Nigeria

Country Operational Plan

COP 2023

Strategic Direction Summary

6 JUNE 2023

Contents

***Military PSNU data are non-public**

A portion of PEPFAR data relates to foreign military sites, such as bases, barracks, or military hospitals. Data originating at these sites are aggregated to each respective OU's Military PSNU and are non-public. When developing graphics for the SDS, do not include the Military PSNU, which you can find in PSNU dropdowns in Panorama. These services may be funded through a variety of implementing agencies or mechanisms, so the Military PSNU designation is not equivalent to DOD as an implementing agency.

Acronym List

Acronym	Definition
3HP	Isoniazid-rifapentine
3MD	Three months dispensing
6MD	Six months dispensing
ABYM	Adolescent Boys and Young Men
AE	Adverse event
AGYW	Adolescent Girls and Young Women
AHD	Advanced HIV Disease
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APR	Annual Program Results
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
ASP	Above site portfolio
AYFS	Adolescent- and youth-friendly services
AYP	Adolescent young people
BBS	Bio-behavioral survey
BMGF	Bill & Melinda Gates Foundation
C/ALHIV	children and adolescents living with HIV
CAB-LA	Long-acting Injectable Cabotegravir
CAPs	Corrective Action Plans
CBM	Community-based monitoring
CBO	Community Based Organizations
CCM	Country Coordinating Mechanism
CDC	U.S. Centers for Disease Control and Prevention
CFSW	Children of female sex workers
CHAI	Clinton Health Access Initiative
CHW	Community Health Worker
CLHIV	Children living with HIV

CLM	Community-led monitoring
CLR	Community-led responses
CODB	Cost of Doing Business
CoE	Centers of Excellence
CoFSW	Children of female sex workers
COP	Country Operational Plan (PEPFAR)
COVAX	Covid-19 Vaccines Global Access
CPT	Cotrimoxazole Preventive Therapy
CQI	Continuous Quality Improvement
CrAG	Cryptococcal Antigen
CSE	comprehensive sexuality education
CSO	Civil Society Organization
DHIS2	Digital Health Information Software 2
DIC	Drop-in centers
DMOC	Differentiated models of care
DNA	Diagnostic Network Assessment
DNO	Diagnostic network optimization
DoH	Department of Health
DR	Drug Resistant
DSD	Direct Service Delivery
DSP	District Service Partner
DTG	Dolutegravir
EAC	Enhanced Adherence Counselling
ECHO	Extension for Community Healthcare Outcomes
EFV	Efavirenz
EHR	Electronic Health Record
EID	Early infant diagnosis
EMR	Electronic Medical Records
ESM	Enhanced Site Management
EQA	External Quality Assurance
FAST	Funding Allocation to Strategy Tool

FCT	Federal Capital Territory
FBO	Faith-Based Organizations
FDC	Fixed Dose Combination
FSW	Female Sex Workers
FY	Fiscal Year
GoN	Government of Nigeria
G2G	Government to Government
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHSA	Global Health Security Agenda
HEI	HIV exposed infants
HIC	Health Information Center (housed by the Digital Health Unit)
HIV	Human Immunodeficiency Virus
HMIS	Health management information systems
HRH	Human Resources for Health
HRID	Human Resources Inventory Database
HRIS	Human Resources Information System
HROE	Human resources overseas employment
HSS	Health Systems Strengthening
HTS	HIV Testing Services
IAS	International AIDS Society
I-ACT	Integrated Access to Care and Treatment
ICASS	Internal Continuous Assessment
IP	Implementing Partner
IPC	Infection prevention and control
IPT	Isoniazid preventive treatment
IPV	Intimate partner violence
IQC	Internal quality control
ISHP	Integrated School Health Program
ITT	Interruptions in treatment

KP	Key Populations
LAM	Lipoarabinomannan Assay
LES	Locally Employed Staff
LF-LAM	lateral-flow urine lipoarabinomannan assay
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex people
LPV/r	Lopinavir/Ritonavir
M&E	Monitoring and evaluation
M&O	Management and operations
MDR	Multi-Drug Resistant
MMD	Multi-Month Dispensing
MNCH	Maternal, newborn and child health
M&O	Management and Operations
MOU	Memorandum of understanding
MPR	Minimum Program Requirements
MSM	Men who have sex with men
NACA	National Agency for the Control of AIDS
NASCAP	National AIDS and STI Control Program of Nigeria
NAIIS	Nigeria HIV/AIDS Indicator and Impact Survey
NASA	National AIDS Spending Assessment
NDR	National Data Repository
NEPWHAN	Network of People Living with HIV/AIDS in Nigeria
NGO	Non-Governmental Organization
NHLMIS	National Health Logistics Management Information System
NHRC	National Human Rights Commission
NISRN	National Integrated Sample Referral Network
NVP	Nevirapine
OGAC	Office of Global AIDS Coordinator
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PBFW	Pregnant and Breastfeeding Women
PCO	PEPFAR Coordination Office

pDTG	Pediatric Dolutegravir 10mg
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PEEP	Patient Education and Empowerment Project
PEP	Post exposure prophylaxis for HIV
PHC	Primary Health Centers
PICT	Provider Initiated Counseling and Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	HIV pre-exposure prophylaxis
PSC	Personal Service Contractor
PSS	Psychosocial support services
PT	Proficiency Testing
PWID	People Who Inject Drugs
POC	Point-Of-Care
PVC	Post Violence Care
QA	Quality assurance
RDQA	Routine Data Quality Assessment
SDS	Strategic Direction Summary
S/GAC	State/Global AIDS Coordinator
SI	Strategic Information
SID	Sustainability Index Dashboard
SIMS	Site Improvement Monitoring Systems
SNU	Sub-National Unit
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
SW	Sex Workers
TAT	Turn Around Time
TB	Tuberculosis
TG	Transgender
TLD	Tenofovir/Lamivudine/Dolutegravir fixed-dose combination (ARV)

TPT	Tuberculosis Preventive Therapy
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
U=U	Undetectable = Un transmittable
VL	Viral Load
WHO	World Health Organization

Vision, Goal Statement and Executive Summary of PEPFAR's investments and activities in support of the COP plan.

Over the last 20 years, the United States (U.S.) government through the President's Emergency Plan for AIDS Relief (PEPFAR) has worked collaboratively with the Government of Nigeria (GoN) to accelerate access to comprehensive, patient-centered HIV prevention, care, and treatment services. Today, over 1.9 million Nigerians living with HIV are accessing life-saving antiretroviral therapy (ART), indicating that Nigeria is making progress towards controlling the global HIV/AIDS pandemic. Nigeria has made incredible progress towards the UNAIDS 95-95-95 Fast-track targets *(defined as 95 percent of people with HIV know their HIV status, 95 percent of those with diagnosed HIV infection are accessing ART, and 95 percent of those receiving ART have achieved an undetectable viral load*); however, large numbers of new infections continue to be identified. A top priority in COP23 is to determine exactly how many people are on HIV treatment across each State and routinize the collection of client demographic and fingerprint biometrics at every clinic visit to better understand our progress towards sustained HIV/AIDS control in Nigeria.

In partnership with the GoN, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), civil society organizations (CSOs), bilateral and multilateral health development partners, the interagency PEPFAR Nigeria team has jointly developed a 2023-2025 Country Operational Plan (COP23/24), that is aligned with priorities outlined in the GoN's updated National HIV/AIDS Strategic Plan (2022-2026), the PEPFAR 5-year Strategy: "Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030," the Global Fund Grant Cycle 7 (GC7) proposal (2024-2026) and the National 2.0 Alignment Framework. This Framework was drafted by a multi-disciplinary task force, facilitated by the National Agency for the

Control of AIDS (NACA), to outline how the national program will be managed over the next three years and operationalize the transition of HIV services to States.

Nigeria's HIV response successes are a result of strong GoN leadership, extensive cooperation and coordination among key stakeholders including civil society, the Global Fund, and UNAIDS, under a single country-led vision, which is referred to as the "National Alignment." This Alignment, initiated in COP20 improved program synergies and resource efficiencies by establishing a guiding framework for collaboration that increased financial transparency among donors, mitigated duplication, and harmonized program standards. National Alignment 1.0 paved way for historical growth in Nigeria's treatment cohort, resulting in a standardized service delivery package for key populations and the establishment of a joint Prevention of Mother-to-Child Transmission of HIV (PMTCT)/Pediatric HIV incident command structure at State level to guide the expansion of GoN-supported PMTCT programs across the country. Alignment 1.0 leaned upon the voices and recommendations from communities to meet patients' needs and address discriminatory policies, gender-based violence, and other inequities that hinder access to quality care and human rights.

COP 23 will serve as the first year of Alignment 2.0 and the GC7 grant (2023-2026) and mark the first time two major donors have committed to aligned targets, budgets, and strategies with the national HIV program. In close collaboration with the GoN and key stakeholders, PEPFAR Nigeria is prioritizing getting the data right. To this end, the program will 1) conduct an extensive joint data quality assessment, 2) routinely recapture and validate fingerprint biometric at every clinic visit, starting now in FY23 Q2 and 3) triangulate all relevant data points including ARV consumption and the results of a single-state impact survey to be conducted in FY24. This approach will be the basis for a recalibration of Nigeria's progress towards 95-95-95 (See Figure 1).

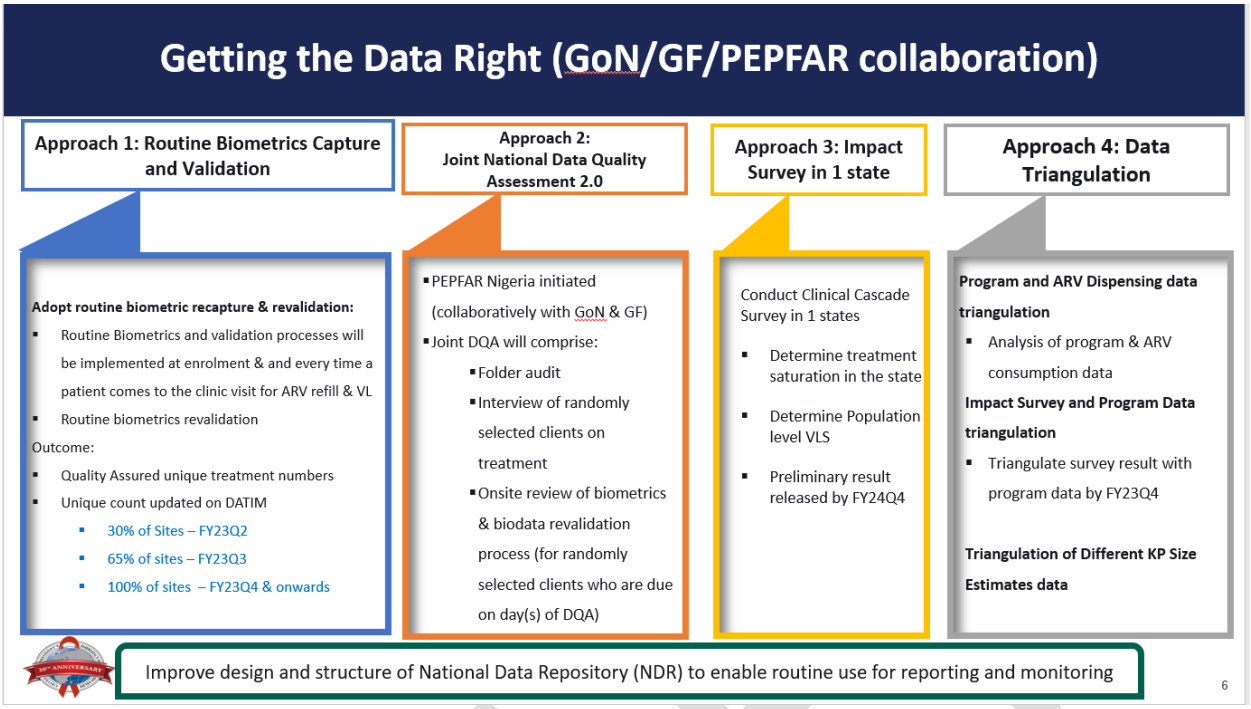


Figure 1: Top Priority for COP23 is Getting the Data Right

Additionally, PEPFAR has adjusted its targets, harmonized service delivery models and will be taking on KP services in nine States currently supported by the Global Fund to ensure one voice/one target/one national vision in facilities and communities. In COP 23, lessons learned will inform implementation of Alignment 2.0, with a renewed focus on 1) priority populations including pediatrics, youth, and key populations (KPs), 2) optimization of HIV resources through further reducing donor co-location, 3) programmatic and operational capacity building at State and community levels, 4) integration of currently siloed service delivery models, 5) technical assistance to government institutions to harmonize parallel structures with national and state and systems and 6) increased engagement with key stakeholders within the health and non-health sector response to advocate and increase domestic financing for health.

In this two-year COP, covering FY24/FY25, PEPFAR Nigeria will align with the HIV National Strategic Framework, merging the PEPFAR 5x3 priorities of adapting and scaling evidence-based interventions, to close treatment gaps among priority populations while fortifying State and National health systems for a sustainable and effective country managed HIV response.

In alignment with PEPFAR's 5x3 Strategic Framework, in COP 23 PEPFAR Nigeria will:

Pillar 1: Health Equity for Priority Populations: PEPFAR Nigeria will ensure equitable access to services for all, with a focus on priority populations including children (0-9), adolescent women and young people (AYP), as well as key populations (KP). Also see Figure 1.2. PEPFAR Nigeria will expand proven, impactful, evidence-based combination prevention interventions such as index testing and provision of HIV self-tests (HIVST) at the community level, pre-exposure prophylaxis (PrEP), and condoms, as well as new innovations such as engaging virtual platforms (e.g., social media and dating apps) to reach and generate demand of services for AYPs and KPs. The new LIFT initiative, which was developed in consultation with youth and KP led organizations, including (but not limited to) the Association of Positive Youth Living with HIV in Nigeria (APYIN) and African Network of Adolescents and Young Persons Development (ANAYD), will help address necessary reforms to the age of access/consent and ongoing CSO activities will continue to target advocacy against policies that target and criminalize key populations. PEPFAR Nigeria will support safe and comprehensive KP and AYP friendly services at one-stop shops (OSS) and incubation hubs respectively, while ensuring availability of innovative differentiated service delivery models to reach the most vulnerable. Furthermore, the program will improve psychosocial and mental health support for clients and health workers alike and optimize services for children of KPs. PEPFAR Nigeria will support implementation priorities identified in the GoN's Global Alliance to End AIDS in Children by 2030 strategy and leverage existing Accelerating Progress in Pediatric and PMTCT (AP3) structure to further close gaps in pediatric case finding.

Pillar 2: Sustaining the Response: Nigeria is at a pivotal political moment in time with a new administration and change of government taking place May 2023. To sustain the gains and ensure that HIV/AIDS remains at the forefront of the political spotlight, PEPFAR Nigeria under the leadership of the Chief of Mission will continue advocacy with the GoN and the incoming Tinubu Administration to commit additional national resources towards the 15 percent Abuja Declaration Accord (both in allocations and expenditures). The US government will seek opportunities to engage Governors and the Governor's Forum in dialogue around U.S. government foreign assistance investments in health and sustainable transition solutions across states. Through National Alignment 2.0, PEPFAR Nigeria will work with the GoN to develop a Sustainability Readiness Assessment Framework to evaluate State readiness for transition over the next two years without compromising the quality of services or creating a reversal of impact. Stakeholder engagement will be broadened to include comprehensive HIV services in state health insurance implementation and NPHIs leading HIV surveillance, which can help monitor metrics of reversal in response impact along the way.

Pillar 3: Public Health Systems and Security: PEPFAR Nigeria's service-delivery platform has proven to be critical not only for COVID-19 prevention, testing, clinical management, surveillance, and vaccine rollout, but for the detection of other emerging crises and diseases including Ebola, monkeypox and now Marburg. In COP 23, PEPFAR Nigeria will engage Nigeria's Center for Disease Control (NCDC) to conduct surveillance, detection and response of priority diseases including HIV, and ensure data systems within national public health infrastructures are interoperable and able to be leveraged for public health action. The diagnostic network review exercise will optimize volume distribution across GON's expanded laboratory network and ensure the National Integrated Specimen Referral Network (NiSRN) can continue to be used to transport samples effectively. To address gaps in Nigeria's health workforce, PEPFAR Nigeria will work with the GoN to develop a human resource for health (HRH) strategy to assess the qualifications, roles, and contributions of the 33,000 PEPFAR funded healthcare workers (HCWs) and identify how these critical functions of the HIV response can be integrated within Federal, State, and local HRH plans over time. Additionally, the GoN has expressed interest in regional manufacturing of HIV related health products and PEPFAR will continue to explore opportunities along with technical assistance that will increase GoN capacity across the supply chain system. Lastly, NDR will be redesigned to routinely report unique clients on treatment.

Pillar 4: Transformative Partnerships: The interagency PEPFAR team will seize every opportunity to diversify, coordinate and reinforce our partnerships with our sister donor agencies like GF, community stakeholders, including KP and Youth-led civil society organizations, and other Nigeria's institutions. In COP 23, PEPFAR Nigeria will propose new and/or enhanced partnerships with the Nigeria Centers for Disease Control, National and State Health Insurance Authorities and the Ministry of Finance. The added value of such renewed partnerships will enable us to design more innovative, ambitious, integrated, and impactful service delivery models that will be foundational for sustainability.

Pillar 5: Follow-the Science: COP 23 is grounded in data and follows the science — not only to optimize resources for the greatest impact, but to also improve patient outcomes. COP 23 will leverage data from an ongoing KP program review, existing KP size estimates and investments outlined in the HIV/TB Global Fund GC7 grant application to answer critical questions about service delivery needs and characteristics of key populations. Moreover, PEPFAR will continue its AFRICOS survey and conduct a one State impact survey, in collaboration with Alignment 2.0 partners, to better understand progress against the clinical

cascade, validate program data and respond to the GoN's request for a national survey to better understand Nigeria's progress in the HIV response. PEPFAR Nigeria will also continue recency (in accordance with the PEPFAR Scientific Advisory Board's current guidelines) and mortality surveillance to understand recent HIV infections, HIV related deaths and identify micro-epidemics where possible and/or plausible.

