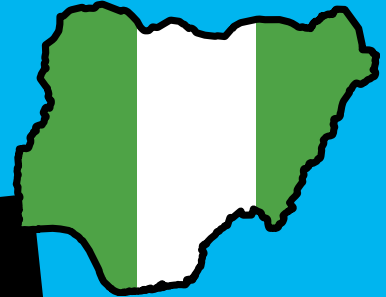


UNITED FOR PREVENTION

NIGERIA



United for Prevention (U4P) was a Frontline AIDS project which ran from April 2023 to September 2024. It supported civil society and community coalitions in seven African countries to hold their national governments accountable for implementing the commitments outlined in the [Global HIV Prevention 2025 Road Map](#). The participating coalitions were located in Kenya, Malawi, Mozambique, Nigeria, Tanzania, Uganda and Zimbabwe.

In this profile we share highlights from the U4P coalition in Nigeria, which was lead by EVA.

“**... MORE TRUST HAS BEEN BUILT AMONGST US AS A COALITION, WORKING TOGETHER ON THE U4P, AND THE TRUST THAT WE HAVE BUILT IN THIS PROCESS, WOULD SPREAD TO OUR FUTURE COLLABORATIONS.**”

(SSI, U4P coalition, Nigeria)

U4P Coalition in numbers



9

coalition members*



5

significant moments of change recorded in the project advocacy log



3

advocacy asks



5

HIV spaces in which U4P members participated**

*EVA (Coalition Lead) together with IGE-SRH TIN, APYIN, COSWRIM, LAMECON, ASWHAN, MSMTG, JAAIDS, and DHRAN

**NHRC multi-stakeholders' forum, National Agency for the Control of AIDS (NACA) via the Prevention Technical Working Group (TWG), National Harm Reduction TWG, National TWG on Adolescent Health and Development, Gender and Human Rights Working Group



COUNTRY OVERVIEW

The U4P coalition in Nigeria conducted a PESTLE¹ analysis, which was also later validated and updated following the development of an **HIV Prevention and Accountability** report. Key findings from their analysis and Accountability Report that informed their advocacy strategy are highlighted below.

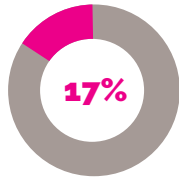


New HIV infections:
30 000
(2020)

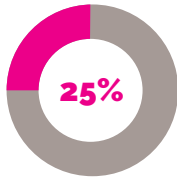


Nigeria's HIV prevention efforts are focused primarily on key populations (KPs)², as well as adolescent girls and young women. This work is led by the **National Agency for the Control of AIDS (NACA)** and the **Local Action Committee on AIDS (LACA)**.

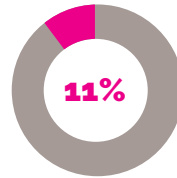
Estimated HIV prevalence among KPs:



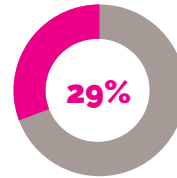
sex workers (2022)



men who have sex with men (2019)



people who use drugs (2022)



transgender people (2022)



The highest ever proportion of national budget allocated to the health sector was observed in 2023: **5.75%**.

However, this investment still falls far short of the Abuja commitment of 15%. Nigeria's Domestic Resource Mobilisation and Sustainability Strategy (DRMSS) predicts that **domestic financing for the HIV response will increase from 16% to 34% by 2025.**

Key populations continue to report their exclusion from and denial of access to HIV services across Nigeria,



exacerbated by legislation and practices that criminalise these populations. For instance, laws criminalising sex workers, same-sex sexual acts and people who use drugs hinder HIV prevention outreach and education efforts targeting affected populations.



Harm reduction interventions, including Needle and Syringe Programmes, Medication Assisted Treatment, mental health support and Naloxone (which quickly reverses an overdose by blocking the effects of opioids) is approved in Nigeria's strategic framework to tackle HIV and AIDS.

