schools implementing FLHE	49,051	23,026
4	Number of pupils/students reach with FLHE	2,066,664	2,347,267

7.3 HIV Testing Services (HTS)

7.3.1 Background

The country adopted the use of HIV Testing Service (HTS) in place of HIV Counselling and Testing (HCT) which is in line with the new World Health Organisation consolidated guidelines and the national goal of fast tracking the end of the AIDS epidemic by 2030. The HIV Testing Services (HTS) includes counselling (pre-test information and post-test counselling); linkage to appropriate HIV prevention, treatment and care services; and coordination with laboratory services to support quality assurance and the delivery of correct results, access to accurate, high-quality HTS for diverse populations and settings with targeted approaches would improve yield and optimize the investment in HTS.

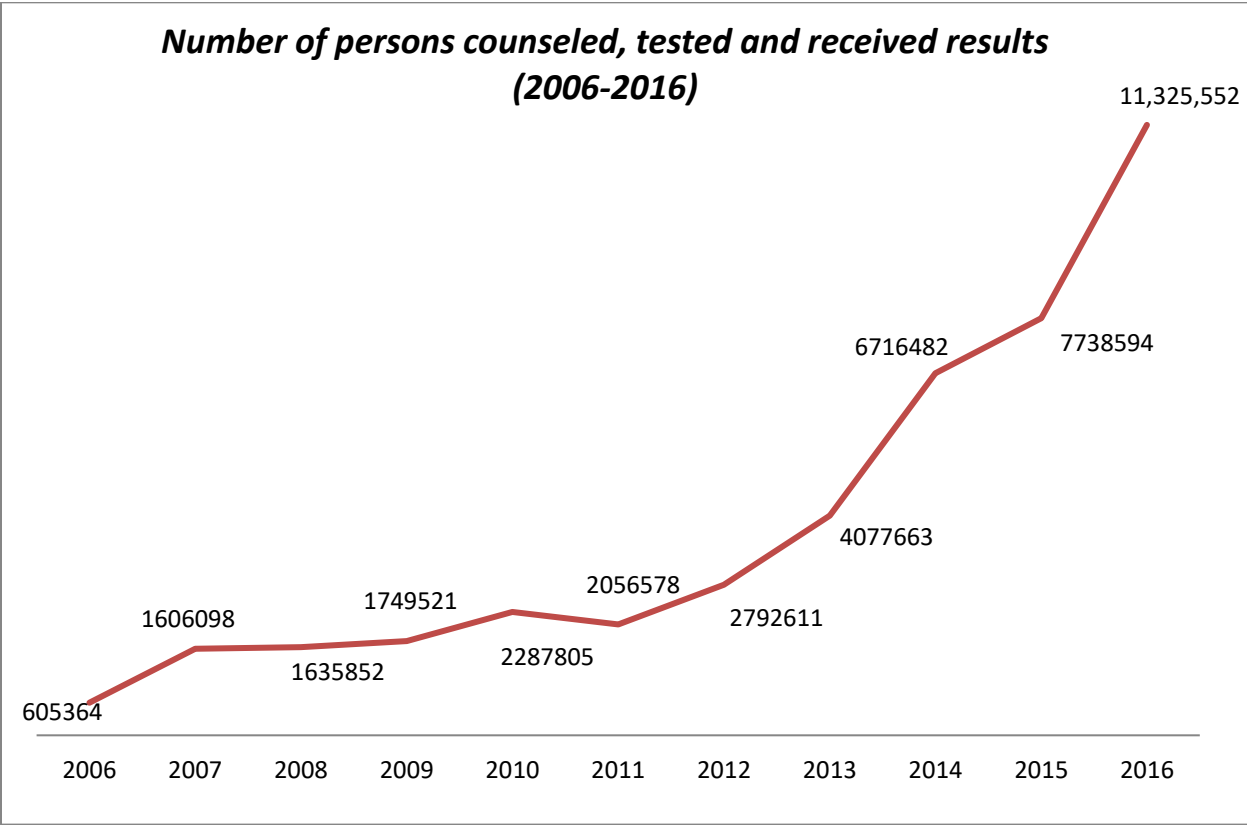
The uptake of HCT increased from 43% in 2005 to 77% in 2012 (NARHS, 2012), while the uptake among the general population as the proportion of the people tested is only 29.2% for female and 23.5% for males respectively.