Critical Enablers: Community Leadership, Innovation & Leading with Data: Communities, beneficiaries and the contributions of people affected and living with HIV remain essential to Nigeria's current and future success. In COP 23, PEPFAR Nigeria will more intentionally engage KP and Youth-led communities/civil society networks in the design, implementation and monitoring of interventions, and innovations, to ensure continued access to high-quality, equitable, patient-centered HIV services and near-real time data to improve programming. Moreover, PEPFAR Nigeria will create funding opportunities designed to build organizational capacity at the state and community levels and implement new ideas aimed at addressing barriers to care. PEPFAR Nigeria is cognizant that the race towards 95-95-95 by 2025 cannot be achieved unilaterally, the interdependency of communities, donors, and the political leadership of the GoN, especially at the State level, will ensure that the strategies outlined in this two-year COP are realized.

Table 1.1 Epidemiological Profile

	Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	FY23 Total Population	FY24 PLHIV Estimate	FY24 HIV Prevalence	FY23 PLHIV Diagnosed	On ART	On ART Coverage	Viral Load Suppression	Tested for HIV	Diagnosed HIV Positive	Initiated on ART
Total Population	221,534,703	1,907,384	0.9%	194,158	1,969,370	115.8%	96.2%	10,892,450	306,748	307,166
Population <15	88,133,944	131,825	0.1%	16,822	56,823	42.1%	89.1%	869,688	9,412	9,453
Male <01	3,908,035	1,048	0.0%	92	112	2.1%	74.1%	1,080	50	176
Male 01-09	28,178,535	43,649	0.2%	6,144	14,705	33.9%	89.1%	253,340	2,882	2,865
Male 10-14	13,318,307	22,289	0.2%	2,437	13,477	63.9%	88.4%	161,302	1,609	1,478
Male 15-24	22,242,589	53,238	0.2%	9,497	64,196	90.4%	94.6%	836,412	20,067	18,645
Male 25+	45,545,226	587,716	1.3%	61,927	616,427	102.8%	96.7%	2,877,498	102,669	102,968
Female <01	3,693,346	1,020	0.0%	92	154	3.1%	93.8%	1,330	47	215
Female 01-09	26,557,359	42,347	0.2%	5,457	14,575	35.9%	90.0%	264,770	2,901	2,868
Female 10-14	12,478,362	21,472	0.2%	2,600	13,800	70.4%	88.9%	187,858	1,920	1,851
Female 15-24	20,954,510	94,645	0.5%	21,244	102,601	82.8%	94.6%	1,734,033	31,525	30,359
Female 25+	44,658,434	1,039,960	2.3%	84,668	1,129,323	146.4%	96.5%	4,574,325	143,078	145,740
FSW	BLANK	BLANK	BLANK	BLANK	132,123	BLANK	98.2%	524,225	27,805	28,242
MSM	BLANK	BLANK	BLANK	BLANK	102,838	BLANK	98.6%	338,329	19,188	20,159

	Epidemiologic Data				HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	FY23 Total Population	FY24 PLHIV Estimate	FY24 HIV Prevalence	FY23 PLHIV Diagnosed	On ART	On ART Coverage	Viral Load Suppression	Tested for HIV	Diagnosed HIV Positive	Initiated on ART
People in prisons and other enclosed settings	BLANK	BLANK	BLANK	BLANK	843	BLANK	98.8%	12,781	386	389
PWID	BLANK	BLANK	BLANK	BLANK	40,672	BLANK	98.6%	198,292	11,217	10,828
TG	BLANK	BLANK	BLANK	BLANK	2,772	BLANK	98.8%	12,035	644	668

Table 1.2 Current Status of ART Saturation

Prioritization Area (Planning Year)	Total PLHIV/% of all PLHIV for COP23	Percent to Total (FY24 PLHIV)	Current on ART (FY22)	# of SNU COP22 (FY23)	# of SNU COP23 (FY24)
Not Set	0	0.00%	55,600	3	1
Scale-Up: Saturation	394,968	20.71%	413,885	2	2
Scale-Up: Aggressive	330,081	17.31%	360,893	4	4
Sustained	1,182,335	61.99%	1,138,992	29	29
Total	**1,907,384**	**100.00%**	**1,969,370**	**38**	**36**

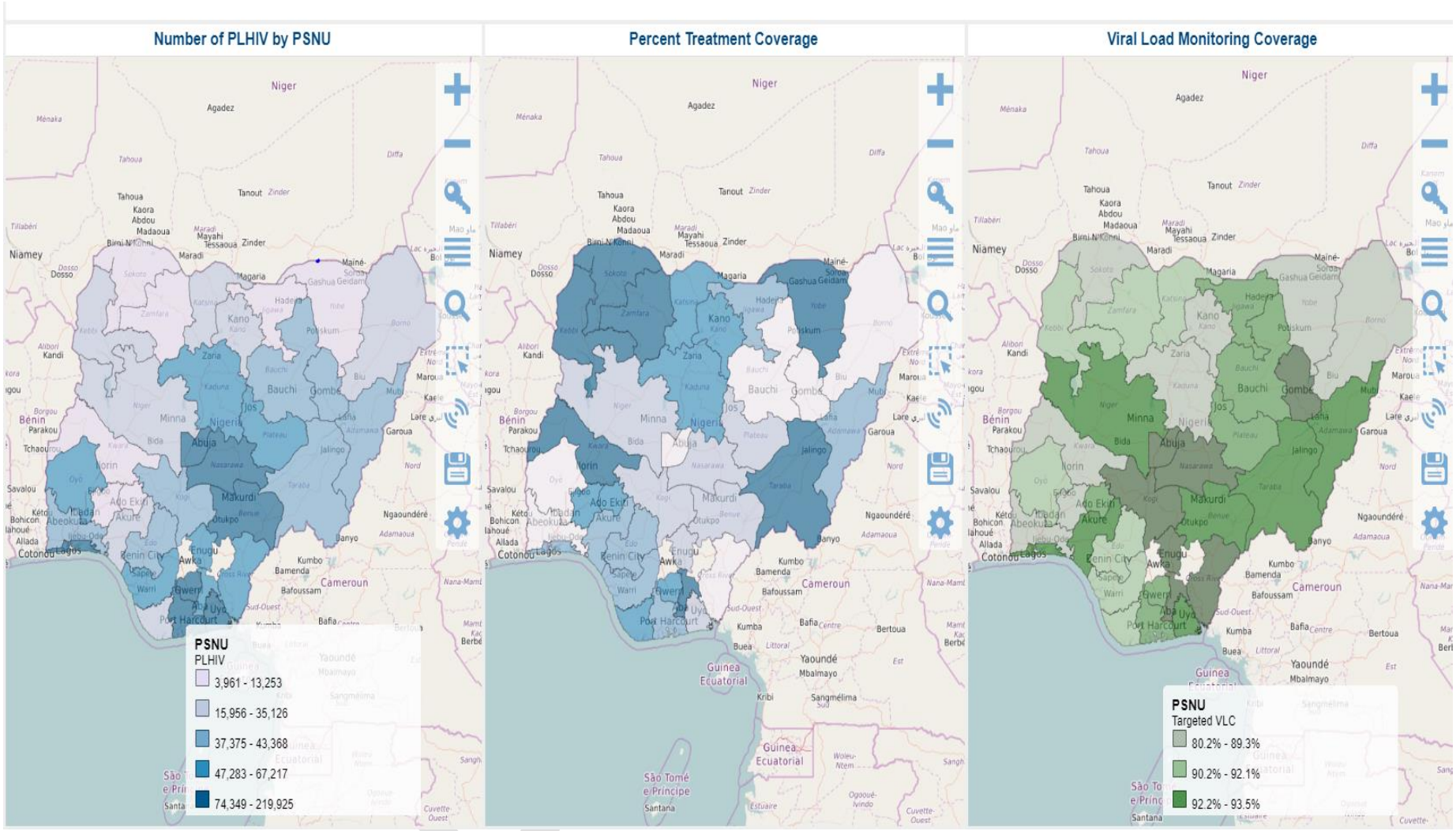


Figure 1.2 Maps comparing Number of PLHIV with treatment- and viral load- coverage.

Pillar 1: Health Equity for Priority Populations

Recognizing existing data gaps, data quality is a top priority for PEPFAR Nigeria to adequately close the gaps in priority populations, hence the planned GoN/GF/PEPFAR collaboration in getting the data right.

Plan to close gaps in the pediatric cascade.

Accurate data needed to understand pediatric gaps remains a significant challenge. According to SPECTRUM 2023 PLHIV estimates, pediatric coverage among children <15 stands at 41.2%, while current case-finding strategies and program data seem to suggest a different story in terms of the national gap. To ensure that the pediatric program is effectively targeting age bands still lagging, COP 23 will prioritize data quality assessments including the routine capturing of client fingerprints to ensure that accurate data is available to mitigate any missed opportunity to reach and initiate an undiagnosed child living with HIV with lifesaving treatment.

PEPFAR Nigeria will leverage successes achieved through Accelerating Progress in Pediatric and PMTCT (AP3) and play an active role in the drive to eliminate HIV/AIDS as a public health concern for children and adolescents. This will be achieved by serving as a partner of the Global Alliance to end AIDS in Children, with the ultimate goal of accomplishing this feat by 2030. Remarkably, the implementation of AP3 in recent quarters has yielded noteworthy advancements in achieving viral load suppression in children from 85% in FY22 Q1 to 90% in FY23 Q1.

PEPFAR Nigeria will intensify efforts aimed at closing treatment gaps among pediatric populations by optimizing the coverage of high yielding facility and community index testing approaches including the offering of index testing services to children of previously identified HIV positive adults whose children are yet to be reached with HTS services and increase case-find efforts among children of high risk KPs. Through a case management approach, PEPFAR Nigeria will support pediatric index testing service providers to generate genealogy line list to close the gap of PLHIVs whose HIV positive children are yet to be identified. Differentiated ART service delivery (DSD) approaches will be scaled up and complemented with self-care approaches for older adolescents and patient literacy programs which will be expanded to include literacy for care providers of children living with HIV. Age appropriate multi month scripting and dispensing, U=U messaging, age-appropriate disclosure and family centered approaches will also be prioritized imperative to improve client convenience, adherence and overall treatment outcomes for children and adolescents. PEPFAR Nigeria will also strengthen treatment-

laboratory collaborations to expedite VL estimation for children living with HIV, ultimately improving the quality of care they receive.

Plan for AYP including AGYW services.

Despite progress made in the overall HIV response, approximately 50% of 10–19-year-olds living with HIV are not on HIV treatment. Adolescent and young persons (AYP) including Adolescent girls and young woman, adolescent boys and young men aged between 10-14 years will be prioritized for HIV treatment services and combined prevention approaches. Comprehensive HIV package of services will be coordinated and leveraged across different thematic areas, specifically Orphans and vulnerable children (OVC), PrEP, HIV testing, Care and treatment and Gender Based Violence (GBV) programs.

Strategic interventions will take into consideration structural, behavioral, and biomedical components. In collaboration with AYP and KP led organizations (APYIN, ANAYD, NYNETHA, Youth RISE and the Key Secretariat and constituent members organizations), PEPFAR Nigeria will work through PEPFAR small grants and sub-awards with comprehensive HIV service implementing partners to develop virtual online programs to reach new AYPs in their diversities using social media, platforms, influencers, and hubs as mobilization channels to PEPFAR and Global funded supported facilities, adolescent friendly centers and incubation hubs. The leveraging of untapped virtual networks is expected to generate demand for services among AYP and KPs and provide a new service delivery point for referrals, linkages to non-HIV and other wraparound services such as grievance and redress systems to address violations and abuses. Through the Henry Jackson Foundation (HJF), approved LIFT central funding will be directed to a consortium of youth and KP led organizations to support advocacy, convening and mobilization efforts to address age of access barriers.

In COP 23, the OVC program will prioritize enrolment of high-risk adolescent boys and girls for effective case management approaches using adolescent friendly centers and incubation hubs during community level activities. Additionally, PEPFAR will leverage OVC platforms to provide sexual violence prevention to adolescents. In alignment with GON AYP strategies and the Generation Negative (GEN N) focus of the GON, the OVC program will support HIV case finding activities among the AYP using their robust community presence and with a focus on adolescents and caregivers (young people) who are within the age range of 18-24 years.

The AYP program will strategically enhance its partnership with the youth networks, relevant stakeholders and caregivers of adolescents and young persons to inform strategy design and increase

utilization of the Operation Triple Zero (OTZ) interventions to improve AYP living with HIV continuity in treatment. The OVC program will prioritize market driven economic strengthening and livelihood interventions including skill acquisition support for adolescents and young people in this COP year. The program will leverage on the Global Fund supported Community Led Monitoring (CLM) activities across 36+1 states to ensure AYP led participation in monitoring, providing feedback and recommendations for improvement in these planned interventions and activities.

Virtual Spaces Intervention for AYPs

Youths make up a significant proportion of the more than 32.9million Nigerians reported to be active users of social media platforms. With these numbers and the increasing tendency of young people to use these platforms for socializing, meeting new people and negotiating sexual encounters, Youth-led CSOs in the country have identified a gap with the lack of structured HIV messaging and interventions on these platforms. They highlighted the need to prioritize these spaces in the on-going efforts increase program reach amongst the 15-24 years age groups and to use this space to engage with youth people for HIV knowledge dissemination, case-finding and driving access to other related services.

In response, PEPFAR Nigeria program will implement innovative AYP-led and KP-led Virtual Space targeted interventions to reach peers where they congregate, increase demand, and facilitate access to HIV services among AYP and KP peers. This intervention will seek to bridge the access gap amongst AYP for HIV services by supporting and strengthening the capacity of KP and AYP organizations to develop and deliver targeted messages and referral portals to local HIV services that will be integrated across SNS. Strategic interventions which take into consideration structural, behavioral, and biomedical components will be implemented through the AYP virtual spaces.

In collaboration with AYP- and KP -led organizations, PEPFAR Nigeria program will reach new AYPs in their diversities using social media, platforms, influencers as mobilization channels to PEPFAR and Global Fund supported facilities such as adolescent-friendly centers and incubation hubs; which are nontraditional safe spaces where young people meet physically to access a litany of services ranging from health care services (PrEP, mental health counselling, HTS, STI management, ART, etc.) to other wraparound services such as grievance and redress systems to address violations and abuses.

Through the DoD HJF mechanism, Youth and KP-led organizations will receive direct funding to set-up bridges and feedback referral systems between the Virtual Spaces and the existing physical service

delivery points. All PEPFAR agencies will work together in collaboration with these organizations to develop the appropriate engagement strategies, content and messaging that will be disseminated by the community-led Virtual space intervention.

Plan for KP services.

As we reach the last mile of HIV epidemic control, Key populations continue to have a disproportionately high rate of recent infections. Effective case finding and client-centered comprehensive services delivered in safe spaces in a non-discriminatory manner remain a high priority. Hand in glove with community advocates, the program will continue to ensure the provision of standardized package of services in alignment with the National consolidated key population HIV and STI service delivery guidelines (2021). This will ensure the scope and scale of the differentiated services meet the unique needs of key populations, their partners, and children of key populations in their diversities. The implementation of these services will include strengthening the current models of using community One Stop Shop (OSS) safe spaces with a tailored package of services for children of KPs, operated by community members; community outreach models and establish public facility modelling of competent KP services to expand the reach and scale of services for KP in their diversities.

Based on the national alignment arrangements Global Fund will transfer nine states to PEPFAR to support the implementation of end-to-end services for key populations. These states are Oyo, Edo, Kano, Taraba, Kaduna, Abia, Imo, Enugu, and Plateau states. In addition, the Global Fund will continue to support commodities for the provision of harm reduction services for clients who use drugs in the four states namely, Lagos, Rivers, Cross rivers and Akwa Ibom. PEPFAR will be expected to support all costs associated with service delivery and program implementation. The team will work closely with bilateral donors' agencies, NACA and FMOH to support the National Correctional Services (NCS) in the integration of HIV services into existing models of health services provided to person within custodial centers including personnel coordinating inmate activities within these settings. Critical to successful implementation will be joint coordination, site visits, data reviews and establishment of learning platforms between PEPFAR, Global Fund, other UN systems and GON-NACA, MOH HIV/AIDS Division; FMOH-Harm reduction department; NDLEA, National Human Rights Commission amongst other key stakeholders.

To maximize innovation and ensure that services are tailored to meet the unique needs of KPs, COP 23 will prioritize support for capacity strengthening of KP-led organizations and help them access funding to

design, implement and coordinate HIV programs with and for community members. The program will also support them to leverage Global Fund investments through the Community Led Monitoring (CLM), Gender and Human Rights (GHR) programs nationally to ensure that program beneficiaries can share experiences to improve packages of services, expand innovative models of differentiated service delivery, and support grievance and redress mechanisms to address issues of violations and abuses. The program will continue to ensure that implementing partners and centers providing services maintain the competency required to provide KP responsive, trusted and mutually respectful services through annual competency assessments which will be mandatory for all implementing partners including community-based and KP-led organizations.

Plan to address Stigma, Discrimination, Human Rights, and structural barriers.

According to the 2021 Stigma Index Survey[1] of 1,240 PLHIV in Nigeria, the experience of stigma and discrimination remains quite common, with almost a quarter (24.6%) of those surveyed reported to have experienced stigma and discrimination in the last 12 months (though variations were reported across geo-political areas with 37.5% in the North-East region, 33.3% in the North-Central and 14.4% in the North-West; being the lowest). The experience of HIV-related stigma and discrimination appears to be aggravated by other vulnerabilities especially with regards to key population communities whose activities are criminalized by law and social edicts. MSMs reported a higher experience at 30.9%, while PWUD reported about 26.3% and FSWs just around the average.

The Government of Nigeria provides a conducive legal framework to support the fair treatment of PLHIV through such laws as the HIV/AIDS Anti-Discrimination Act (2014)[2] and policy guidance like the National HIV/AIDS Stigma Reduction Strategy, (2016)[3] and the Patient Bill of Rights, (2018)[4]Based on the findings of the 2021 Community-Led Monitoring assessment Unfortunately, most PLHIV in Nigeria have very limited knowledge about the existence of these laws (about 72% of the clients of HIV treatment facilities and One-Stop Shops surveyed were not aware of the existence of the PBoR, half of those who were aware did not know it's provisions and 61% did not know that the rights can be used to challenge violations).