LEGAL ENVIRONMENT	Criminalised?
Same-sex sexual acts	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Transgender people	CRIMINALISED
Gender expression	CRIMINALISED
HIV transmission, non-disclosure, or exposure	CRIMINALISED



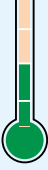
Source: UNAIDS Laws and Policies Analytics, Human Dignity Trust

¹ A PESTLE analysis investigates the political, economic, social, technological, legal and environmental context.

² UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services. [Sourced here.](#)

ADVOCACY STRATEGIES, ADVOCACY ASKS AND PROGRESS MADE



Alignment to action in the Global HIV Prevention Road Map	Advocacy asks	Progress achieved	Progress status
Action 6: Removal of Social and legal barriers	Ensure the integration of HIV and key population-led organisations into Nigeria Human Rights Commission multi-stakeholders forum, which is responsible for the monitoring of human rights violations.	The coalition has managed to achieve recognition by the Nigeria Human Rights Commission (NHRC) that KPs should be part of its multi-stakeholder forums. Initial engagements have already taken place with KP groups represented at round table discussion in 12 states.	High 
Action 7: Promote HIV Prevention Integration	Get commitment of stakeholders in the national harm reduction TWG to support the community availability of Naloxone across the four Global Fund states of Gombe, Ebonyi, Anambra and Kwara.	In May 2024, the harm reduction TWG included community-based distribution of naloxone in the Needle and Syringe Program (NSP) Guidelines for implementation in the four Global Fund states.	Achieved 
Action 2: Precision Prevention Approach	National HIV Prevention Plan (NPP) finalised and approved by National Agency for the Control of AIDS (NACA).	The NPP has not been finalised nor approved by NACA. However, the U4P coalition has been liaising with NACA to secure the finalisation and launch of the NPP. This involved the coalition supporting NACA to organise the National HIV Prevention Conference on 6 – 9 October 2024, successfully facilitating a panel discussion with Civil Society Organisations at the conference, and supporting the finalisation of key national documents such as the Adolescent and Young People Strategy and the NPP in September 2024.	Medium 



OUTCOME STORY

COMMUNITY DISTRIBUTION OF NALOXONE



Outcome: In May 2024, the National Technical Working Group on harm reduction included guidelines that will inform the community level distribution of Naloxone in the country's Needle and Syringe Programme (NSP) Guidelines. This change contributes to supporting the community availability of Naloxone in four states where Global Fund grants are implemented: Gombe, Ebonyi, Anambra, and Kwara.

(Previously, Naloxone was only available at Global Fund One-Stop shops and healthcare facilities, making it difficult to prevent most incidences of overdose, given that overdoses most often take place in the community rather than in clinics).



Contribution: The path to this policy change began in April 2024 when EVA provided sub-grants to coalition members through the funding obtained from Frontline AIDS as part of the United for Prevention programme. The coalition members established important contacts with key stakeholders, including the Federal Ministry of Health, the Institute of Human Virology Nigeria (Global Fund Principal Recipient), and the state ministries of health. Gaining the support of the national harm reduction TWG chairperson was particularly valuable in advancing this work. The Drug Harm Reduction Advocacy Network (DHRAN) played a pivotal role in these advocacy efforts. While discussions about Naloxone were already ongoing in Nigeria, DHRAN was instrumental in keeping it high on the national agenda. They collaborated with other CSOs in the harm reduction TWG to push for this critical change. Coalition members attended the harm reduction TWG meetings, which proved successful in finalising guidelines that included commitments to support the community distribution of Naloxone. The coalition attended the validation of the guidelines at the harm reduction TWG meeting in August 2024. This step was crucial to ensure that the commitments to implement community-level Naloxone distribution were included in the final document.



Significance: The inclusion of Naloxone implementation in the NSP guidelines is significant as it demonstrates the harm reduction TWG's commitment to making Naloxone accessible to communities. This change in policy will also ensure more accessible access to Naloxone at the community level. This is particularly important for people who use drugs, who face barriers in accessing health services, and who are at higher risk of both HIV infection as well as overdose.

Next steps: The focus will now shift to advocating for the active community distribution of Naloxone in the specified states implementing needle and syringe programmes. The coalition will continue to engage with the relevant Global Fund principal recipient, sub-recipients, Ministry of Health, and State Agencies for the Control of AIDS, as well as community members, to monitor progress concerning the distribution of Naloxone in the specified states. These efforts will help ensure that this change in policy will result in practical action.