7.3.2 Objective

- The goal of the HCT program in Nigeria is to contribute to the reducing the incidence of HIV/AIDS.
- At least 80% of sexually active adults have access to HCT services in an equitable and sustainable way by 2015.
- At least 80% of MARPs accessing HCT services by 2015.

7.3.3 Achievements

Fig. 13. HIV Testing Services (HTS) Coverage



S/N	Indicator	2015	2016
1	Number of HCT sites in the country	8308	8406
2	Number Testing HIV Positive	264,476	360,941

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

7.4.1 Background

The PMTCT programme commenced in 2001, with the establishment of six PMTCT sites in tertiary health facilities. This is to prevent the transmission of HIV from infected mothers to their children; and ensure that all HIV negative infants born to HIV positive mothers remain so throughout infancy. The coverage increased from 12.7% in 2010 and 35 % in 2016.

7.4.2 Objectives

- The goal of the PMTCT in Nigeria is to reduce the incidence of HIV/AIDS.

- At least 90% of all pregnant women have access to quality HIV testing and counselling by 2015
- At least 90% of all HIV exposed infants have access to ARV prophylaxis by 2015
- At least 90% of HIV positive pregnant women have access to quality infant feeding counselling
- At least 90% of all HIV exposed infants have access to early infant diagnosis services

7.4.3 Achievements

Fig.13. Trend of pregnant women CTR from 2006 – 2016

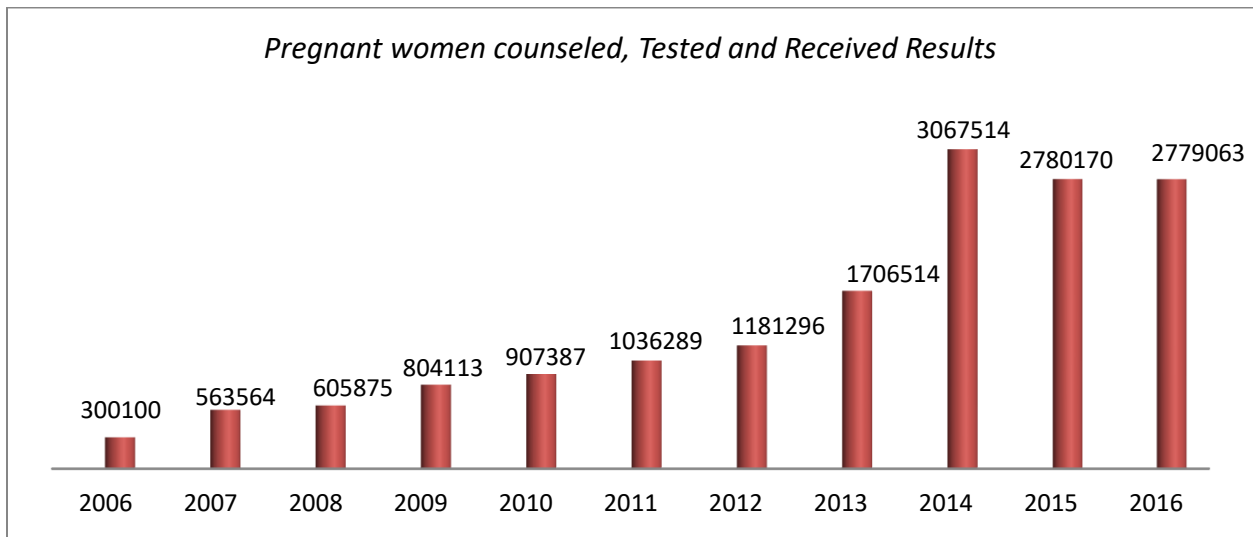
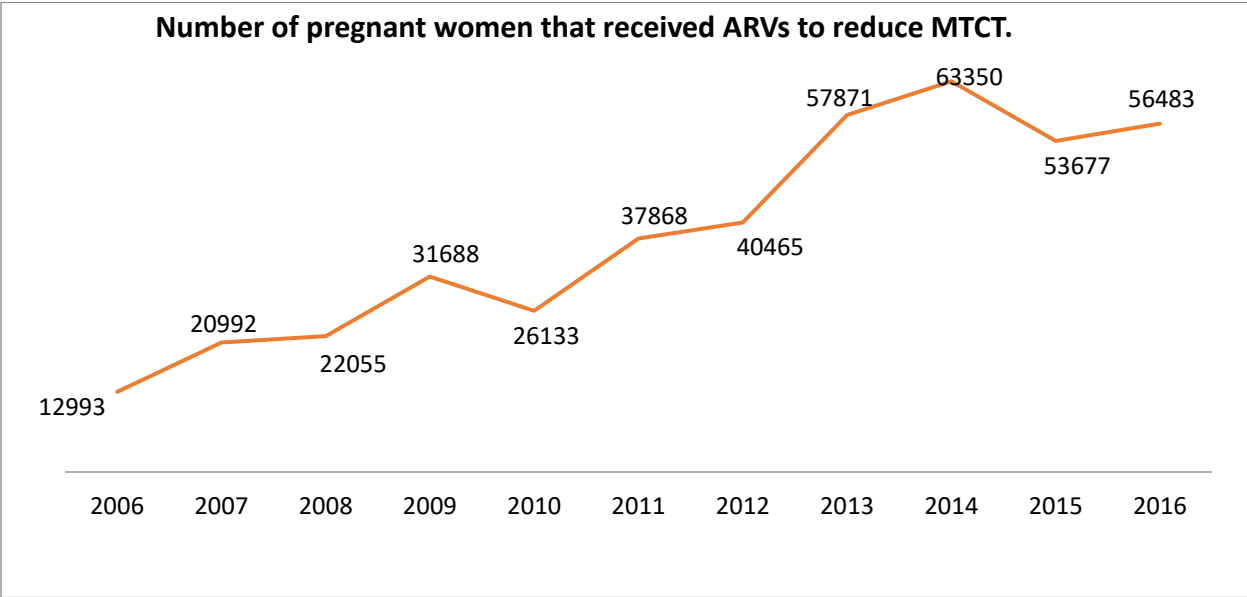