The multi-dimensional experience stigma, discrimination and other forms of social and human rights infringements on PLHIV and key populations, has informed the development and rollout of a national

[1] NEPWHAN (2021), "The PLHIV Stigma Index Survey 2.0".
[2] Federal Republic of Nigeria (2014). The HIV and AIDS (Anti-Discrimination) Act 2014
[3] National Agency for the Control of AIDS (2016). National HIV/AIDS Stigma Reduction Strategy, (2016)
[4] Federal Government of Nigeria (2018). Patient Bill of Rights (PBoR), 2018

PLHIV literacy program by the PEPFAR country team in collaboration with the National Network of People Living with HIV in Nigeria (NEPWHAN), the National Human Rights Commission (NHRC), the National AIDS Control Agency (NACA), the National AIDS and STI Control Program (NASCP) of the Federal Ministry of Health and UNAIDS. This program, the Patient Education and Empowerment Program (PEEP), launched in April 2021, has led to the development a health and human rights literacy curriculum which is being disseminated on an on-going basis through NEWPHAN, to PLHIV across the 36+1 states of the country and has also been articulated into the network's priority interventions under the Global Fund program as part of the Community systems strengthening and Gender and Human Rights plan. As it continues to be rolled out with funding support from PEPFAR, GF and UNAIDS, the program will be moving forward with the set-up of a community-led grievance redress and report system that will receive and track the process of redress of human rights and gender-related violations PLHIV, key populations and other community members.

Given similar challenges faced by key populations in the country, PEPFAR will seek to engage with the Key Population Secretariat, to mobilize a similar intervention aimed to improve the knowledge of community members about their legal rights and proactive measures to adopt in other to mitigate the issues of unwarranted arrests and intimidation by law enforcement agents especially as these cases become increasingly more frequent.

These programs will ensure that PLHIV and key population community leaders, members and service providers can continue to provide life-saving HIV services, in an environment that will be conducive to program beneficiaries and help the country to close the remaining program gaps in the efforts to reach the UNAIDS 95-95-95 targets by 2025.

Community leaders at the PEPFAR/Civil Society meeting in January 2023, recognized the need to engage the media in helping to shape public knowledge and attitudes about HIV. They deliberated on the fact that several misconceptions about HIV continue to fuel public perception and the ill treatment meted out to PLHIV and other at-risk populations. They recognized the need to update public knowledge about HIV especially as it appears that current public perceptions do not reflect the advances that have been made in HIV treatment in the last 20 years, and many people do not yet appreciate the fact that HIV is no longer considered a "death-sentence", because anti-retroviral treatment is not only much more available today, it has become also safe and easier to use. Their recommendation for actors in the national HIV response to engage more with others outside of the space, particularly in the media; will be explored as part of PEPFAR's CSO engagement plans in COP23 with the aims of facilitating the needed

updates in public knowledge about HIV and by doing so mitigate so of the negative social attitudes and behavior towards PLHIV.

HIV testing plan that closes gaps, promotes equity, prioritizes public health approaches, and assures appropriate linkage to treatment and prevention services.

The country program plans to implement a strategic and dynamic mix of community and facility strategies that will address the pending gaps across all the different sub-populations and geographic locations (See Figure 2 and 3). The HTS program will deploy strategically tailored approaches for case-finding to identify difficult to reach persons by age bands and by geographic prioritization high burden areas.

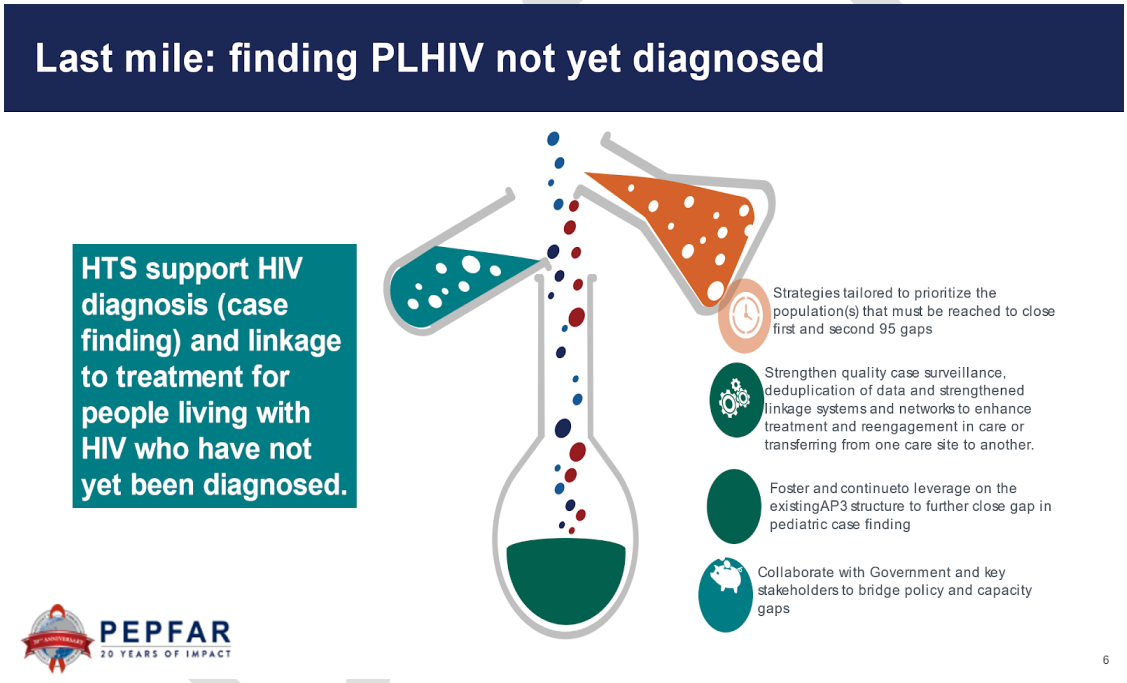


Figure 2: The Last Mile: Finding PLHIV who are not yet diagnosed.

This will be implemented with a strong focus on pediatrics, adolescents, and young people (AYP), partners of pregnant women and key population community to ensure that all sub-populations and SNUs reach epidemic control in FY25.

The over-arching HIV case finding strategies across the different SNUs, geographies and age-bands will be tailored for appropriateness dependent on HIV treatment coverage status. HIV case finding strategies

will be stratified by age bands for pediatric and adolescent surge and will be grouped based on treatment coverage <69%, 70-94%, and >95%. Key among the pediatric testing approaches will be AP3 strategy, genealogy testing, PMTCT – EID POC testing, testing in congregational setting of the parent/child pairs, PITC, multi – point testing, and HIV service integration. To increase testing amongst the pediatrics, EID will be strengthened and refocused at post-natal clinics, immunization clinics, and pediatric outpatients' clinics to prevent morbidity and mortality due to HIV at an early age.

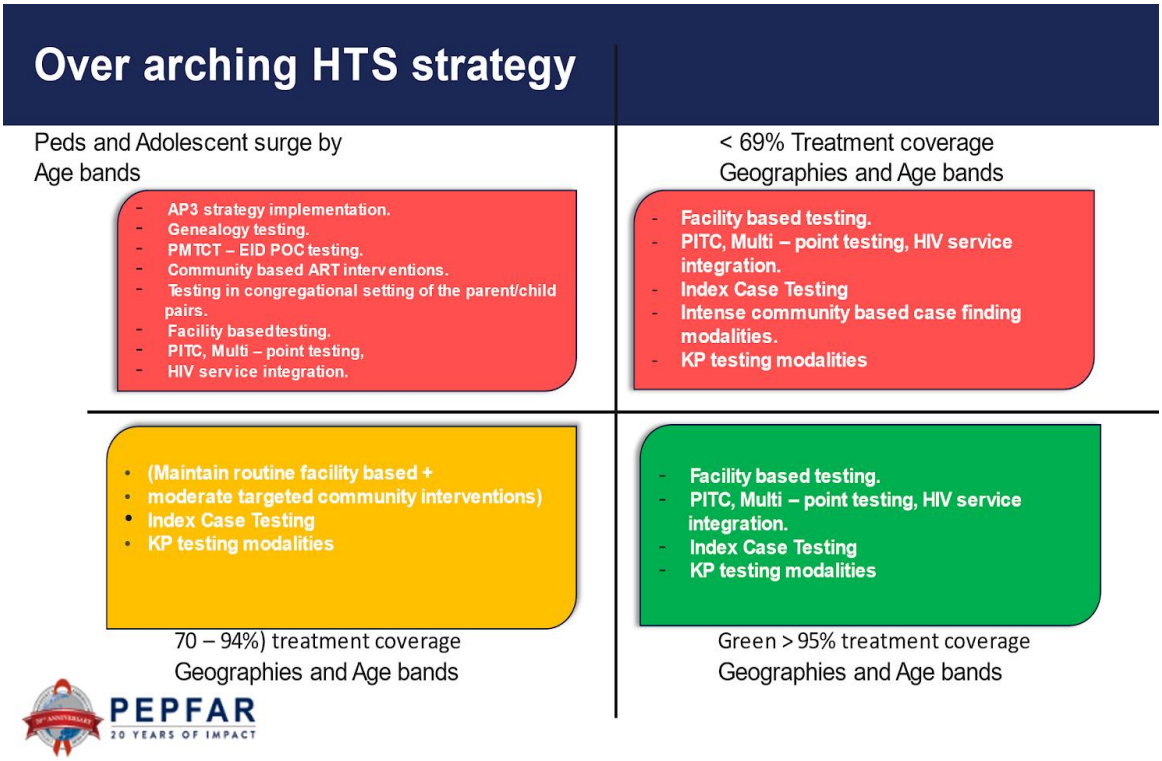


Figure 3: Overarching HTS Strategy in Nigeria in COP23

Facility-based testing will focus on optimizing high yielding modalities such as provider-initiated testing and counseling (PITC), in-patient and community modalities. The program will apply lessons learned from COP22 to revise, the HIV risk stratification screening tool for adults, pediatrics, and adolescents from a screen-out to a screen-in tool which is validated to adequately include all eligible persons exposed to the risk of HIV infection. The capacity of providers to correctly administer the risk stratification tool will be improved through training, to ensure that there is a corresponding increase in the number screen-in of positives identified.

PEPFAR Nigeria will also continue to support implementation of safe and ethical index testing with fidelity across all geographical areas as an important case finding strategy. For A/CLHIV, genealogy testing will be offered to 100% of newly identified A/CLHIV. In COP23, the program will ensure that all biological children (<19 years of age) of a parent diagnosed with HIV are offered safe and ethical index testing if the biological child/adolescent has not had a documented final HIV test (i.e., known positive or known negative), or has ongoing risk exposure. All biological children of men living with HIV will be offered index testing services if the biological mothers' HIV status is HIV-positive, unknown, or unable to be obtained. This will be done for children of women with an unknown HIV status or for those who died with an unknown status. The program will offer index testing to biological children of KPs including female sex workers, persons who inject drugs, and MSM living with HIV who may require specialized approaches to reach in a safe and ethical manner. To bridge testing gaps, the program will intensify use of care giver assisted HIV oral self-testing to reach and screen children of the index clients at home.

Index clients with hard-to-reach partners will be offered HIV Self-test kits after screening out for IPV. Assisted and unassisted approaches will be utilized for HIV Self testing targeting pediatrics, adolescents, and young persons and KPs who are currently being missed by the program (See Figure 4). Adverse events will be monitored closely using monitoring tools and survivors linked to appropriate services. Similarly, integrated health messaging and services will be provided to address disclosure, stigma related issues and support anonymous testing of partners.

Figure 4: Areas of HIV Self-testing to be Expanded in COP23.

The Nigeria HTS program will utilize a menu of HIV testing modalities and strategies (e.g., safe, and ethical index testing, HIVST, Recency testing, social network strategy (SNS), PITC, peer-led testing demand creation, including virtual spaces (including HIVST) to reach adolescents and young people. The social network testing strategy will be intensified to reach HIV positive and high-risk HIV negative individuals as an effective case finding approach amongst AYPs and KPs. The program will optimize the use of a validated age specific "screen-in" risk assessment tool, to identify eligible AYPs at OPDs and communities for HIV testing services. Strengthen linkage of both HIV positive and negative individuals to both treatment and prevention services respectively.

For community testing, using programmatic data triangulation strategic and integrated community testing activities will target key population groups, priority populations like high-risk men, at-risk adolescents, and young women to guide case-finding at the community (See Figure 5). PSNUs and age band 15-20 years with observed high positivity rates will be prioritized for targeted testing and supported with accompanied referrals to treatment. Same day ART initiation for those who test positive will continue to be optimized.

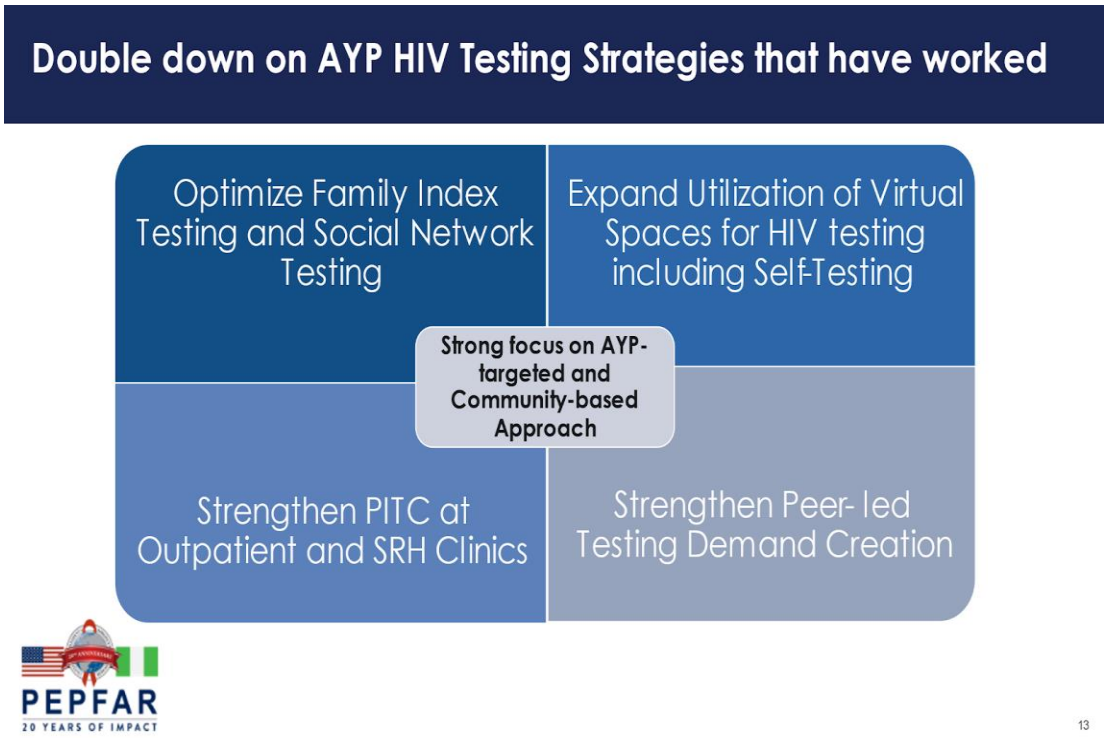


Figure 5: Different HIV testing Strategies with a Strong Focus on AYP-targeted and Community-based approaches.

The program will implement a status-neutral approach to HIV services for populations with elevated rates of HIV acquisition (See Figure 6 and 7). A status-neutral approach means that all people are directly linked to services appropriate to their health needs (notably prevention or ART services) regardless of HIV status.

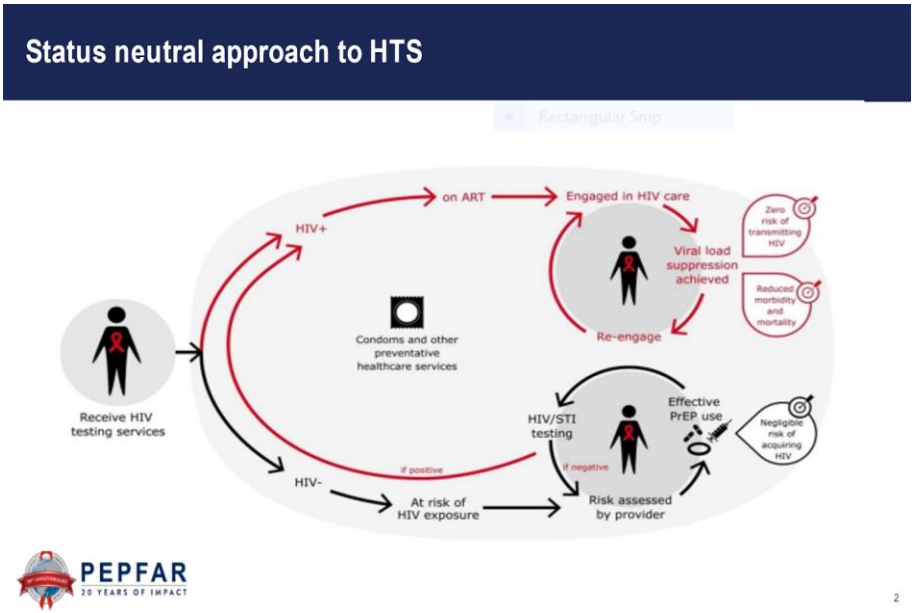


Figure 6: Status Neutral Approach to HIV Testing Services

Reduction of barriers also includes proactive integration with facility-based services that are not conditional upon accepting HTS, develop HTS context-specific metrics for case finding, reengagement, and prevention to mitigate HIV transmission and HIV associated morbidity and mortality, expand HTS access to individuals who may not otherwise test and to individuals who are at ongoing risk (e.g., adolescent girls and young women, key populations, and men) and HIVST can be used as a screening tool at facilities.

