



NIGERIA'S RESPONSE TO HIV FUNDING CRISIS

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BACKGROUND

Despite widespread disruptions, Nigeria has sustained momentum toward the 95-95-95 targets, achieving 87-98-95 % ART coverage, viral suppression, and outreach to key populations, which were impacted nationwide. An estimated 28,000 Ad hoc health workers were laid off; HMIS disruptions delayed routine data reporting; laboratory services were interrupted, affecting viral load and other assays; and the HIV commodity supply chain stalled, halting forecasting, procurement, and last-mile deliveries. In response, Nigeria has activated a national coordinating body and launched a phased emergency action plan (immediate, medium-term, long-term). To stabilize service delivery, about N4 Billion was reallocated from domestic and/or external sources. Through national stakeholder engagement, essential HIV services were reviewed and prioritized for effective delivery. An iterative realignment of services is underway, grounded in the national epidemiological context and aligned with the confirmed domestic budget (USD 200 million) and external program resources.

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

1. Financial strategies: Enrolling RoCs into health insurance and Basic Health Care Provision Fund, advocacy to mobilize domestic resources,
2. HRH strategies: Use of the National Clinical Mentorship Programme to provide hands-on mentorship. SPICE sessions to provide high-frequency, low-dose mentorship weekly.
3. Technical capacity strategies: What is the overarching strategic approach to sustain technical assistance at all levels?
4. Community engagement: Ensuring continued inclusion of the RoC community in planning and monitoring of interventions, and inclusion in TWGs.
5. Integrated TWGs to foster collaboration and integration across disease programmes.

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES		
Component	Intervention	NIG	Component	Intervention	NIG	Component	Intervention	NIG	Component	Intervention	NIG	Component	Intervention	NIG
Infant prophylaxis	Infant PEP HR 0-6w		Blood products Facility-based	Blood product screening		Community-based (virtual and in-person)	CB HIVST points >15		ART continuity	Uninterrupted ART for all		OI management	TB Xpert for symptomatic	
	Infant PEP HR 6-12w			Symptomatic testing (entry)			CB HIVST points 95-gap			MMD 3-6 months			TB treatment	
	Infant PEP LR			ANC first test			CB HIVST points KP			Annual clinical review			TPT per regimen	
PEP	Facility PEP (guidelines)			ANC late retest			HIVST digital outreach			Enroll less-intensive DSD			CRAG for symptomatic	
	Community PEP (GBV/KP)			Postnatal PBFW 6-monthly			KP all outreach sites			Maintain facility DSD-indiv			Cryptococcal treatment	
Condoms	Facility condoms/lube			HEI 6w/6-9-18m EPI			KP high-volume outreach			Maintain community DSD-indiv KP			LAM S3/4 seriously ill	
	KP condom points			HEI birth test			Men targeted outreach			Maintain client-managed groups			CRAG S3/4 IPD	
PrEP continuation	Community condom points			Facility PrEP KP 3MMD/6m			Men workplace testing			Maintain adolescent groups (HCW)			CD4 S3/4 new or >90d	
	Facility PrEP PBFW 3MMD/6m			Facility PrEP others 3MMD/6m			Prisoners: On entry/discharge			Maintain community DSD-indiv			CD4 S1/2 new or >90d	
	Facility PrEP DSD-indiv			Annual PrEP review			Prisoners entry/annual			Maintain DSD groups (HCW)			LAM S1/2 CD4<200	
	Out-facility PrEP DSD		PrEP review 6-monthly		ABYM targeted outreach		Active transfer same-day 3MMD		CRAG S1/2 CD4<200					
	Virtual PrEP refills		PrEP review 6-monthly		Recency testing				Fluconazole pre-emptive					
	Adherence/risk counselling		Continue DVR PrEP						PAP smear never-screened					
	Continue DVR PrEP		Continue LAI PrEP						HPV screen never-screened					
	Continue LAI PrEP								Hypertension integration					
	Start PrEP PBFW self-ID								Diabetes integration					
	Start PrEP PBFW at-risk								Family planning integration					
PrEP initiation (& re-initiation)	Start PrEP KP		Network-based (including facility/virtual and community-based)	Self-initiated HIVST (annual)		ART initiation (and re-initiation)	Fluconazole secondary proph		Tracking and tracing	VIAC annually WLHIV				
	Start PrEP Agyw self-ID			VCT/HIVST any frequency			Initiate <5 years			Confirm contacts each visit				
	Start PrEP others self-ID			PrEP users 1m+6m			Initiate PBFW			Phone trace abnormal labs				
	Test post-start 1-3m			PrEP users 1m+3m			Initiate symptomatic/AHD			Phone trace high-risk				
	PrEP demand creation			VMMC clients			Initiate all positives			Phone trace >28d missed				
	Continue DVR PrEP			PN EPN +HIVST/FBT			Initiate stage3/4 or CD4 low			Home trace abnormal labs				
	Continue LAI PrEP			PN APN +FBT (virtual)			Initiate stage1/2 (CD4 high)			Home trace high-risk				
	PrEP start education			PN APN +community test			VL for suspected failure			Home trace >28d missed				
	Facility-first NSP+naloxone			Female index: child FBT/HIVST			Repeat VL at 3m			ART start literacy				
	Community NSP+naloxone			Female index: child CBT			First VL by 6m			Adherence assessment visits				
Continue OAMT refills (PWID)		PN EPN +HIVST (VL>1000)		First VL (no prior)		VL and DSD prep								
Initiate/continue OAMT (PWID)		PN EPN +HIVST (FP/ANC)		Pregnant: VL at ANC/3m		EAC for high VL								
Targeted VMMC scale-up		KP SNT +HIVST		Pregnant: VL 34-36w		Child disclosure support								
		AGYW SNT +HIVST		Breastfeeding: VL 3m+6mly		MH screening at start								
		PN EPN +HIVST (95s STI-neg)		LLV: repeat VL 3m		MH screening high VL								
		PN EPN +HIVST (STI-neg)		VL annually if suppressed		MH screening all visits								
		PN APN +FBT (STI-neg)		VL q2-3y post-2x										
				Resistance test per guidelines										