Fig. 14. Trend of PMTCT prophylaxis from 2006 – 2016



S/N	Indicator	2015	2016
1	Pregnant women attending first ANC visit	2,849,867	2,546,183
2	Number of PMTCT sites	7,265	6440
3	No. of Infants born to HIV + women whose blood samples were taken for DNA PCR test within 2 months of birth- Total	15,879	18,556
4	No. of HIV PCR results received for babies born to HIV + women whose blood samples were taken within 2 months of birth tested negative-Total	14,707	16,318
5	No. of HIV PCR results received for babies born to HIV + women whose blood samples were taken within 2 months of birth tested positive-Total	2,203	1,647

7.5. Antiretroviral Therapy for Patients Living with HIV

7.5.1. Background

The National Antiretroviral therapy (ART) program commenced in 2001 in 25 tertiary health institutions, has made remarkable increase in terms of sites and number on treatment. This is attributed to the free ARV provision policy in 2006 by the Federal Government. The programme is focused on increasing access of people living with HIV to antiretroviral therapy, providing them access to isoniazid prophylaxis for tuberculosis prevention; and reducing their risk for other opportunistic infections using co-trimoxazole prophylaxis.

7.5.2. Objectives

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 of OIs (diagnosis, prophylaxis, and treatment) by 2015.

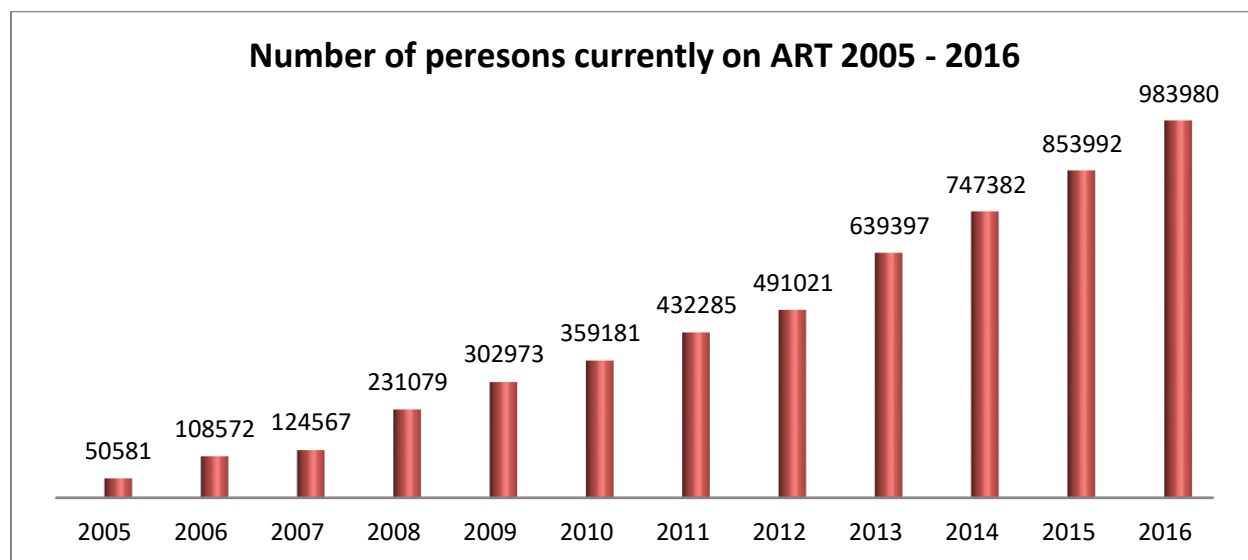
All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015.