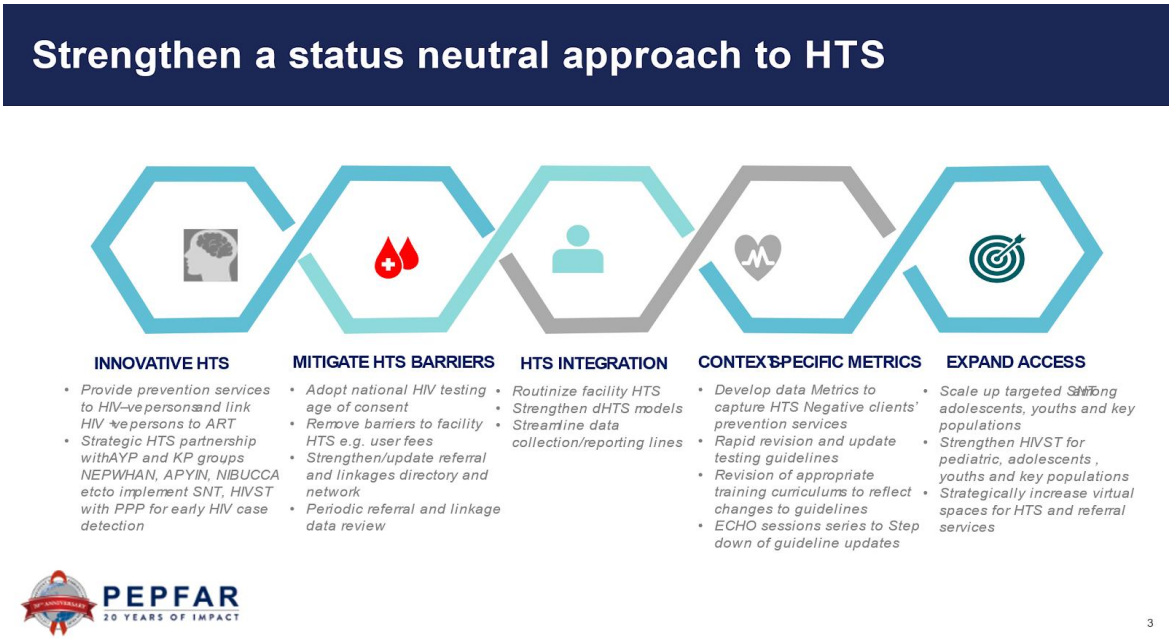


Figure 7: Strengthening a Status Neutral Approach to HTS.

Quality of interventions across all SNUs will be maintained and supported through the Enhanced Site Management (ESM) program. We will sustain the high quality of testing across SNUs and modalities by strengthening HIV Rapid Testing Continuous Quality Improvement (RTCQI) implementation while also maintaining the implementation of HIV Retesting for verification of positives prior to initiation on ARTPEPFAR Nigeria also will work in consultation with civil society through the CLM mechanism to continuously conduct assessment of partner facilities to ensure adherence with the WHO 5Cs (consent, confidentiality, counselling, correct results, and connection) using the tool developed by OGAC technical teams. Additionally, all minimum standards set by the S/GAC such as ensuring providers are trained on index testing procedures including human rights, ethics, gender issues especially IPV screening, provision of first line services for IPV etc., will be put in place as services are being scaled up. An actionable and time bound remediation plan will be set up for sites that do not meet the minimum testing minimum standard.

Prevention plan that promotes equity, especially advancing access to PrEP

The provision of PrEP will be prioritized for key populations, adolescent and young persons and their partners accessing services across supported facilities. Service delivery entry points will include, OSS, youth-friendly technology incubation centers and leverage community outreach and social network testing through recruited HIV and STI-positive index clients, and virtual online platforms to reach clients

with information and facilitate active linkages to services. Furthermore, in COP 23, PrEP services will be provided to HIV positive partners of index clients and HIV negative pregnant and breastfeeding mothers with partners of unknown HIV status; The KP program will continue to scale up the implementation of ED-PrEP with high risk negative MSM who are eligible, in addition to the daily oral PrEP for other KP diversities and their partners. I In addition, the program will leverage on Global Fund to access injectable PrEP options for priority clients such as KPs and AYPs in designated sites and states.

Other Priority Populations

Pregnant and Breast-Feeding Women.

Considering low antenatal care (ANC) and facility delivery rates in Nigeria, PEPFAR Nigeria has committed to scaling up PMTCT coverage by targeting non-conventional service delivery points where pregnant women seek care and delivery. PEPFAR Nigeria will work closely with faith and traditional leaders and their communities for the scale-up of PMTCT services in support of the Global Alliance action plan towards mobilization to provide access to antenatal care and PMTCT services for women who do not receive antenatal care usually due to socio-cultural reasons.

In the community, PMTCT strategies will be improved to ensure optimal EID testing and HTS for exposed children aged 0-4 years, with HTS provided within the PMTCT and ANC settings as a minimum standard. PEPFAR Nigeria will continue to work collaboratively with the GoN and CSOs to support the Mentor Mothers' program, aimed at improving continuity of care for pregnant and breastfeeding women and scale various community PMTCT (cPMTCT) models such as the Faith-Based/Congregational approach, (TBAs), and Mother Love Parties while leveraging commodities procured by the GoN for community HTS PMTCT activities, optimizing clinical outcomes for both mother and baby.

Orphans and Vulnerable Children

OVC service delivery package will be consistent with the harmonized case management approach as outlined in the integrated case management package, National OVC Service Standards and guided by the OVC National Priority Agenda. Children will receive differentiated service delivery, need-based and age-appropriate family centered and child focused interventions. These services will include support to access healthcare; HIV testing services; linkages to treatment and adherence support for HIV positive children; nutrition assessments and counselling; caregiver and community capacity-building for parenting, early childhood development, and child protection; household economic strengthening.

The program will work with the AYP communities to provide HIV/AIDS prevention services such as HIV combination prevention interventions including Pre-Exposure Prophylaxis for AYP especially Adolescent Girls and Young Women (AGYW), prevention messages for adolescent girls and young women attending Operational Triple Zero (OTZ). The AGYW will be supported to attend school regularly, retained in school and transition from one class to another. OVC preventive models will be implemented in high-risk communities and will focus on sexual and gender-based violence prevention among adolescent boys and girls.

The OVC program will contribute to community level HIV case finding activities and help address linkage gaps and improve viral load suppression among children and adolescents living with HIV. The enrolment CLHIV, children of adults living with HIV (CPLHIV, including HIV Exposed Infants), children of key populations (CKP), survivors of violence against children (SVAC) and high-risk adolescents' boys and girls will be prioritized.

The program will enhance strategic collaboration with the Child Development Unit of the FMWA at the national level, as well as respective State Ministry Units coordinating OVC program and the social welfare unit at each of the LGAs for sustainability and ownership. PEPFAR will support the Implementing Partners to prioritize private sector engagement and leverage on the opportunity that exist within the government and private sectors to fund and implement programs for vulnerable women and children. PEPFAR will provide support for sustainability planning, budget advocacy and monitoring with GON and in collaboration with OVC service delivery partners to support transitioning and increase GON investments in the sector. The program will also support the state to prioritize registration of HIV infected and affected households on the National Social Safety Nets Coordinating Office (NASSCO) and respective so they can benefit from various opportunities existing for the vulnerable households.

The program will engage with ongoing efforts by the GON to streamline the role of community case workers, CHEWs and CHIPs and streamline their roles to ensure they have the capacity to provide services across other health service delivery areas and social welfare services (including the referrals to other required services, where available). To improve coordination and program supervision by the Ministry of Women's Affairs and Social Development is low, especially at the state and LGA levels, the program will advocate for workforce development and build capacity to prevent and respond to violence against children. Implementing partners will also work with community-based organizations to strengthen case management as the gateway to high quality services.

Pillar 2: Sustaining the Response

Nigeria initiated a national alignment of stakeholder's efforts in the HIV response in 2020. The overarching vision was aimed at addressing the coordination challenges of parallel programming, differences in service delivery packages, duplications of effort and high transaction costs and was programmatically focused on achieving the UNAIDS 90-90-90 targets by 2023.

By the start of the 2022 program implementation period, the success of this alignment (Alignment 1.0) had become clear in the massive growth in HIV treatment coverage[5] as part of the PEPFAR program Surge, and the success of the country in continuing to expand treatment coverage at the height of the interruptions caused by the COVID-19 pandemic during the same period[6].

Other areas of success recognized as an outcome of the alignment have been in the areas of resource efficiency, as evidenced by the pooled resource allocation for commodities, improved engagement and collaboration with Government and the private sector (with the launch of the National HIV Trust Fund)[7] and increased transparency in resource utilization. See Figure 8.

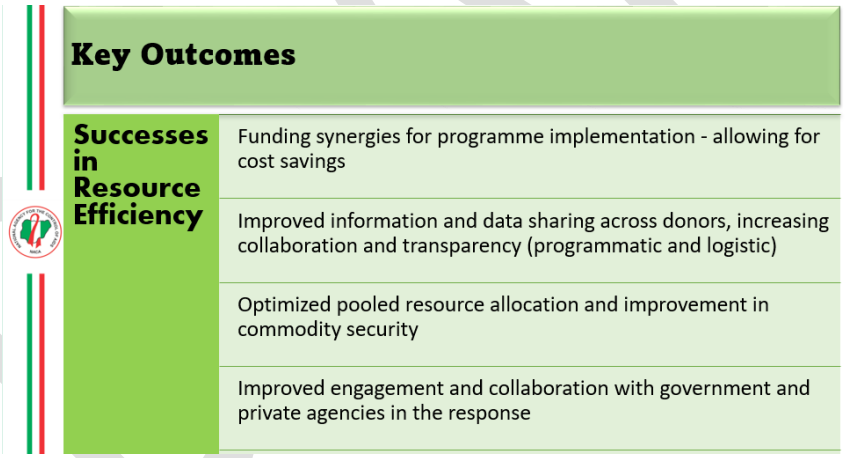


Figure 8: Key Outcomes and Successes in Resource Efficiency

Continuing the alignment process, now under a new Global Fund program cycle (Grant Concept 7) and the PEPFAR COP2023/2023 two-year planning cycle and the Nigerian Government new National

[5] UNAIDS, (2021). Nigeria Country Facts Sheet
[6] Boyd, et. al (2021), Expanding access to HIV services during the COVID-19 pandemic-Nigeria, 2020
[7] The HIV Trust Fund of Nigeria (2022). Homepage

Strategic Plan for HIV (NSP 2022-2026), stakeholders agreed to consolidate on the success of the ART Surge to close the remaining program gaps by addressing inequities and focusing on the sub-populations for whom program outcomes continue to lag; children, pregnant and breastfeeding mothers, adolescents and young people (with particular focus on adolescent girls and young women) and key populations.

Stakeholders at the Alignment 2.0 planning meeting which was hosted by the Global Fund in Geneva at the end of January 2023, agreed on the vision to *"empower state and federal government and civil society structures to lead and manage the national HIV response while sustaining the gains of Alignment 1.0, reducing duplication and aiming for better integration".*[8]

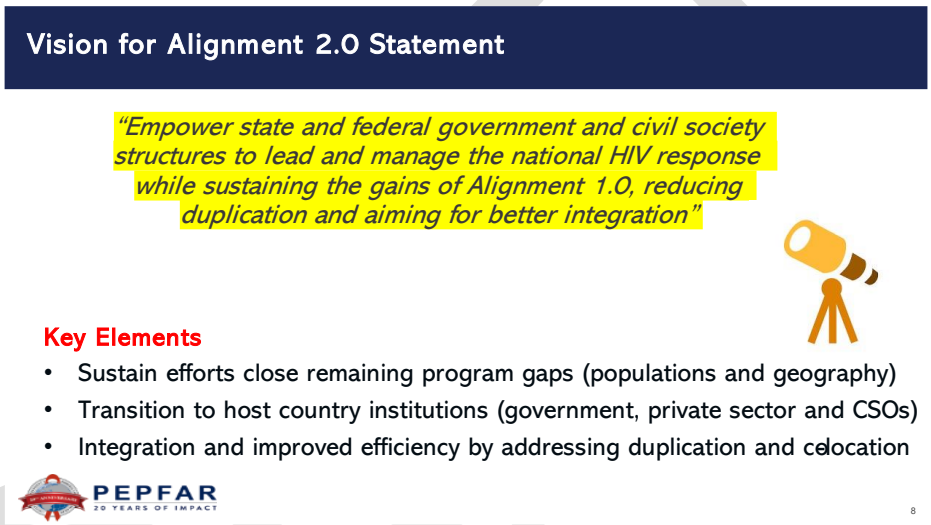


Figure 9: Vision for Alignment 2.0 Statement

A stakeholder taskforce with representation from NACA, NASCP, NEPWHAN, UNAIDS, WHO, GF and PEPFAR was the given the responsibility of articulating this proposed "new business model" into a document that will guide the GC7 and COP23 planning process to ensure that both plans are aligned with the alignment 2.0 vision statement (See Figure 9). At this point, the taskforce has so far agreed on the following guiding principles.

[88] NACA (2023). New Business Model

1. The need to ensure that there is appropriate representation of national and sub-national Government Ministries, Departments and Agencies and civil society who have interest and responsibility for ensuring the sustainable delivery of HIV services.
2. The importance of developing a National Sustainability Readiness Assessment Framework to guide the phased selection of states for transitioning the Implementing Partner-led Direct Service Delivery model to a Technical Assistance model within the next 2-4years.
3. Stakeholders also agreed that to mitigate any risk of "impact reversal" in the programmatic gains already made by the national HIV program, the transition process in phases will proceed in phases, which will be determined by the outcomes of the baseline and subsequently periodic impact readiness assessment of States Governments and other host country institutions. Some preliminary timelines have been laid out in the Table 2.

Table 2: Alignment 2.0 Horizon (2023 - 2030)

Phase	**Period**	**Vision Statement for each Phase**
Alignment 1.0	2023	Expand ART coverage to scale. Sustainability readiness Criteria development, assessment, and development of transition framework/plan.
Alignment 2.0	2024 to 2026	Continued expansion of ART coverage to scale through comprehensive HIV services delivery. Elimination of duplication/partner co-location Aim for program harmonization & integration. TA support to Federal and state level structures by IPs/PRs/SRs. Empowerment and eventual responsibilities transition to Federal, state government, Private and community structures
Alignment 2.0 Phase 2	2027 to 2029	Up to scale ART service delivery through comprehensive HIV service maintenance. Continuous Evaluation and support with required TA. TA support to state level structures by IPs/PRs/SRs. Complete the Empowerment and eventual transition to state structures. Continuous Evaluation and support with required TA.

PEPFAR Nigeria will continue to work towards the development of a unified transition to a state managed HIV response, in line with the National framework, as part of the sustainability road map. Other "above-site" considerations focus on critical legacy investments that have help to deliver world-class systems for:

1. A National Integrated Supply Chain System (with going investments in warehousing, commodity distribution from warehouse to facility and a National Health Logistics Management Information system to oversee activities),
2. A national integrated laboratory system (with high-grade reference laboratories and a National integrated sample transport system) as well as
3. A national data repository (NDR) to facilitate patient-monitoring and follow-up.
4. A national integrated sample referral network to coordinate transfer of program samples from facility to testing laboratories.

The multistakeholder Alignment 2.0 taskforce will focus, in the coming months on determining feasible and appropriate sustainability pathways and roadmap for the service delivery and other critical health systems investments and will remain responsible for monitoring and tracking the progress on this and the service-delivery focused transition to state governments and other host country institutions. With continuing challenges in the national fiscal space and competing security and infrastructural interests, the challenge of mobilizing additional domestic resources for HIV and health more broadly is a serious one. Higher level engagement on public financial management with the GoN and the new administration, to include a more routine engagement with the country's legislative and executive arms, are essential in this next phase to sustain the gains and end HIV/AIDS as a public health threat by 2030. Governance, accountability, transparency and effectiveness in partner states and local government areas (LGAs) to improve planning and budgeting, revenues, civil society engagement, and overseeing service delivery in the health sector will be essential.

Community-led efforts to ensure great transparency and accountability for existing resources while advocating for the needed increases and integration of HIV financing to the country's health insurance policies, will also be critical at this time.

Pillar 3: Public Health Systems and Security

PEPFAR's 20-year legacy globally has been evidenced by the investment in public health systems that have over time proved essential to responding to emergency health threats, time and time again, and Nigeria is no exception. These investments span lab, supply chain, human resources for health and data systems. While maintaining focus on HIV PEPFAR Nigeria will leverage and build upon PEPFAR's assets to help strengthen country public health systems to contribute to their ability to address ongoing public health threats, as well as to detect, prevent, and respond to novel health threats.

The investment in data systems is detailed under "Strategic Enablers- Leading with Data" and further in Appendix C.

Strengthen Regional and National Public Health Institutions

HIV response, the program has prioritized advancing the role of the National Public health Institute (NPHI) – the Nigeria Center for Disease Control (NCDC), within the sustainability framework of the HIV response.

To this end, PEPFAR Nigeria through CDC will provide direct funding support to NCDC to implement enhanced community-based Surveillance, detection of and response to Priority Diseases, including HIV, at the sub-national levels. In FY24, in addition to engaging in HIV recency and mortality surveillance, NCDC will be supported to strengthen structures at the community levels for Early Warning Surveillance of other Priority Diseases. This will include partnership and collaboration with Key Populations (KP), Community Partners, Community Gate Keepers, and Community Informants, to strengthen monitoring and reporting to Public Health Facilities/Public Health Emergency Operation Centers (PHEOC) at state and community levels. This intervention will ensure that as we approach the last mile in the accelerated HIV response, on-going public health response efforts, especially, HIV become more mainstream, while strengthening capacity for other priority diseases that adversely affect PHLIV, health workers and other populations.

Quality Management Approach and Plan

National Alignment partners continue to identify and support critical laboratory systems strengthening interventions that improve service delivery efficiency. Access to quality laboratory services or tests remains at the nexus of effective diagnosis, surveillance, treatment, and management of HIV,

tuberculosis (TB), and other opportunistic infections (OIs).In COP22, PEPFAR Nigeria through collaborative efforts with Medical Laboratory Science Council of Nigeria (MLSCN), National AIDS and STDs Control Program (NASCP), Medical laboratory Services Division (MLSD) supported the implementation of QMS that resulted in the international Accreditation of five (5) laboratories. Two of these laboratories are the EQA in Zaria and Equipment Calibration Center (NaLECC) in Abuja and three are PCR laboratories located in Jos and Ife. PEPFAR also supported the Post Market Validation of all PEPFAR, GF and GON procured HIV rapid Test Kits, GeneXpert Kits and others to ensure they are fit for use in the field, as well as supported the capacity building of national Quality Team. In COP23, PEPFAR will continue to invest in implementation of Quality Management Systems (QMS) because it is critical to achieving optimal clinical outcomes. See Figure 10.

Figure 10: Internationally Accredited EQA Laboratory and Laboratory Equipment Calibration Center

Person-centered care that addresses comorbidities posing a public health threat for People with HIV (Advanced Disease, TB, Hypertension) plus mental health services.