TIMELINE OF OUTCOME STORY

2023



April

Launch of the U4P coalition in Nigeria



September

PESTLE analysis completed



December

Launch of [HIV Prevention and Accountability](#) report at the national level in Nigeria, and at the ICASA conference

2024



April

EVA (Coalition lead) begins providing sub-grants to coalition members, who establish contacts with key stakeholders.



Verbal approval from the Director, Hospital Management Services (Chairman, TWG) in the Federal Ministry of Health and the national harm reduction TWG where they unanimously agreed to include the approval of community Naloxone distribution in the Q1 meeting communique for the Minister's approval



May

The coalition members attend a meeting of the harm reduction TWG where the guidelines including Naloxone for community distribution were finalised



August

Planned validation of guidelines at the harm reduction TWG meeting



Late August - September

Planned advocacy for Naloxone distribution in specific states implementing Needle and Syringe Programmes



PROMISING PRACTICES

- **The active participation of U4P coalition members in existing networks**, technical working groups and multi-stakeholder forums enhances the coalition's ability to represent the interests of KP groups at the national level.
- **A decentralised model of implementation**, coordination and management of the coalition builds ownership among members and leads to more efficient, effective and sustainable implementation by streamlining coalition activities and avoiding duplication of efforts.

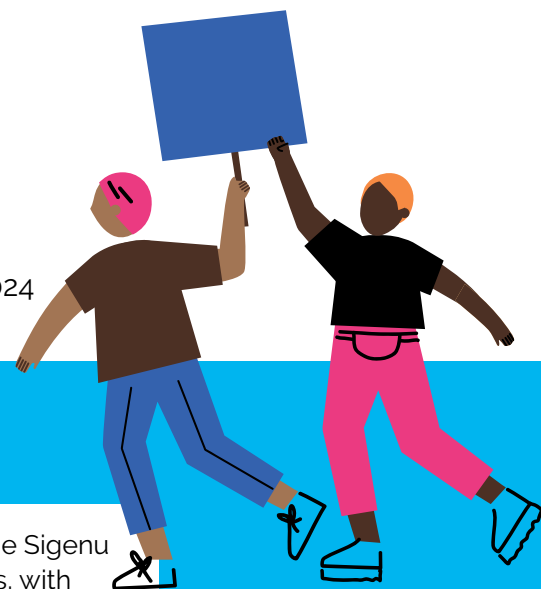
KEY LESSONS LEARNT

- **Research-based advocacy strategies** are a powerful force for change. Examples of useful tools used include the HIV Prevention and Accountability Reports and detailed advocacy workplans.
- **Creating a collaborative environment and building trust among coalition members can improve teamwork and help keep the coalition strong.** Activities that support this include holding regular meetings, open discussions, and feedback sessions. It's also helpful to share responsibility for carrying out advocacy tasks and representing the group in various HIV prevention efforts.
- While harnessing the collective power, **coalitions can benefit from identifying specialist members in the coalition**, who can lead the work on specific issues (e.g. DHRAN on harm reduction in Nigeria).

Sources:

The U4P coalition in Nigeria has done incredible work in providing data for this profile, as identified from the following sources:

- Nigeria U4P Monthly MEL Meeting Tracker
- U4P Quarterly Narrative Report - Nigeria
- Nigeria Coalition Accountability Strategy
- Nigeria HIV Prevention and Accountability Report
- Nigeria PESTLE analysis
- U4P advocacy log
- Mid-term review of U4P, conducted by Southern Hemisphere, 2024



This profile was written by Elena Mancebo Masa, Zimingonaphakade Sigenu and Dena Lomofsky on behalf of Southern Hemisphere Consultants, with editorial input from Casey Davison O'Brien, Leora Pillay and Libby van Zee of Frontline AIDS, and Idoko Philip, Nwabude Micheal and Toyin Chukwueze from Education as a Vaccine. Design by Jaywalk Design for Change.