All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015

All PLHIV have access to quality TB screening and those suspected to have TB, to receive comprehensive TB services.

7.5.3. Achievements

Fig.15. ART Coverage



S/N	Indicator	2015	2016
1	Number of health facilities that offer antiretroviral therapy	1,057	1,292
2	Number of individuals newly on ART	171,413	191,591
3	Number of persons on ART who are lost to follow up	75,651	72, 156
4	Number of ART patients known to have died during the reporting period	11,321	17,004

7.6 Coordination of the National Response to HIV/AIDS

7.6.1 Background

The implementation of the national response is multi-sectoral in nature, the National Agency for the Control of AIDS (NACA) is the national coordinating body. The FMOH is responsible for the health sector component of the response while the Federal Ministry of Education, Federal Ministry of Youth and Sports and Federal Ministry of Women Affairs and Social Development are playing leadership roles. For the coordination to be effective NACA interfaces with representatives from key stakeholders such as NACA-SACA, NACA-Civil Society organizations (CSOs), NACA-private sector, NACA-public sector and NACA-development partner and NACA-TWG interactions.

7.6.2.Objectives

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 multispectral 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.

7.6.3 Achievements

S/N	Indicator	2015	2016
1	Percentage of government contributions to total HIV/AIDS spending.	27%	27%
2	Number of SACAs and line ministries that are submitting report to NACA at least twice a year.	37	37

CHAPTER EIGHT: SUMMARY OF ACHIEVEMENTS AND CHALLENGES

8.1 Achievement

Though support dwindled, the agency recorded remarkable achievement which included the following:

Programme intervention results

- A total of 11,325,552 individuals were counselled, tested and received their results, a 32% increase from the 2015 figures of 7738594 of this 360,941 individuals tested HIV positive.
- A total of 56,483 pregnant women living with HIV received antiretroviral prophylaxis for PMTCT compared to the 53,677 in 2015.
- The national response has cumulatively placed 983,980 adults and children with advanced HIV infection on treatment in accordance with the nationally approved treatment protocol, which recorded an increase of 13.8% from the 2015 figure of 853,992.
- The presentations by the stakeholders from Nigeria at the 2016 IAS show-cased efforts that have been put in place to address gender, legal and human rights issues in Nigeria
- To properly address the issues of data quality and reporting, the agency supported the review of the health sector data collection and reporting tools and also reviewed the community based data collection and reporting tools and built the capacity of implementers on use.
- The activities of Ministries Agencies and departments (MDAs) were coordinated to include: The Ministry of Youth organized outreaches, counselled and tested 17,946 persons while the FMoE implemented Family Life HIV Education (FLHE) in 23,026 schools. The FMWASD through the Vulnerable Children (VC) programmes reached 624,226.
- There was scale up of sites offering services in the programme areas of HTS, ART and PMTCT with an increase of 8,308 to 8406 for HTS and decline to 7265 to 6440 for PMTCT and increase 1,057 to 1,292 for ART.
- The government of Nigeria operated the HIV programmes effectively in the states of Abia and Taraba in 2016, using the State Management Teams (SMT) and State Program Implementation Units (SPIU), placing 63,915 on treatment 4,949 pregnant women on prophylaxis and counselled and tested 1,004,637 who received their results.

- The agency conducted the Geographical Information Systems mapping of all health facilities in Global Fund (GF)-New Funding Model 6 priority states of Lagos, Kaduna, Imo, River, Akwa-Ibom and Oyo.