PEPFAR Nigeria will scale-up adaptive, customized, client-centered care to temper treatment inequities, optimize the continuity of clients in care and treatment. PEPFAR Nigeria will continue to support the continuity of treatment for the spectrum of clients, by institutionalizing MMD6 for most stable clients. Expansion of MMD6 will enable providers and the case management teams to focus on clients at high risk for attrition while also ensuring patients tracked back to care are engaged to understand barriers to

access and are placed on preferred, available DSD models based. Furthermore, COP 23 will leverage mobile technology such as machine learning and predictive analysis to inform pre-appointment programs, such as appointment reminders and risk profiling based on antecedents or demography, in the early phase of treatment continuity. The identification of early defaulters and a generated list-serv to track patients within 24-48hrs of a missed appointment will be prioritized. Other measures to be expanded include MMD6 for patients requiring temporary relocation and travelers; expansion of community models of ART delivery (like community ART refill groups (i.e., CARGs) and family-centered approaches for patients that cannot afford transportation to health facilities will be ensured. Other approaches include linkages to community resources for household economic strengthening; fast-tracking of patients to reduce waiting time within the facilities, mapping root causes and client barriers to care and routine collection of patient satisfaction surveys during visits to support continuous quality improvement of services will be deployed towards ensuring optimal client centered care.

Supply Chain modernization and adequate forecasting

PEPFAR Nigeria, Global Fund and other stakeholders worked collective with NPSCMP to develop the national health product supply chain strategy (2021-2025) which serves a framework for the management and operationalization of the integrated national supply chain systems across HIV, TB, Malaria, and other disease areas. Harnessed under the national strategic plan is Nigeria's HIV commodity supply chain framework which is coordinated through NASCP and NPSMCP. The framework utilizes a unified commodity system which pools resources and commodity utilization arrangements for the HIV program including a national determination of commodity needs, harmonized warehousing plan, and routine distribution according to health facility needs. As NASCAP and NPSCMP begin to plan for sustainable and phased transition of Nigeria 's HIV Commodity Pool Operational Framework at national and state level supply chain system, PEPFAR Nigeria, is committed to strengthening collaboration with GoN and stakeholders to design a phased harmonized implementation plan for national ownership that will optimize resources, improve transparency and accountability, and minimize risk to essential HIV commodities across the system. In COP 23 PEPFAR Nigeria will provide technical assistance to build NPSCMP's capacity and facilitate state level engagement through LMCU's capacity to ensure a successful and responsible transition process that will not compromise the timely delivery of health commodities to beneficiaries.

Biennially, the Nigeria HIV Program conducts a national quantification exercise to determine commodity and funding requirements covering four to six years. The output of this exercise is reviewed every six

months to factor in new forecasting and supply planning assumptions. In prior years, the National HIV Quantification Team (NQT) lead by NASCP, used a MS Excel tool to forecast commodity, and funding requirements. In 2021, PEPFAR Nigeria supported the transition to the Quantification Analytics Tools (QAT), a modernized solution for country-led forecasting and supply planning, to improve forecasting and quantification. While utilization of QAT didn't commence until October of 2022, the NQT, led by GoN, will continue the use of QAT to enhance national forecasting of HIV and Laboratory commodity through the regular supply plan reviews. The use of this on-line tool has improved forecast accuracy and provides an accessible repository to view the National HIV Program forecast and actual logistics data for all relevant stakeholders. To ensure that commodity procurements are forecasted against validated biometric data, PEPFAR Nigeria will triangulate dispensation data with program and the planned one state impact survey to ensure adequate ARVs are procured.

PEPFAR Nigeria will continue to adopt innovative distribution models to help modernize their supply chain programs by scaling up cost -effective decentralized distribution approaches that will ensure supply chains works for patients. The following decentralized distribution approaches will include home deliveries, use of community or private pharmacies and other Community ART refill groups. This intervention will help the program achieve greater efficiency, increase convenience for clients, and reduce stigma by integrating a wide array of non-HIV commodities (PrEP, Condoms & TPT) into decentralized sites. To ensure end-to-end supply chain visibility commodity ordering and reporting tools will be made available to collect patient consumption data (whether in the public or private sector). PEPFAR will further ensure that this data is entered into existing logistics management information systems (LMIS/NHLMIS) and linked with reporting systems at the hub facilities. PEPFAR will work within the multi collaborative (GoN, The Global Fund and PEPFAR) Nigeria HIV commodity tool framework to achieve end to end visibility and transparency of supply chain operations. Through this approach the unification of the HIV supply chain activities and reporting such as forecasting and supply planning, reporting, resupply, distribution, storage, proof of delivery etc. will be harmonized irrespective of funding sources. Strengthening data visibility across the supply chain continuum (procurement, distribution, and dispensation) will allow for additional triangulation and validation of our program data.

PEPFAR Nigeria has completed the transitioning of Viral Load and EID commodities to an all-inclusive pricing model across the equipment platforms within the country program. The GoN, Global Fund and all relevant stakeholders were on board in this common front effort. The country also adopted a phased

approach in the implementation of full vendor managed inventory for the various equipment platform. It is expected that the transition would be completed by the end of FY 23. The goal of this effort is targeted at increasing commodities security by shortening the procurement lead time while minimizing the warehousing and related in-country logistics costs for the critical laboratory commodities.

Laboratory systems (VL, EID, DNO, etc.)

From 2017 when NiSRN was initiated, over 686.3% increase in Volume of samples moved for testing was realized. This includes HIV, TB, COVID-19 and CD4 samples. The number is projected to increase in COP23 and beyond. Thus, for NiSRN to be more efficient, PEPFAR will collaborate with Global Fund and GON (NASCP) to conduct a diagnostic network review (DNR) to holistically assess the entire diagnostic network to identify key strengths and weaknesses and provide evidence-based recommendations to improve the whole diagnostic network. The review will also help to address the challenge of limited oversight and monitoring by the FMOH and State levels on DNO. Other challenges the team hopes to resolve through the DNR i include fragmentation of diagnostic network, vertical funding for sample movement, and limited involvement of SMOH in the data process. To support sustainability of National Integrated Specimen Referral Network (NiSRN), the FMOH is being supported by the Global Fund in collaboration with PEPFAR to pilot NiSRN in Abia and Taraba States, leveraging the Nigeria Postal Service (NIPOST). The process for the pilot is ongoing.

Currently, only about 31% of the HIV Exposed Infants (HEI) had an EID test before 2-months and of this, only 58% had their results returned. Part of the reasons include poor case finding, weak referral systems, and long turn-around-times for results return; often leading to loss to follow up. To address these challenges, PEPFAR, will put in place the following laboratory systems to ensure 100% EID and VL testing coverage and return of results within stipulated turn-around time:

1. Scaleup implementation of Plasma Separation Card (PSC) to address the challenges of VL access for clients in hard-to-reach, security challenged and highly mobile KPs,
2. Implementation of full Vendor Managed Inventory (VMI) for Viral Load and EID reagents for a direct interface of vendors and labs to ensure responsiveness to lab supplies needed for uninterrupted testing services and maintenance of storage space to accommodate at least three months reagents and commodity needs.
3. As part of differentiated service delivery, the program will sustain the implementation of community sample collection approaches such as home visits to serve clients at their convenience; community

where clients are clustered around identified hubs, clinical platforms including clients clustered around identified private clinics; community pharmacies; laboratories; patent medicine vendors; adult and adolescent support groups daily.

4. Suboptimal viral load coverage, especially among pregnant and breastfeeding women will be prioritized, reviewed, and remediated through proper documentation and reporting and prioritization of testing in laboratories.
5. Collaborate with Global Fund and GON to support the provision of infrastructure including solar power, computer hardware and internet facilities for the entry of data into the Electronic National Laboratory Information System (eN-LIS) across some health facilities in the 774 LGAs.
6. The program will review and remediate any identified gaps in the implementation of Remote Sample Login (RSL) module for remote test ordering and electronic retrieval of results, which has improved sample reception process and contributed to a reduction TAT.
7. Access to RSL will be provided for OVC partners as part of family-centered approach to VL demand and support to comprehensive treatment partners for community VL sample collection.
8. The existing Laboratory information Management system (LIMS) will be updated to include commodities and PSM modules for full visibility of reagents and commodities utilization in the labs and reporting of consumption data for prompt resupply.
9. The ongoing linkage of the LIMS with the Electronic Medical Records (EMR) will be enhanced to include Short Message System (SMS) alerts for Viral load and EID results.
10. Sustained upgrade of PCR laboratories and provision of backup equipment in labs without one to ensure uninterrupted VL and EID testing and reduce cost of bulk sample shipments.
11. Strengthen the routine use of laboratory data for Continuous Program Quality Improvement.

Human Resource for Health

PEPFAR's investment in HRH has been tremendous. PEPFAR will work on HRH optimization to unpack the investments made and develop in COP 23 a sustainable transition strategy in consultation with the GoN. A structured, phased strategy for the engagement of supplementary healthcare staff, alongside the enhancement of existing personnel, will be established in collaboration with various stakeholders. This approach will include well-defined milestones and will be accelerated through PEPFAR's advocacy and strategic investments, which aim to ensure the long-term availability of human resources for health (HRH) in providing antiretroviral therapy (ART) services.

A. Workforce Optimization, Training and Capacity Building

In COP 23, PEPFAR Nigeria will engage the GoN to standardize PEPFAR funded HIV cadres with the national Health Care Workers registry (NHWR) in PEPFAR supported states. Alignment with NHWR is the first step in streamlining and aligning health care worker cadres with State structures. This ultimately feeds into the NHWR and will form the basis for quantification of health workforce requirements using service utilization models which mirror the WHO Workforce Optimization Model. PEPFAR and her implementing partners will support the development of strategy documents that will guide the management of health care workers, including prioritization of cadres based on availability, building of the gains of the national task shifting and task sharing policy to bridge known gaps while meeting requirements for delivering optimal HIV services. These efforts will be built on supporting the coordinating agencies for HIV/AIDS to establish technical working groups to lead HRH strengthening efforts on the framework of the National HRH Strategic Plan.

B. Training and Capacity building

PEPFAR will prioritize alignment of service delivery cadres across its program with mutually agreed GoN priority cadres. This will guide proposals for retention of several years of capacity building offered to this critical subset of workforce support while making efforts to expand their contribution to include other non-HIV related aspects of healthcare delivery.

Increasingly, there is an approach towards providing HIV services in an integrated manner within the existing healthcare architecture towards ensuring that services are provided in a sustainable manner. Efforts at expanding the training and workforce capacity building for HCWs will be conducted towards ensuring service optimization for HIV implementation within the larger healthcare service provision.

PEPFAR will strengthen advocacy efforts to support state governments to create policies to absorb and retain these streamlined and upskilled cadres into their health workforce. PEPFAR will support the development of a database to track in-service training; support coordination and implementation of in-service training across services and cadres, relying on the success of virtual delivery using ECHO, TEAMS, and other tele-conferencing platforms. PEPFAR will support the integration of HIV/AIDS management and service delivery module into health workforce training institutions building learning and collaborative partnerships with colleges of health technologies, nursing schools, and tertiary training institutions to strengthen readiness for service provision upon graduation. These upskilling

interventions will be critical to the future integration of services in a one-clinic, multi-disease management model.

PEPFAR Nigeria will explore new opportunities to expand the policy and leadership acumen of public health leaders to develop and implement lasting public policy solutions and transform health systems will be explored. Examples of such opportunities include the Harvard Global Health Institute LEAD Fellowship promoting women in Global Health and the University of Washington International Program in Public Health Leadership. These opportunities, amongst others uniquely combine virtual, south to south and experiential international opportunities for practical and immediate application on the ground.

C. Transition of Ancillary Staff to GoN

PEPFAR Nigeria over the years has supported a critical cadre of health workforce for the successful implementation of comprehensive HIV service provision across supported states. These cadres of staff have been used to augment existing HRH gaps across the HIV program. They include community and facility counselor testers, case managers, peer navigators, mentor mothers, data clerks, viral load champions etc. In COP23, PEPFAR Nigeria will continue its engagement with GoN towards on a phased absorption and integration into the healthcare system of existing cadres whose qualifications align with those on the national establishment.

Pillar 4: Transformative Partnerships

Partnership has been critical to the success of the PEPFAR Nigeria program, and one such partnership is the national alignment partnership between PEPFAR, the Government of Nigeria, and the Global Fund, which has evolved from a simple resource alignment and geographic prioritization partnership to a more strategic partnership with a new business model aimed at ensuring the response's sustainability. PEPFAR will leverage, expand, and improve on existing strategic relationships for improved efficiency in COP23, while also seeking new transformative partnerships for transformational solutions to systemic challenges.

Partnerships with Government and Multilateral Partners

PEPFAR Nigeria will strengthen its collaboration with the government and other donors such as the Global Fund, as well as the Country Coordinating Mechanism (CCM) and the UN system, to support national priorities and investments as well as increase access to HIV and other health services. PEPFAR Nigeria will collaborate to increase access to HIV prevention, treatment, care, and support services, particularly for vulnerable and critical populations such as children, pregnant women, young people, and key populations. This collaboration will also strengthen health systems and help the establishment of policies, regulations, and frameworks to improve HIV and other healthcare service delivery.

The following are some ongoing collaborations with the government at state and national levels:

1. USAID/LASHMA- USAID is collaborating with the state to enroll PLHIVs in state health insurance through a government equity fund to enhance their health outcomes. 7,000 people have been enrolled in the LASHMA scheme from PEPFAR programs (OVC, KPs, PLHIVs) for free, and we expect this figure to expand in the future, laying the groundwork for complete inclusion of HIV services and increasing government support. USAID is also collaborating with the Lagos State Health Scheme and HEFEMA to certify one-stop-shops as empaneled facilities, guaranteeing a regular flow of funding to the OSS outside of PEPFAR monies and positioning the KP program for sustainability in Lagos. Five are now appointed, with an additional seven to be appointed at COP 23.
2. CDC NASCP- PEPFAR Nigeria, through CDC, is implementing a five-year (2022-2027) government-to-government corporative agreement with the Nigeria Federal Ministry of Health through the National AIDS & STI Control Program (NASCP) to institutionalize sustainability and ownership of the HIV response in Nigeria through implementation of the National Clinical Mentorship

Program. This initiative will provide capacity building to facility and community health workers, and other frontline staff to deliver quality HIV services. The program will strengthen healthcare systems by offering continuous education to healthcare employees, improving program quality, and encouraging workforce performance and engagement. Relationship-building, identification of areas for improvement, coaching and modeling, data gathering and reporting throughout Nigerian health facilities are all part of the program. PEPFAR and the Global Fund have assisted in the recruitment of over 220 clinical mentors across 34 states of Nigeria.

Partnership with Civil Society

PEPFAR Nigeria will also build greater collaborations with civil society, particularly young people, for local ownership and leadership, in accordance with agreements made at the COP23 planning meeting in Johannesburg. In additional the youth-led age of access reform through the LIFT initiative will be a game changer for Nigeria. Local communities will be involved in program design and implementation to better understand their needs and goals and to establish long-term programs that are culturally acceptable and sustainable. PEPFAR will collaborate with young people from varied backgrounds and viewpoints to create new solutions and techniques to address their health concerns.

Pillar 5: Follow the Science

There are wide gaps between spectrum estimates and program data in Nigeria especially in PMTCT and Pediatrics where coverages are very low. A top priority for the country is getting the data right. PEPFAR Nigeria will conduct a recapture and revalidation exercise to confirm client demographic details in addition to routinely triangulating program and ARV dispensation data to generate accurate data around Nigeria's HIV response. Additionally, PEPFAR will conduct a single-state impact survey to recalibrate of program data and collaborate with the GF on a KP program review (via GC6 grant funds) and size estimates.

Recency surveillance data is one of the scientific pieces of evidence guiding the interventions scale up to close the gap in case finding, treatment and combination prevention services. In line with the scientific advisory board recommendations for all countries to scale up Rapid Test for Recent Infection to 100% in SNUs where Recency Testing is >50% coverage and flatline in SNUs that have less than 50% RTRI coverage; recency surveillance will be performed and utilized in COP23 program shifts which focus on closing the gap among priority population, and to inform program interventions among AGYP and KPs. The analysis of recency surveillance data over the years shows an uneven recent infection rate across age groups with AYP having the highest infection rate compared to the other age groups. The RITA recent rate among 15 to 19 years was 4.4% followed by 2.6% among 20-24 years, 2.1% among 25 to 29 years and the lowest 1.0% among 50 years and above indicating a decrease in recent rate as the age of clients increased. Similarly, among key populations, the MSM typology recorded the highest RITA recent rate of 1.2% which is higher than the overall RITA recent rate of 0.8%. These findings will support innovative program interventions used for sexual networking among KPs and other social interaction among priority population, identifying what works well in OTZ for wider scale up and the use of transformative partnerships and collaborations to engage the private and public sector. Through routine recency surveillance analysis, program will be supported with data on distribution by geography, sex, and age band to inform targeted testing as program plan to increase case find among priority population.

Additionally, the fully established Nigeria case-based surveillance system which harmonizes client level data from multiple services points on the EMR into a longitudinal database on the NDR, provides valuable opportunity for data to care. The output from CBS have been integrated to track sentinel events such as AHD (both clinical WHO staging and Lab CD4), Incidence of opportunistic infections especially TB and Cryptococcal Meningitis etc. for each client receiving care. AHD and OIs are compared

in newly diagnosed and legacy clients while geographical mapping helps guide program management. This data to care activities has resulted in strategizing on early case finding before progression to AHD and development of OIs among new clients; training of clinical teams on implementing clinical practices that improves index of suspicion for OIs at the facilities and guiding Laboratory and Pharmacy team deployment of resources.

Finally, AFRICOS will continue as planned to inform HIV clinical disease outcomes and PEPFAR will conduct an impact survey in one high-burden state to assess the clinical cascade and generate data that will be triangulated with program data for better understanding of progress made towards epidemic control. In addition, PEPFAR Nigeria will leverage on result from the GoN planned KP survey, which will be funded by Global Fund in FY 24, to answer some KP programmatic questions.

Strategic Enablers

Community Leadership

In COP23, PEPFAR Nigeria's engagement with local Civil Society is primarily motivated by the expressed intentions of these organizations to seek opportunities for improved community leadership of the HIV program at national and sub-national levels, in line with the strategic declarations of the Government of Nigeria, UNAIDS[9], Global Fund Strategy 2023-2025[10] and PEPFAR[11]. These thoughts were reflected in a Civil Society position paper that was disseminated to stakeholders in late 2022 and again at Geneva Alignment 2.0 planning meeting which held in January 2023 and resulted in stakeholders committing to potentially more than $22.3million for direct community-led programming in the Country's Grant Concept 7 (GC7) submission to the Global Fund. These plans, articulated as part of the RSSH submission focuses on CSO-led response to gender and human rights issues, access to justice and legal empowerment for vulnerable populations, the fight against stigma and discrimination and the capacity and mobilization for community-led grievance redress systems.

