



HIV PROGRAMMING IN ADOLESCENTS AND YOUNG PEOPLE IN NIGERIA:

AN INVESTMENT CASE 2021-2025

JULY 2021



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Why? *Should Nigeria invest its resources to address HIV in Adolescents and Young People (AYP)*

1 The Numbers
AYP (10-24 yrs) Constitute approximately one-third of Nigeria's population (**70 Million**)



2 The speed of transmission especially amongst Adolescent Girls and Young Women (AGYW)
Nigeria has the fastest rising number of HIV positive cases in Sub-Saharan Africa; **the fastest rate is among 20-24 yr. old females.**

3 The Opportunity – With AGYW, one stone kills 3 birds
Three-fold benefit when we invest in AGYW.
Reducing mortality and morbidity among AGYW
>> *Healthy mothers and work force,*
Reducing transmission rates to sexual partners
>> *especially amongst high risk AGYW*
Reducing mother to child transmission
>> *The children are born HIV free*

4 The wisdom - 10 fold Increase return on investment
Evidence showed that **spending \$4.60 (₦1,900) per person** annually on the mental and sexual health of adolescents over a **period of 15 years** will yield a **ten-fold increase** in their contribution to the economy

The HIV Context in Nigeria

10 High Burden States
HIV Prevalence rates >0.25

80 High Risk LGAs
HIV Prevalence rates >0.25

694 Low to Medium Risk LGAs
HIV Prevalence rates <0.25

How do we target 70 million AYP and What do we deliver?



What?

Are the High Impact AYP Intervention Packages Available



694

Low to Medium Risk LGAs

Basic Intervention Package

Targeted Comprehensive HIV Knowledge

Male and female condoms and lubricants

Female Condoms, Male Condoms

HIV Testing and Counselling

HIV testing and counselling services

Antiretroviral Therapy

ART (First-Line Treatment)

Programme Administration

Programme-Specific Human Resources

Training

General Programme Management

Supervision

Infrastructure and Equipment

Transport

Monitoring & Evaluation

Monitoring & Evaluation



80

High Risk LGAs

Comprehensive Intervention Package

Basic Intervention Package

+

Pre-exposure Prophylaxis

PrEP (Truvada-Emtricitabine + Tenofovir)

Post-exposure Prophylaxis

PeP (Emtricitabine + Raltegravir + Dolutegravir)

HIV adherence interventions and mental health/psychological support

Basic psychosocial treatment, advice, and follow-up for self-harm/suicide

Structural Action, Advocacy and Demand Generation

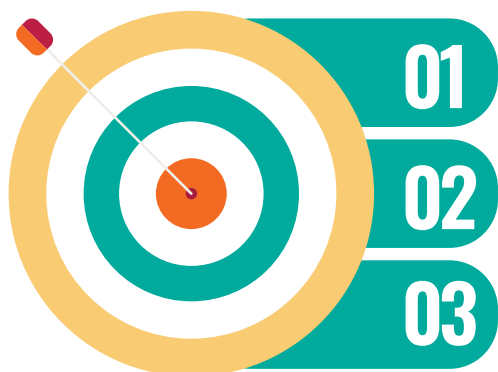
Community Involvement

Communication, Media & Outreach

Advocacy

How?

3 Principles Guiding the Investment Approach Based on Nigeria's HIV Context



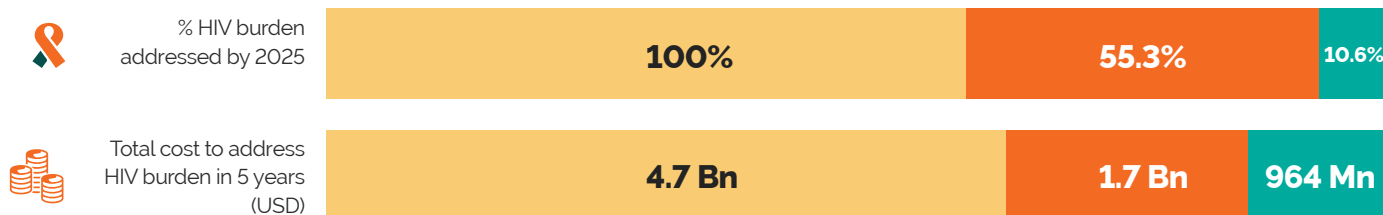
Invest more in High risk areas to address more of the HIV burden with limited resources

Make opportunistic investments in medium and low risk areas but with upward trending incidence rates

Articulate intervention packages to meet the demographic and epidemiological needs of the target population



Costing Scenarios



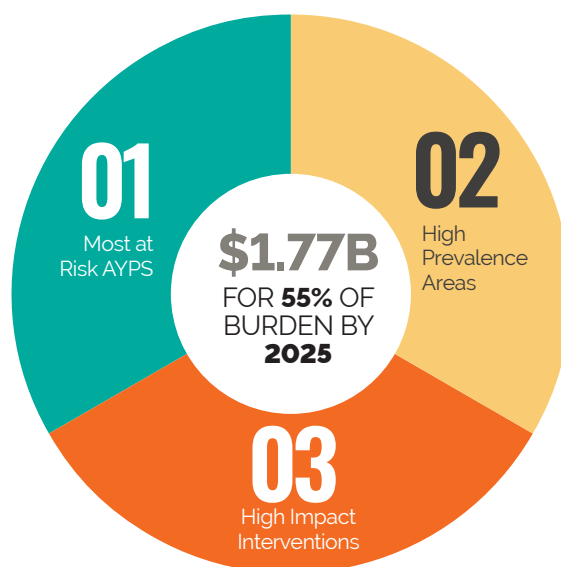
- Scenario 1** All AYP in all LGAs in the 36+1 states - get relevant component of either Basic or Comprehensive package
- Scenario 2** All AYPs in all LGAs of the 10 high burden states - get relevant component of either Basic or Comprehensive package
- Scenario 3** All AYPs in the 80-high risk LGAs -get relevant components of Comprehensive package only

★ **Scenario 2 offers the best investment**

This Investment Makes Sense- Let's Do it!!!

Scenario 2 offers the highest return on investment >> addresses over 55% of the HIV burden by 2025, at only a little above one-third the cost of covering all AYPs

- 01** Prioritize & Target the most at risk AYP +AGYW focus
- 02** Prioritize geographic areas with highest HIV burden/prevalence
- 03** Prioritize and deliver High Impact Interventions
- = 55% Reduction in burden in 5 years**
- \$1.77Billion >> Raw average of \$78.3 (₦34,500/person)



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