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Not Prioritized

Prevention services will largely be maintained as the Nation approaches Epidemic control.

HIVST utilizes a total market approach. Other targeted testing services will be maintained. The package of testing services is being reviewed as information on the expanded domestic funding envelope becomes available.

Treatment services are to be maintained at even low levels of funding support.

SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1 HIV Testing Trends by Age and Year

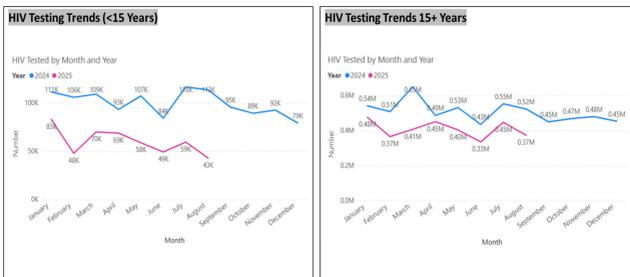


Fig 2. ART Initiation Trends (2024-2025)

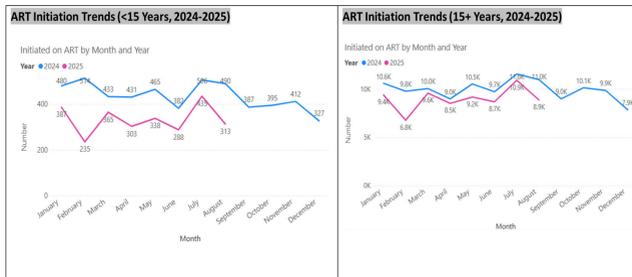
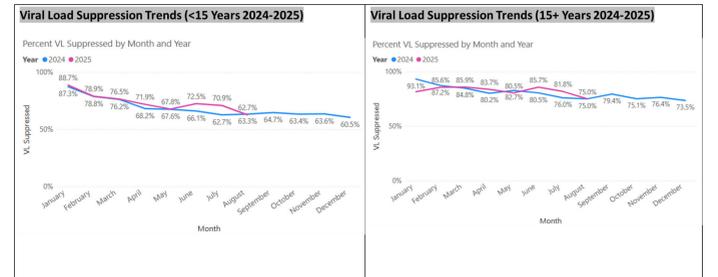


Fig 3. Viral Load Suppression Trends (2024-2025)



Testing services dipped during the SWO as several ad hoc staff who supported these services were disengaged. Government staff were able to bridge this gap over the next few weeks.

Treatment services dipped during the SWO as several ad hoc staff who supported these services were disengaged, and access to ARVs remained uncertain. Government staff were able to bridge this gap within a month of the SWO

While access to VL testing services was affected for a few weeks following the SWO. GoN staff pooled samples and rescheduled VL test for RoC, allowing the VL testing to be maintained despite the SWO.

SYSTEMS & SERVICES ADAPTATIONS

1. Leadership and policies: Governance or policy shifts in support of program continuity Service integration policy document produced, Integrated Monitoring and supervision across disease programmes.
2. Financing and purchasing: Joint ATM forecasting, procurement and Last Mile Delivery, Leveraging Health insurance, local production of certain commodities.
3. Service delivery optimization/redesign of service delivery service integration at facility level.
4. HMIS, M&E and data use: Data governance Revised M&E tools, Efforts towards interoperability of various EMR systems.
5. Laboratory systems & pharmaceutical systems: Integrated sample transport systems.

NEXT STEPS / WAY FORWARD

1. Leadership and policies: Strengthen integration across AIDS, TB and Malaria programmes.
2. Financing and purchasing – Continued engagement with the Health insurance agency.
3. HMIS, M&E, and data use for decision-making –Pilot of revised M&E tools, transition of National Data Repository from IP(USG supported) to GoN ongoing.
4. HRH adaptations – Capacity building on Integrated approaches.
5. Service delivery optimization – Strengthen and scale up integrated service delivery at facilities.
6. Supply Chain: Optimize joint forecasting, procurement and Last Mile Distribution.