The COP is set to leverage these investments by creating new opportunities support community-led monitoring activities through direct funding to local CSOs under the PEPFAR small grants programs, but this time ensuring that the grants can be pooled together under a single larger mechanism that will support the CSOs to increase the scope of CLM activities to include reviews and assessment of structural issues bedeviling the Nigeria HIV response. Where CLM activities in the past had been deployed through several small grants, which each entity managing their own CLM activities and engaging with PEPFAR to share findings and recommendations for program improvement, these new grants will focus on doing the same in a more consolidated, broadly generalizable manner. CLM findings have in the past informed program guidance to implementing partners to investigate the challenge of long-waiting times at the clinic by adopting hourly-based appointment systems, increasing access to differentiated service delivery models, and offering weekend clinics where feasible so that clients can continue to access services on a schedule that is more convenient for them. As partners now commit to making the transition to host government institutions, under the alignment 2.0 agreements, CLM efforts of local

[9] UNAIDS (2021), "Global AIDS Strategy, 2021-2026: End Inequalities, End AIDS".
[10] The Global Fund (2022). Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028).
[11] PEPFAR (2022). Reimagining PEPFAR's Strategic Direction: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030.

CSOs will track how this transition is been implemented and ensure that the programs do not suffer any setbacks as these transitions begin.

The engagement with CSOs for this year's COP was particularly productive because of the co-creation approach that was adopted for this process this year. Building on the in-country consultations and community dialogues that they had facilitated across all the CSO sub-populations and communities before their arrival at the COP co-planning meeting in Johannesburg, this year's CSO representatives worked with stakeholders to identify three major programmatic gaps that will be prioritized in COP23. These gaps are:

1. Suboptimal coverage of services for underserved populations, including children, AYPs, pregnant women, and KPs
2. Inadequate engagement of community groups and advocates in the design, implementation, and monitoring of programs, systems, data, etc. And lastly,
3. Insufficiently capacitated health systems, especially at the subnational and community levels

To address these gaps, the CSO representatives and other stakeholders at the co-planning meeting agreed on the need for improved and targeted engagement with program beneficiary communities in the design, implementation and monitoring of the programs, consensus national targets to better understand the gaps and needs as well the need to deepen alignment between the principal funders of the HIV program in Nigeria and promote sustainable transition of the programs to host country institutions in Government, civil society and the private sector.

It is important to note that these conclusions remain consistent with that from similar high-level engagements in planning for the Global Fund Grant Concept 7 submission as well as the Government of Nigeria's National Strategic Plan for HIV.

Leading with Data

Getting the data right is a top priority for PEPFAR Nigeria. Currently, PEPFAR Nigeria is working with the GoN and GF to scale up biometrics data capture for all clients receiving treatment. The effort is aimed at identifying and removing duplicate records, to identify and report unique clients on treatment. Moving forward, routine fingerprint recapture for all clients at every clinic visit will be institutionalized to ensure that the program has a precise count of distinct individuals who are using HIV care and treatment services. Additionally, periodic triangulation of program and ARV dispensing data will be carried out.

These efforts are aimed at continues validation and verification of program data to guide program decision, including commodity procurement.

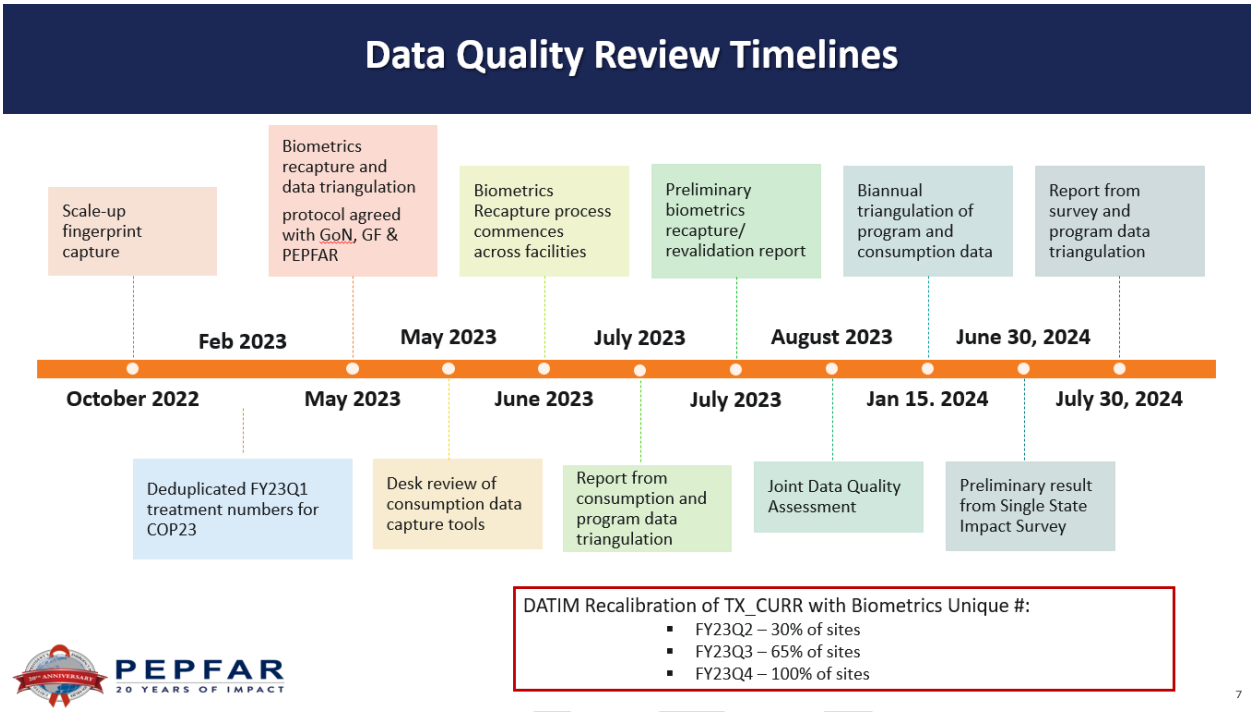


Figure 11: Data Quality Review Timeline

In addition, there is planning to redesign NDR to improve data quality, including completeness and accuracy. Redesigning NDR will allow the program to leverage the rich data sources to support clients' treatment outcomes and provide holistic client-tailored services. The NDR epi-control dashboards will provide client-level information to monitor the attainment of the three 95s across various SNUs and sub-populations. The dashboard will include dedicated sections on monitoring the performance of priority populations, including children, adolescent and young women, and Key populations. A phone-based application, the Client-Empowered Self-care App (CESA) will be developed that will allow clients to lead and co-produce their healthcare services with their providers outcomes using data. The NDR Analytics Workspace (NAWs) allows for various stakeholders to custom-build their analytics, using the available client-level data, to explore, ask questions, and mine information contained in the databases to answer specific questions.

On semi-annual bases, de-identified line-list of client clinical information from the NDR automatically is extracted and housed in the Federal Ministry of Health NDR Analytic Database (NADB) to be accessed by

scientist and stakeholders for the purpose of research. In COP23, we will implement a deliberate strategy to publicize the NADB in the academia and research institutions through conferences, ECHO, Workshops, Publications etc. This will ensure that academia, researchers, program managers, decision-makers and other relevant bodies are aware of the availability of this resource and utilize the data for scientific knowledge, program implementation and decision making. See Figure 11.

Target Tables

Target Table 1: ART Targets by Prioritization for Epidemic Control

Prioritization (Planning Year)	FY24 PLHIV Estimate	New Infections	Expected Current on ART (FY23)	Target current on ART (FY24)	Newly initiated (FY24)	FY24 ART Coverage	FY25 ART Coverage
Missing	0	17,021					139.8%
Not Set	0		42,303	44,776	3,687		
Scale-Up: Saturation	394,968	5,174	443,357	453,979	29,941	114.9%	
Scale-Up: Aggressive	330,081	4,638	351,561	400,404	42,923	121.3%	
Sustained	1,182,335	20,177	1,238,509	1,349,933	157,678	114.2%	
TOTAL	**1,907,384**	**47,010**	**2,075,730**	**2,249,092**	**234,229**	**117.9%**	**139.8%**

Target Table 2: Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Setting Age Bands	Sex	Key Population	Total Population	PLHIV	PLHIV	KP_PREV Target	KP_PREV Target
			2023	2024	2025	2024	2025
10-14	Female	N/A	12,478,362	21,472	21,956		
	Male	N/A	13,318,307	22,289	22,783		
15-24	Female	N/A	20,954,510	94,645	89,047		
	Male	N/A	22,242,589	53,238	52,481		
N/A	N/A	FSW		0	0	696,179	696,179
		MSM		0	0	559,170	559,170
		People in prisons and other enclosed settings		0	0	23,800	23,800
		PWID		0	0	744,667	744,667
		TG		0	0	6,063	6,063
TOTAL			**68,993,768**	**191,644**	**186,267**	**2,029,879**	**2,029,879**

Target Table 3: Targets by Subnational Unit by OVC Indicators

Fiscal Year	SNU 1	OVC_SERV Comprehensive	OVC_HIVSTAT Target
2024	_Military Nigeria	18,283	13,544
	Abia	20,959	15,527
	Adamawa	29,445	22,084
	Akwa Ibom	136,845	102,636
	Bauchi	30,743	23,057
	Bayelsa	4,224	3,167
	Benue	105,740	87,006
	Borno	18,989	14,242
	Cross River	42,630	30,218
	Delta	46,806	33,556
	Edo	18,194	13,045
	Ekiti	15,717	11,268
	Enugu	33,679	24,826
	FCT	40,893	28,870
	Gombe	15,230	12,287
	Imo	30,110	21,786
	Jigawa	10,212	8,149
	Kaduna	40,071	31,097
	Kano	95,486	76,190
	Katsina	15,222	12,145
	Kebbi	8,608	6,869
	Kogi	15,687	10,885
	Kwara	17,298	12,004
	Lagos	117,252	81,373
	Nasarawa	40,578	29,674
	Niger	35,889	26,246

	Ogun	15,532	10,780
	Ondo	15,704	10,900
	Osun	20,085	13,942
	Oyo	15,063	10,451
	Plateau	21,142	15,460
	Rivers	101,957	71,073
	Sokoto	11,733	9,363
	Taraba	9,076	6,857
	Yobe	10,679	8,521
	Zamfara	5,385	4,297
	TOTAL	**1,231,146**	**913,395**

Core Standards

PEPFAR Nigeria COP 23 core standards include:

1. **Offer safe and ethical index testing to all eligible people and expand access to self-testing**: The Government of Nigeria has created an enabling policy environment that encourages implementation of all HIV testing services in line with WHO 5 C's and increases access to safe and ethical index testing. Safe and ethical index testing guidelines and standards have been institutionalized and inform all implementation efforts in facilities and communities. Data collection and reporting are being monitored and reviewed across all SNUs with government supervision. Index testing acceptance rate of 90% or greater triggers investigation for any remote possibility of coercion. Care giver assisted HIV self-testing has been used to reach children and adolescents of index clients in their homes for HIV screening. IPV monitoring and interventions for both Index testing and HIVST have been incorporated into all approaches including data collection tools. Scale up of PITC and SNS for children of PLHIV have been fully integrated. All children of PLHIV <19yrs of age and their siblings are offered HTS including children of PLHIV within the OVC and KP program.

2. **Fully implement "test-and-start" policies:** Nigeria is on track on this core standard. Test and start are implemented in all PEPFAR supported sites with most sites providing Same Day ART initiation. The linkage rate of 97% as at end of FY 23 Q1.

3. **Directly and immediately offer HIV-prevention services to people at higher risk:** The program is in collaboration with the Global Fund program; other bilateral partners and GON stakeholders including NAFDAC to support the review of the current PrEP national guidelines and SOPs to reflect new PrEP technologies. PEPFAR will participate in meetings, focus, and provide technical assistance in reviewing these guidelines required to address the regulatory structures needed to facilitate new PrEP options such as Injectable PrEP and others. Additionally, the program will leverage the Global Fund supply chain in the provision of injectable PrEP options for priority clients such as KPs and AYPs in PEPFAR supported designated sites and states.

4. **Provide orphans and vulnerable children (OVC) and their families with case management and access to socioeconomic interventions in support of HIV prevention and treatment outcomes**: The PEPFAR OVC program will continue to use the case management approach to provide needs-based

targeted interventions to the OVC households along the healthy, safe, stable, and schooled domains. Specifically, household economic strengthening interventions will be provided for indigent households to improve their resilience. Case managers will implement interventions using the standardized case management approach which outlines the package of interventions and the roles and responsibilities of service providers and refer beneficiaries to other services where they may not be available on site.

5. **Ensure HIV services at PEPFAR-supported sites are free to the public:** While there are no formal user fees for HIV in most public health facilities in the country, PLHIVs in some settings continue to be charged user fees for some HIV-related services like blood chemistry, hematology and few other clinician-mandated laboratory tests determined based on their clinical evaluation and medical history. For HIV positive clients, presenting to the hospital for the first time, the Network of People Living with HIV in Nigeria has defended their rights not to be required to declare their HIV status in other to receive any special considerations for registration-related user fees, but their diagnosis is shared with the medical team, they are expected to enjoy the guaranteed free services promised by the Government of Nigeria and supported by PEPFAR, Global Fund and other stakeholders. Unscrupulous actions of some service providers attempting to exhort money from PLHIV, for services covered by the program is frowned upon and a major consideration for grievance reporting and redress.

   In other to guarantee the rights of PLHIV to treatment services in a manner that does not expose them to any untoward vulnerabilities, the Nigerian Government is moving forward with improvements to the national health insurance policies. In 2022, the National Health Insurance Scheme law was repealed and replaced a new National Health Insurance Authority Act which now mandates compulsory health insurance for all Nigerians. This new law has at its core the provision of universal basic health coverage and seeks to mobilize additional domestic investment to support the poor and vulnerable who are unable to make premiums payments.

   In COP 23, PEPFAR will engage and work with relevant stakeholders to upload comprehensive HIV services into the NHIA benefit package, however, deliberate engagement is required to ensure that the states also implement this act as the State Health Insurance Schemes (SHIS) are by law independently created and are only governed by the legal statues of sub-national governments.

PEPFAR implementing partners at state level are expected to further strengthen the system at the states by supporting expansion and growth of SHIS and help the states to put up structures that will ensure adequate coverage of people under the schemes thereby eliminating all forms of user fees. PEPFAR will also engage CSOs through the Community-Led Monitoring activity to engage with hospitals and other service providers to continue the advocacy for free HIV services and to report and seek redress from those facilities that implement policies contrary to what has been agreed with the Government of Nigeria.

6. **Eliminate harmful laws, policies, and practices that fuel stigma and discrimination, and make consistent progress toward equity:** Despite the existence of a conducive legal framework for PLHIV, most people at risk of HIV-related stigma and discrimination are unaware of these rights and such do no report grievances, seek redress, or have any faith in the legal system[12]. NEPWHAN has adopted the health and human rights-focused curriculum developed as part of the PEPFAR-supported PEEP program and will now lead the nation-wide rollout of this training and educational messages to all PLHIVs across the country using their state and community-level network structures. National stakeholders have proposed to support this effort with funding through the GC7 grants under the Gender, Human Rights (GHR) and CLM module. PEPFAR will ensure that implementing partners are linked to GHR programs and activities across the 36+ 1 states. This will ensure that clients experiencing violence receive appropriate grievance and redress services. PEPFAR will also support CSOs-led stigma and discrimination interventions in line with the already established National HIV/AIDS Stigma Reduction Strategy and will work with the National Human Rights Commission (NHRC), NACA and other stakeholders to promote human rights for all key and priority populations in all their diversities.

7. **Optimize and standardize ART regimens.** PEPFAR Nigeria will continue to build on the successes achieved on closing all gaps that exists in providing optimized ART regimens to all PLHIVs, having already achieved greater than 99% transition to DTG based regimens for all eligible adults, adolescent, and pediatric populations in FY 22. In COP 23, as PEPFAR Nigeria drives to close the sub optimal ART coverage gaps for new underserved populations, including children, AYPs, pregnant women and KPs, priority will be placed on ensuring that these populations are also offered optimized DTG based ART regimens. In addition to optimized DTG based regimens, PEPFAR Nigeria

[12] National Agency for the Control of AIDS (2016). National HIV/AIDS Stigma Reduction Strategy, (2016)

in line with current WHO and national treatment guidelines will offer DRV/r as the preferred 2nd line PI choice for adults and older adolescent patients. Adults and older adolescent patients on less tolerable PI regimens will be gradually transitioned to the more preferred DRV/r regimen. In addition to strengthening the logistic management support to ensure uninterrupted availability of optimized ARV regimens, PEPFAR will strengthen healthcare worker capacity, support robust stakeholder engagement, and facilitate data optimization to ensure a complete transition to optimized ART regimens for all PLHIVs.

8. **Offer differentiated service delivery models standard:** PEPFAR Nigeria will continue to deploy and adapt innovative Differentiated Service Delivery models to support client-centered service delivery by scaling up cost -effective decentralized distribution approaches for HIV care and treatment that tailor services to different groups of people living with HIV depending on their evolving needs while maintaining the basis of the public health approach. The following facility and community Differentiated Service Delivery models will continue to be optimized in FY24 with considerations to integrate other health-related services, these include Facility Fast track, adolescent refill clubs, home deliveries, use of community or private pharmacies, Community ART refill groups (Community Adherence clubs. Key population community refill groups, ARV pick up lockers, community venues - outreach services) and other models.

   The team will continue to monitor and review the health outcomes (Viral load suppression rate, Interruption in treatment rate, Viral load coverage, Mortality etc.) of all patients who have been devolved to any type of the DSD models to ensure continuity in treatment. Client satisfaction surveys will be applied routinely and used for ongoing improvements in areas of convenience, hospitality, responsiveness, and effective support / rapid feedback loops.

   The DSD intervention will help the program achieve greater efficiency, increase convenience for clients, and reduce stigma by integrating a wide array of non-HIV services (PrEP, Condoms & TPT) into decentralized sites. To ensure DDD end-to-end supply chain visibility, commodity ordering and reporting tools will be made available to collect patient consumption data (whether in the public or private sector) and ensure that this data is entered back into existing logistics management information systems (LMIS/NHLMIS) and linked with reporting systems at the hub facilities.