Research and Special Studies

The agency commissioned, conducted and concluded the following researches and special studies:

- The agency commenced the Cost Efficiency and the Role of Management in HIV Prevention Intervention for Female Sex Workers in Nigeria (ORPTHEM 2) a qualitative study funded by Bill and Melinda Gates Foundation. The process is on-going but CSOs M&E officers have been trained.
- The agency successfully hosted the National HIV Prevention Conference tagged “*Hands on for prevention*” which provided a platform for the dissemination of scientific studies.
- The planning process for the Review of National HIV Epidemiology and Impact data (Rebasing) commenced in 2016 with protocol development, this study is aimed at triangulating and analyzing all recent community and facility based testing data using the corrected median positivity rates for HIV to rebase the HIV prevalence level in Nigeria and also using the rebased HIV prevalence level to model and estimate where possible the number of persons living with HIV, number of new infections and AIDS related deaths, lives saved and infections averted.
- The participation in the Multiple Indicator Cluster Survey, which was aimed at collecting estimates of key indicators to assess the situation of women, children and men.
- The PrEP study which started in 2015 is still ongoing, with the agency conducting external and internal monitoring of the sites, organized refresher training for sites study staff, commenced initiation of clients on Truvada (Tenofovir + Emtricitabine) and the study has entered the follow-up stage with 242 clients enrolled as at December 2016.
- The agency conducted a Survey on a Sample of CSOs in 18+1 states that were funded by the HIV/AIDS Funds (HAF) of the HPDPPII project.
- The conduct of Operation Research Protocol Development Workshop, Data analysis, Abstract and manuscript writing where seven comprehensive technical reports and two Abstracts generated and presentation at the national HIV conference.

Coordination and system strengthening

- Development of National Plan of Action that will guide the coordinated efforts to remove legal and human rights barriers to HIV services in Nigeria, especially among key and vulnerable populations thereby fast-tracking the achievement of the year 2020, 90-90-90 targets and ending AIDS by 2030. It also contains a priority and accountability framework to ensure sustainability, organizational commitment and accountability in the implementation of the National Plan of Action.
- The Development of the National Strategic Framework (NSF) 2017-2021 which serves as the basis for the development of State Strategic Plans 2017-2021 for the 36+1 states of the Federation.
- The conduct of the Quarterly Expanded Theme Group (ETG) meetings which led to getting Support for the NSF development, Support for the Prevention conference and enhance information sharing on partners' activities.
- The Development of the Community engagement strategy document to guide partners, CSOs and other stakeholders on the strategies for effective HIV/AIDS programming at the community level.
- The continuous Advocacy visits to state Government officials and other stakeholders to discuss sustainability and ownership of HIV response resulted to increase funding for Kaduna and Benue states that receive up to 5% allocation from the state budget to support HIV/AIDS programming.
- The conduct of the NACA –SACA Forum which provided opportunities for information and experience sharing and addressed challenges on project implementation.
- The review of the National Strategic Plan (NSP) 2010 – 2015 extended to 2016 to form the baseline for the development of the National Strategic Framework 2017 – 2021.
- The Agency continued the scaled-up of the mobile reporting on HIV data to the 36 states and FCT in its effort to increased reporting of HIV data.
- The conduct of the 2016 World AIDS Day (WAD), with conduct of HTS outreaches, holding prayers during Jumat and Church services, visits to IDPs camps, the HIV conference and youth forum.
- The conduct of the Health Correspondents Dinner conducted to Foster further collaboration between NACA and the Media. This created an avenue for the DG NACA to meet with the

media outside of official work, where the media correspondents got the opportunity to table their challenges covering HIV/AIDS news.

8.2 Challenges:

- The continuous dependence of the response on donor funding, affected the performance of the response in 2016, as many activities supported by the Global Fund Could not be implemented due to the suspension of the project.
- Where projects are supported by Government of Nigeria funds there is always delay in release of funds which affect the commencement and completion of the activity within schedule.
- Comparatively weaker M&E capacity at subnational level resulting in more burdens for M&E staff at national level.
- Though government has done a lot in addressing the security issues in some parts of the country, security problems still affected the planned implementation of activities.

CHAPTER NINE: STATEMENTS OF PRIORITY FOR 2016

- To determine the true prevalence rate of HIV in Nigeria through a collective and all-inclusive population survey.
- To improve the uptake of prevention of mother to child transmission (PMTCT) services among pregnant women.
- To address concerns with data integrity and put in place robust sustainability plans for the States' HIV response."
- To strengthen resource mobilisation to augment the dwindling foreign support for HIV.

Conclusion:

The National Agency for the Control of AIDS (NACA), annual report 2016, document the activities, achievements and its priorities in 2017. The report documents a drop in the HIV prevalence from 4.1% in 2010 to 3.0% in 2014. The response has placed about a million PLHIVs on treatment.