9. **Integrate tuberculosis (TB) care standard:** In COP 21, PEPFAR Nigeria ensured 96% of PLHIVs on treatment were screened for TB, with 10,843 diagnosed and started on TB treatment (a 48% increase compared to COP 20). It also achieved a 98% TPT completion (129% of its COP 21 target). In addition, 99% of registered TB patients had a documented HIV status, with 11% HIV positivity rate, out of which 99% of the HIV-positive TB patients were started on ART. The overall strategic focus of COP 23 is to sustain the pace of TB case finding and treatment among PLHIVs and ensure a 100% TPT coverage among eligible PLHIV.

   In line with this, the priority activities for TB/HIV will include screening of all PLHIVs on care for TB symptoms at each clinical encounter in line with the updated WHO screening guidelines. This will be complemented with more sensitive WHO-recommended screening tools including digital chest x-ray with computer-aided detection (CAD) software. PEPFAR will leverage its synergistic and collaborative relationship with the Global Fund and the NTBLCP to ensure PLHIV have access to the portable digital x-ray machines which will be procured through the Global Fund grant. TB screening will be integrated into all HIV service delivery models and different child health entry points (outpatient departments, in-patient departments, maternal and child health, HIV, and nutrition services), and linkage to TB services will be strengthened. Special attention will be given to childhood TB due to the challenges associated with diagnosis of TB in children and the inequity this has created for this sub-population. PEPFAR will support the development, production and dissemination of job aids and treatment guides to support integrated TB screening and management in children. Efforts will be made to support training and capacity building for health care workers (HCWs) on the management of TB in children and adolescents.

   All presumptive TB cases will be offered appropriate TB diagnostic tests including WHO-recommended rapid diagnostics. Urine lipoarabinomannan (LF-LAM) assay will be used as a rapid point-of-care diagnostic test to rule in TB in-eligible clients including the diagnostic workup of children and adolescents with HIV. All LF-LAM positive PLHIV will have a follow-on WHO-recommended diagnostic assays such as Xpert MTB/RIF Ultra, Truenat MTB/Rif. For children, stool samples will be collected for diagnostic evaluation using Gene Xpert and efforts will be made to support capacity building on pediatric sample collection procedures, including stool (covering specimen collection, storage, and transportation and processing). All PLHIVs diagnosed with TB will

be linked promptly to TB treatment.

PEPFAR Nigeria will step up efforts to scale-up TPT towards achieving universal coverage for TPT. This will entail making TPT accessible to all eligible PLHIV across different points of care and differentiated care delivery models in the facility and community. Efforts will also be made to support the implementation of differentiated service delivery models of TPT for school-age children and adolescents. Client treatment literacy around TB symptoms, treatment adherence and TPT side effects will be promoted to encourage treatment completion. Contact investigation of household contacts of PLHIV will be strengthened alongside treatment monitoring support for the index case through stronger collaboration between the TB and HIV clinics and with the support of other TB partners in the country. Appropriate TPT forecasting and quantification will be done collaboratively between the HIV and TB programs and stakeholders, with promotion of shorter TPT regimens for improved adherence. Procurement and supply planning will be managed effectively to ensure the timely availability of commodities at service delivery points.

PLHIV clients receiving TPT will be closely monitored for adverse events (AEs), with subsequent AE evaluation and case management accordingly. These AEs will be recorded, reported, and properly managed following established protocol. TPT adherence monitoring will be integrated into the existing ART adherence structures and mechanisms, which will potentially improve adherence, TPT completion and treatment outcomes.

PEPFAR Nigeria will continue to ensure that all registered TB patients have a documented HIV status and all those who are HIV-positive are linked to ART. Documentation and collation of site-level data, across the key indicators, will be supported using electronic platforms which have been expanded to include TB data. This will improve TB/HIV data quality and client care.

10. **Diagnose and treat people with advanced HIV disease (AHD) standard:** PHIA data across several countries suggest a prevalence of advanced disease at ART initiation between 10-20%, but 9.3% in Nigeria among 15-64 years newly diagnosed HIV patients ARV naïve (NAIIS 2018). Program data from health facilities revealed that about 25-30% of patients initiating ART have AHD. PEPFAR Nigeria program currently implements AHD screening and package of care for patients newly diagnosed with HIV and treatment experienced with ART failure. Though there has been a

nationwide scale up of the AHD package of care, access to CD4 assay has been a rate limiting step in deciding of AHD in HIV positive patients >5yrs old in the absence of a WHO stage 3 or 4 HIV disease. In COP 23, this gap will be addressed by ensuring access to universal CD4 point of care for all newly diagnosed clients. All HIV infected children <5years who are not stable are regarded as having advanced HIV disease and should be managed as such.

In, COP 23, PEPFAR Nigeria will scale up the WHO AHD package of care to all eligible patient streams i.e., people starting treatment, re-engaging in treatment after an interruption of > 1 year, and virally unsuppressed for >1 year. These will be evaluated for AHD by assaying their CD4 T cells using point of care kits e.g., Visitect kits. The Visitect CD4 test kits will also be deployed to the community HTS testing points to screen newly diagnosed HIV positive patients for AHD and link those with AHD to health facilities where they will have access to the WHO AHD package of care.

The WHO-recommended and PEPFAR-adopted package of diagnostics and treatment will be offered to all individuals with advanced disease. Patients with AHD will receive a diagnostic work up which includes testing their urine samples with the LF LAM for TB and blood/serum samples for cryptococcal antigen for Cryptococcal disease. Patients with positive serum CrAg test will be referred from spoke sites without capacity for CSF CrAg test and treatment for cryptococcal meningitis (CM) such as PHCs to higher level facilities closer to them i.e., hub sites with capacity for Lumbar Puncture to conclude the diagnosis and management for cryptococcal meningitis based on the CSF CrAg test results. These patients are referred to the health facilities that initiated the referral when stable at the consolidation and maintenance phase of the treatment. Also, patients with serum CrAg positive results but without access to CSF CrAg and without clinical features of meningitis will receive fluconazole for pre-emptive therapy. AHD patients with positive LF LAM tests will undergo molecular diagnostic test using GeneXpert but commenced on anti-TB therapy without delay pending further review with the result of their molecular test. Commodities for diagnosis of cryptococcal and TB disease e.g., CrAg and LF LAM kits, drugs for management of cryptococcal disease and meningitis will be procured with PEPFAR fund. Those diagnosed with TB are managed at the TB centers co- located in ART clinic. However, in COP 23, PEPFAR Nigeria will support diagnosis of AHD and management by ensuring:

a. Access to CD4 tests both conventional platforms (hub-spoke model) and rapid semi-quantitative kits (Visitect)

b. Diagnosis of cryptococcal disease & Meningitis using cryptococcal antigen (CrAg) tests for serum and CSF.
c. Management of cryptococcal disease and CM with antifungal drugs (Amphotericin B, Fluconazole, Flucytosine), based on the WHO 2022 guideline.
d. Screening and diagnosis for active TB using Gene Xpert or urinary TB Lipoarabinomannan (LAM) test as appropriate.
e. Preventive therapy: CPT and TPT

11. **Optimize diagnostic networks for VL/EID, TB, and other coinfections**: In COP23, PEPFAR will collaborate with the National TB, Leprosy and Buruli ulcer Control Program (NTBLCP) and other stakeholders to implement the use of Roche and Abbott platforms for Drug resistant TB (DRTB) testing and other priority pathogens. GeneXpert XIV module platforms have also been deployed to targeted PCR labs to further expand multiplexed disease testing. As part of integrated diagnostics and multiplex testing to address multiple diseases, the country program will scale up implementation of GeneXpert for EID testing from 20 states to 36+1 states and MPIMA machines for EID testing from three states (Kaduna, Anambra, and Rivers) to 36+1 states following the planned procurement of 72 MPIMA machines and EID needs assessment conducted by all stakeholders with funding from GF. PEPFAR will also equip target PCR laboratories with equipment and capacity to serve as Regional Reference Laboratories for integrated disease testing and laboratory-based integrated disease surveillance.

12. **Integrate effective quality assurance (QA) and continuous quality improvement (CQI) practices into site and program management.** In COP23, the PEPFAR laboratory team's focus for QA and CQI is to work more closely with the government agencies, Global Fund (GF) and other partners to implement a robust site level QMS through: the scale-up and operationalization of quality management system (QMS) tools, guidelines, and policies at all levels of the diagnostic network; improved quality assurance (QA) and quality management (QM) in laboratory and point of care (POC) settings for all HIV-related testing; increased human resources (HR) capacity with sustainable training and certification; and support for increased utilization of tools that ensure access to timely and accurate test results and reduced turnaround times across the diagnostic cascade. PEPFAR-supported laboratory and diagnostic network strengthening/optimization activities have led to improvements in the diagnosis, treatment, and management of people living with HIV (PLHIV).

However, work remains to fully scale policies and activities to ensure timely access to quality diagnostic services, a certified and competent workforce, full implementation of site level QMS and Laboratory Continuous Quality Improvement (LCQI) policies, and tools to improve access to results for clinical decision-making across the diagnostic cascade.

In COP23 PEPFAR and partners will also focus on strengthening the site level staff and QMS needed for CQI in the labs PEPFAR operates. Implementing partners will also collaborate to develop aids and train staff on standard laboratory performance mechanisms using standard tools, support assay verification on all new equipment or modified assay technologies before use for clinical samples for patients' management. In addition, the capacity building of NEQAL and regional laboratories to prepare, characterize, and monitor the performance of EQA materials is crucial and a well-coordinated distribution logistics for participating laboratories to receive panels.

In FY24 PEPFAR with GF will support GON (MLSCN) to establish ePT program for reporting EQA programs in the following disease areas: HIV, TB, Malaria, COVID and other diseases of public interest for effective monitoring, coordination, reporting and providing the required interventions to any laboratory that may require system strengthening to improve performance. Support full transition of the National EQA program to MLSCN and any other identified Government institutions agreed upon by stakeholders to continuously support national and international accreditation.

Collaborate with FMoH, other donor agencies and state governments to fund and support infrastructural upgrade of NEQAL and selected regional laboratories to maintain and sustain national EQA program.

Build the National EQA Team to collaborate with State EQA team to develop the capacity of sizeable laboratory mentors and auditors for each of the 36 states and FCT to support clinical laboratories to implement and own CQI practices in their supported laboratories through the support of MLSCN or any other Government identified entity conduct lab audits, mentorship, proficiency testing and laboratory accreditation to assure the quality of results from the laboratory network.

13. **Offer treatment and viral-load literacy.** Patient education and viral load monitoring has been critical to achieving treatment success and viral suppression. In addition, robust evidence indicates that

individuals do not sexually transmit HIV if they are virally suppressed (HIV RNA <200 copies/mL) or have an undetectable viral load (typically HIV RNA <20/50 copies/mL). In view of this, PEPFAR will enhance viral load literacy across all SNUs and subpopulations in COP 23. The aim is to achieve and sustain durable viral suppression among patients on ART, build capacity of health providers at facility and community on patient education to enhance people-centered services, client awareness and positive treatment outcomes. Basic facts about HIV infection will be shared at the facility, community and through virtual platforms. PEPFAR will also drive U=U messaging and massive campaigns across all SNUs, especially through mainstream and social media platforms. U=U messaging will be prioritized during clinic visits and community DSD services. Virtual platforms for telemedicine will be leveraged on to promote U=U messaging. PEPFAR will prioritize specific U=U messaging for target populations with higher HIV incidence. Adolescents and young people, key populations, people living with HIV and healthcare workers will constitute the priority audience for the U=U campaign. In COP 23, PEPFAR will partner with GON and other stakeholders to implement the U=U campaign across social media and geographies. CSOs, NEPWHAN, local musicians as well as support groups will be highly engaged to ensure that the desired result` is achieved of increasing the knowledge of HIV infection and reducing stigma as well as achieving treatment literacy. PEPFAR will also monitor the achievement of undetectable viral load levels across SNUs and subpopulations. Enhanced adherence interventions will be offered to all patients with detectable viral load (unsuppressed and low-level viremia). This will improve ART adherence and drive undetectable viral load levels among PLHIV on treatment.

14. **Enhance local capacity for a sustainable HIV response.** PEPFAR will continue to strengthen leadership and government systems, including GoN human resource management, surveillance, procurement, and asset management systems, needed to sustain Nigeria's HIV response. Through targeted technical assistance and G2G mechanisms, PEPFAR is working directly with the MoH through NASCP and NCDC on program planning, implementation, and monitoring. PEPFAR Nigeria actively participates in national technical working groups to directly engage in policy decisions to ensure PEPFAR activities are coordinated and fortify government structures. New opportunities to expand the policy and leadership acumen of public health leaders to develop and implement lasting public policy solutions and transform health systems will be explored. Examples of such opportunities include the Harvard Global Health Institute LEAD Fellowship promoting women in Global Health and the University of Washington International Program in Public Health Leadership.

These opportunities, amongst others uniquely combine virtual and experiential international opportunities for practical and immediate application on the ground. Additionally, academic, and practical south to south exchanges for public health leadership at the state and national levels will be leveraged to expand core competencies and principles for health equity, policy, planning, emergency preparedness and data surveillance and analytic amongst others.

15. **Increase partner government leadership:** The U.S. government will seek opportunities to engage Governors and the Governor's Forum in dialogue around U.S. government foreign assistance investments in health and sustainable transition solutions across states. Through National Alignment 2.0, PEPFAR Nigeria will work with the GoN to develop a Sustainability Readiness Assessment Framework to evaluate State readiness for transition over the next two years without compromising the quality of services or creating a reversal of impact. Stakeholder engagement will be broadened to expand inclusion of comprehensives HIV services in state health insurance implementation and NPHIs, who can monitor metrics of reversal of response impact along the way.

16. **Monitor morbidity and mortality outcomes:** The PEPFAR Nigeria program will continue to ensure timely and complete reporting of morbidity and mortality data, through the Electronic Medical Records (EMR) to the National Data Repository, in accordance with national reporting standards. In COP23, there will be improvement in the completeness of mortality data and improved implementation of mortality surveillance including verbal autopsy for causes of death. The data generated from the mortality surveillance will provide information on major causes of death among PLHIV to guide program decision making.

17. **Adopt and institutionalize best practices for public health case surveillance:** The Nigeria HIV Case Based surveillance (CBS) system is built on the NDR and it monitors sentinel events among PLHIV from diagnosis through duration of treatment. In additional CBS for gen population, CBS will cover and report sentinel events for other sub-populations such as Key Populations, Pregnant Women and Breastfeeding mothers, Pediatric and Adolescent Complementary to CBS. Currently in its 3rd year of implementation and Recency Surveillance Rapid Response Teams (RRTs) have been activated in 34 of the 36 states plus the FCT. The RRTs rapidly deploy to respond in geographic areas where recent infection has exceeded threshold by providing surge in targeted testing and prevention wrap around

services to interrupt HIV transmission and enroll PLHIV in care.

A Patient Identity Management System (PIMS) which leverages on patient biometric as unique identifiers is currently being set up. This system will provide flexibility for patients who are already on care to access services at other facilities of their choice where their clinical records and demographics can be called up to guide clinical management. The system will also prevent double registration into HIV care services of newly tested positive by matching the fingerprint on the database to determine if the patient is registering for the first time. This process will ensure that recently identified positives cases are uniquely captured to avoid duplicate patients on treatment.

USG Operations and Staffing Plan to Achieve Stated Goals

State Department

Operational costs for the PEPFAR Coordination Office (PCO) will remain flat in COP 23. Of the seven approved positions, PCO experienced three vacancies in FY23, the Deputy Coordinator of Programs (May 2023, LES), the Strategic Information Advisor (Jan 2023, LES) and the Small Grants and Communications Assistant (November 2022, LES). Recruitment for a new Direct Hire Deputy Coordinator for Finance and Administration (approved COP 22 through CDC) faced recruitment challenges and delays following Post's October 2022 ordered departure status. Two of the four vacant LES positions are expected to be filled prior to the end of FY23. To support PEPFAR Nigeria's "getting the data right" priorities, long-term interagency TDY support including contract mechanisms will be leveraged to address SI related staffing gaps and ensure cohesive internal and external data coordination.

US Department of Defense/Walter Reed Army Institute of Research (DoD/WRAIR)

Between COP21 and COP22, DoD's COBD was flat; for COP23, however, DoD's COBD budget has been decreased by 6%, in line with the overall decrease to DoD and PEPFAR's topline budgets for Nigeria. DoD has made reductions to the following cost categories to find the needed savings: staff travels, non-ICASS expenditures, and the procurement of IT related services.

With respect to staffing, in the current implementation of COP22/FY23, all previously vacant, new LES positions initiated in COP21/FY22 will be filled. Three positions have already been encumbered, with new staff commencing work in April and May 2023. These positions include: (1) HIV Testing and Counselling Specialist; (2) Adult Treatment Specialist: and (3) Supply Chain Management Specialist. The last new position, Monitoring and Evaluation Specialist, had to be re-advertised; it is expected to be before the end of COP22/FY23. In term of filling existing positions that were vacated: the selected candidate for DoD's vacated TB/HIV Specialist position has been interviewed and is awaiting security clearance.

In COP23 Year 1, DoD anticipates re-classifying/re-caging a few positions with outdated position descriptions – to update and more accurately reflect the current scope of work and responsibilities of those positions. DoD is eliminating one NSDD-38 position that has only been filled twice in the past ten

years. The Deputy Director for Programs, once reclassified, will assume the responsibilities associated with this position as Deputy Country Director. Over the course of COP23 Year 1 and COP23 Year 2, DoD plans to purchase a total of four Government Armored Vehicles, to replace vehicles within the WRAIR Motor pool that are currently in disrepair.

United State Agency for International Development (USAID)

USAID has nearly completed the transition of its HIV Care and Treatment portfolio from international to local partners with six new implementing partners brought onboard during COP 21 to support HIV clinical service delivery across 16 states. Enhanced monitoring of the new partners required intensified monitoring and administrative and performance reviews implemented in coordination with USAID's Office of Acquisition and Assistance (OAA) and Office of Financial Management (OFM) to provide technical assistance and ensure compliance with USAID policy and regulation and PEPFAR strategic direction. In COP 23, USAID Nigeria will continue to utilize an integrated project management and continuous learning approach which leverages Agreement Officer Representative (AOR) and Activity Managers but also our team of technical experts, finance, and administrative team to provide effective performance management and oversight of PEPFAR activities. In COP 23, USAID will deepen state level stakeholder engagement and expand upon its partnership to strengthen state level health systems and continuum of care at the community and facility level. USAID will continue to leverage our broader primary health care and health system investment to strengthen state level integrated service delivery where feasible.

In the coming year, USAID will embark on redesign of programs to address equity gaps serving key populations and orphans and vulnerable children (OVC) and take this opportunity to engage communities, beneficiaries, and other stakeholders in this design process. In COP 23, USAID will also initiate the phased transition of the current Global Health Supply Chain (GHSC) Program to the Next Generation Global Health Supply Chain Program ("NextGen"). USAID will strengthen collaboration with GoN to ensure uninterrupted supplies of health commodities through a coordinated approach to procurement, in-country logistics, and systems-strengthening technical assistance (TA) that aligns with national priorities to achieve a sustainable and integrated supply chain system.

USAID currently has ten vacant positions (one USDH, one PSC and eight LES positions). The Direct Hire position will be filled by an incoming foreign service officer (FSO) and the remaining positions are under

recruitment, classification, or solicitation. The offshore Personal Service Contractor (PSC) public health advisor position which remains vacant is undergoing reclassification to expand scope of work to focus on oversight of the health systems strengthening portfolio. USAID continues to experience a high turnover of LES technical program management specialists to international opportunities. Two vacant LES senior technical advisors, team lead positions for supply chain and tuberculosis and one strategic information position are due to the staff departure for third country national (TCN) and overseas opportunities. All three have been vacant over six months, two will complete reclassification and the HMIS position is in solicitation. All three positions will serve as the senior technical advisor for their respective teams managing a broad portfolio of implementing partners to ensure efficiency toward the achievement of PEPFAR's strategic pillars. The Project Management Specialist (PMS) performance management will serve as the primary data and behavioral sciences lead, supporting survey and surveillance activities, while a PMS SI/ME analyst position will be focused on Performance Management and Predictive Analysis.

USAID continues to face delays in filling strategic information (SI) vacant host country national positions due to the need for multiple solicitation rounds to identify qualified applicants and delayed security clearance processes which were stalled due to ordered departure. Of the previous SI positions, one is awaiting security clearance and two are under solicitation. USAID will leverage institutional contracting mechanisms such GH-TAMS and HQ TDY support to address SI related staffing shortages, data management and analytics (including support to IPs) and contribute to urgent data management priorities in support of PEPFAR Nigeria' top priority of getting the data right. As the new supply chain mechanism comes on board, USAID is looking to assess current vacancies to potentially repurpose a staff position to support this program area.

The cost of doing business budget (COBD) reflects support for the transitioning portfolio in alignment with the COP 23 strategic priorities. The COP 23 COBD budget has a 3% increase associated with increased staff in country travel to expand support site level monitoring. Staffing salaries and benefits, travel and training, security and operational costs remain largely unchanged in COP 23**.**

US Centers for Disease Control and Prevention (US CDC)

CDC Nigeria works closely with other Mission offices ensuring compliance with existing procedures. This includes coordination with the relevant Mission offices for official travel, on and offsite events, visitor

management, front office approvals, etc. CDC also ensures close collaboration with other PEPFAR agencies for joint activities, including regular meetings and ad-hoc meetings for specific tasks. There is close coordination within CDC between the Partner Management Branch (PMB), technical Project Officers (POs)/Lead Activity Managers (LAMs), and the CDC Finance Branch. This close coordination ensures synergy and focus, for effective management of Cooperative Agreements. While the POs and LAMs provide technical oversight to the grantees' program activities, the Finance and PM Branches provide oversight for grant administrative and financial compliance. The joint efforts of these teams ensure effective partner implementation and grants management of agency funded PEPFAR activities implemented by CDC Implementing Partners (IP) in Nigeria.

CDC continues to implement the Incident Command Structure (ICS) with Operations Chiefs, and the ART Surge and Enhanced Site Management (ESM) strategies. ESM requires more intensified support and collaboration between State Government staff, implementing partners, facility staff and CDC staff, and requires increased granularity, deep dives of site level data, continuous quality improvement projects, periodic client satisfaction surveys, weekly Extension for Community Healthcare Outcomes (ECHO) video conferencing sessions with site staff, and weekly feedback on performance to partners and sites. To ensure full impact of the surge site visits, all proposed site visits must have an accompanying Scope of Work (SOW) with specific surge-related issues to be addressed. Each visit consists of a mix of staff from different program areas to ensure programmatic balance and insight during the visits, and to provide amelioration for issues identified.

CDC will continue to utilize its current staffing footprint to meet current and future strategic goals. The two USDH positions that were repurposed in COP22 to an Associate Director for Science (ADS) position, and a Policy, Partnership and Communications Advisor position have been filled. Previous vacant positions have been filled. Current vacancies are recent and as a result of internal staff movements to other positions, relocations etc. and are at various stages of recruitment. CDC is not requesting new staff positions. The organization is working towards filling all vacancies by the end of Q4 of FY23.

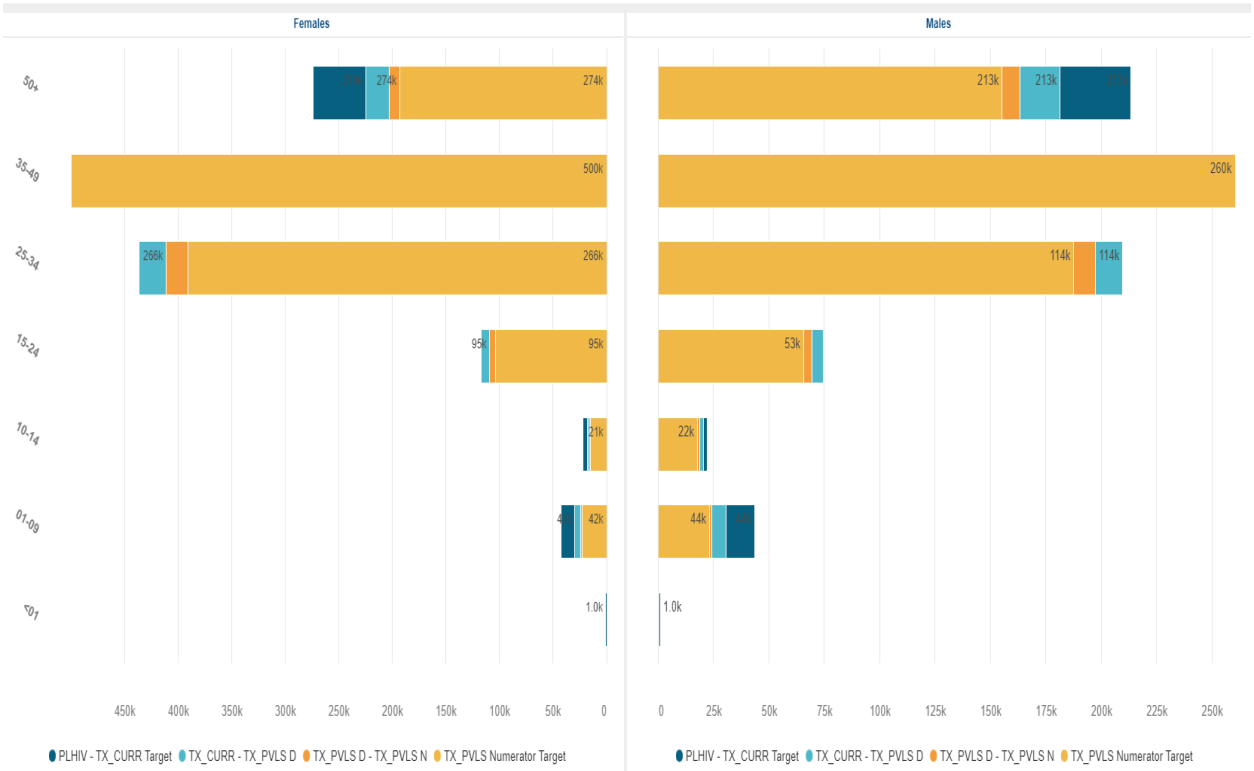
CDC currently has seven vacant positions (one USDH position and six LES positions). The USDH Deputy PEPFAR Coordinator position approved in COP22 is currently being filled, while the LES Health Information System Strengthening Specialist, Senior Prevention Specialist (Team Lead), Partner Management Branch Chief, IT Assistant, Data Analysis & Visualization, and Dispatcher positions are also

vacant. All vacant LES positions were recently vacated with only one being vacant for up to 6 months due to required reclassification that has recently been concluded. All positions are at different stages of recruitment with recruitment actions expected to all be completed by Q4 of FY23.

The Cost of Doing Business (CODB) budget has been strategically planned to adequately support the implementation of the CDC COP23 program activities. For planned management and operations activities to be carried out smoothly, there is a 3.2% increase in the COP23 CODB budget over that of COP22. To adequately support human resources, need to support CDC's increased G2G activities and the resultant cooperative award management activities, CDC will be utilizing TDY technical assistance from CDC HQ to assist with this need. This plan increased the travel budget slightly. The net CODB increase is largely due to the proposed additional cost of having four positions office space at the New Consulate Compound space in Lagos, Service Need Differential (SND) for three US Direct Hire positions and the expected increase in LES benefits. Three other contributary factors responsible for this increase are a provision for increase in ICASS bill based on the initial ICASS FY23 invoice received: a slight increase in the Capital Security Cost share and a 64% increase in non-administrative cost due to increase in diesel cost, IT consumables and vehicle spare parts. CDC Nigeria does not plan for procurement of any vehicles in COP23.

APPENDIX A -- Prioritization

Figure A.1 Epidemic Cascade Age/Sex Pyramid



APPENDIX B -- Budget Profile and Resource Projections

Table B.1.1: COP22, COP23/FY24, COP23/FY25 Budget by Intervention

Intervention	COP22 FY2023	COP23 FY2024	COP23 FY2025
ASP>HMIS, surveillance, & research>Non Service Delivery>Non-Targeted Populations	$3,728,017	$0	$0
ASP>HMIS, surveillance, & research>Non Service Delivery>OVC	$390,000	$0	$0
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations	$0	$2,775,418	$2,705,655
ASP>Health Management Information Systems (HMIS)>Non Service Delivery>OVC	$0	$345,400	$335,738
ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	$0	$200,000	$194,000
ASP>Laws, regulations & policy environment>Non Service Delivery>AGYW	$0	$400,000	$0
ASP>Laws, regulations & policy environment>Non Service Delivery>Key Populations	$0	$400,000	$0
ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	$78,750	$0	$0
ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations	$0	$1,834,800	$1,821,300
ASP>Not Disaggregated>Non Service Delivery>OVC	$42,000	$0	$0
ASP>Policy, planning, coordination & management of disease control programs>Non Service Delivery>Non-Targeted Populations	$1,041,500	$0	$0
ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	$3,114,284	$3,460,938	$3,460,938
ASP>Public financial management strengthening>Non Service Delivery>Non-Targeted Populations	$391,250	$606,250	$588,062
ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations	$0	$2,500,000	$500,000
C&T>HIV Clinical Services>Non Service Delivery>Children	$3,996,068	$3,744,341	$3,644,484

Intervention	COP22 FY2023	COP23 FY2024	COP23 FY2025
C&T>HIV Clinical Services>Non Service Delivery>Key Populations	$819,758	$1,090,612	$1,070,368
C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	$22,658,679	$18,797,616	$17,867,541
C&T>HIV Clinical Services>Non Service Delivery>Pregnant & Breastfeeding Women	$6,057,724	$4,662,539	$4,522,663
C&T>HIV Clinical Services>Service Delivery>Children	$10,837,971	$11,299,458	$10,965,326
C&T>HIV Clinical Services>Service Delivery>Key Populations	$6,373,304	$7,006,019	$5,791,451
C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	$49,145,775	$46,345,376	$45,101,399
C&T>HIV Clinical Services>Service Delivery>Pregnant & Breastfeeding Women	$5,674,284	$5,981,999	$5,802,539
C&T>HIV Drugs>Service Delivery>Children	$6,722,369	$2,899,063	$3,240,170
C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	$56,920,304	$58,048,463	$58,937,720
C&T>HIV Laboratory Services>Non Service Delivery>Children	$167,722	$795,728	$771,856
C&T>HIV Laboratory Services>Non Service Delivery>Key Populations	$160,988	$172,575	$167,398
C&T>HIV Laboratory Services>Non Service Delivery>Non-Targeted Populations	$2,748,264	$3,577,651	$3,470,322
C&T>HIV Laboratory Services>Service Delivery>Key Populations	$2,092,847	$2,243,476	$2,176,172
C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	$35,978,638	$38,389,835	$37,496,558
C&T>HIV/TB>Non Service Delivery>Non-Targeted Populations	$0	$620,442	$601,212
C&T>HIV/TB>Service Delivery>Non-Targeted Populations	$0	$1,854,117	$1,798,494
HTS>Community-based testing>Non Service Delivery>Children	$693,823	$753,393	$730,791
HTS>Community-based testing>Non Service Delivery>Key Populations	$2,041,969	$2,035,520	$1,859,867
HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	$4,294,776	$2,714,973	$2,633,524
HTS>Community-based testing>Non Service Delivery>OVC	$62,082	$0	$0

Intervention	COP22 FY2023	COP23 FY2024	COP23 FY2025
HTS>Community-based testing>Service Delivery>Children	$994,764	$2,536,376	$2,460,284
HTS>Community-based testing>Service Delivery>Key Populations	$6,240,939	$6,435,403	$6,356,927
HTS>Community-based testing>Service Delivery>Non-Targeted Populations	$9,893,184	$8,469,321	$8,215,241
HTS>Community-based testing>Service Delivery>OVC	$431,753	$246,996	$242,536
HTS>Facility-based testing>Non Service Delivery>Key Populations	$1,445,059	$1,171,546	$1,136,400
HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	$5,075,736	$4,199,491	$4,073,506
HTS>Facility-based testing>Service Delivery>Key Populations	$704,935	$834,343	$809,313
HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	$31,022,653	$21,386,189	$23,682,775
PM>IM Closeout costs>Non Service Delivery>Non-Targeted Populations	$0	$1,517,915	$1,040,994
PM>IM Closeout costs>Non Service Delivery>OVC	$0	$196,796	$0
PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	$29,264,111	$38,978,966	$37,543,587
PM>IM Program Management>Non Service Delivery>OVC	$1,970,686	$1,907,107	$2,522,372
PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	$39,754,481	$35,910,268	$35,170,160
PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Key Populations	$564,527	$0	$0
PREV>Comm. mobilization, behavior & norms change>Non Service Delivery>Non-Targeted Populations	$683,567	$0	$0
PREV>Comm. mobilization, behavior & norms change>Service Delivery>AGYW	$647,776	$0	$0
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Key Populations	$1,512,201	$0	$0
PREV>Comm. mobilization, behavior & norms change>Service Delivery>Non-Targeted Populations	$742,701	$0	$0
PREV>Condom & Lubricant Programming>Non Service Delivery>Key Populations	$804,942	$463,280	$167,398

Intervention	COP22 FY2023	COP23 FY2024	COP23 FY2025
PREV>Condom & Lubricant Programming>Service Delivery>Key Populations	$965,930	$1,262,471	$1,339,183
PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	$1,000,000	$1,000,000	$1,000,000
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations	$0	$813,950	$789,222
PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Non-Targeted Populations	$0	$598,815	$580,851
PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations	$0	$2,265,322	$2,196,590
PREV>Non-Biomedical HIV Prevention>Service Delivery>Non-Targeted Populations	$0	$1,885,089	$1,828,537
PREV>Non-Biomedical HIV Prevention>Service Delivery>OVC	$0	$1,304,490	$848,872
PREV>Not Disaggregated>Service Delivery>OVC	$0	$345,988	$110,880
PREV>PrEP>Non Service Delivery>Key Populations	$1,001,496	$1,044,980	$1,013,630
PREV>PrEP>Non Service Delivery>Non-Targeted Populations	$3,098,821	$2,355,162	$2,284,508
PREV>PrEP>Service Delivery>Key Populations	$1,817,278	$2,223,961	$2,157,244
PREV>PrEP>Service Delivery>Non-Targeted Populations	$11,335,934	$9,275,789	$7,607,886
PREV>Violence Prevention and Response>Service Delivery>OVC	$0	$350,000	$346,500
SE>Case Management>Non Service Delivery>OVC	$3,186,032	$2,173,114	$2,869,952
SE>Case Management>Service Delivery>OVC	$2,946,741	$5,850,355	$5,705,312
SE>Economic strengthening>Non Service Delivery>OVC	$2,623,138	$1,057,231	$1,294,170
SE>Economic strengthening>Service Delivery>OVC	$5,425,293	$5,942,702	$5,733,328
SE>Education assistance>Non Service Delivery>OVC	$1,117,526	$992,856	$719,671
SE>Education assistance>Service Delivery>OVC	$3,189,712	$2,293,658	$2,262,465
SE>Legal, human rights & protection>Non Service Delivery>OVC	$1,304,338	$0	$0
SE>Legal, human rights & protection>Service Delivery>OVC	$804,665	$0	$0

Intervention	COP22 FY2023	COP23 FY2024	COP23 FY2025
SE>Not Disaggregated>Non Service Delivery>OVC	$669,837	$0	$0
SE>Not Disaggregated>Service Delivery>OVC	$437,592	$0	$0
SE>Psychosocial support>Non Service Delivery>OVC	$1,734,247	$1,926,485	$1,918,320
SE>Psychosocial support>Service Delivery>OVC	$1,429,259	$2,061,083	$1,868,668
TOTAL	**$402,075,000**	**$396,833,500**	**$386,152,830**

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Program	COP22/FY2023	COP23/FY2024	COP23/FY2025
C&T	$210,354,695	$207,529,310	$203,425,673
HTS	$62,901,673	$50,783,551	$52,201,164
PREV	$24,175,173	$25,189,297	$22,271,301
SE	$24,868,380	$22,297,484	$22,371,886
ASP	$8,785,801	$12,522,806	$9,605,693
PM	$70,989,278	$78,511,052	$76,277,113
TOTAL	**$402,075,000**	**$396,833,500**	**$386,152,830**

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Targeted Beneficiary	COP22/FY2023	COP23/FY2024	COP23/FY2025
Adolescent Girls and Young Women	$647,776	$400,000	$0
Children	$23,412,717	$22,028,359	$21,812,911
Key Populations	$26,546,173	$29,463,458	$27,031,163
Non-Targeted Populations	$311,971,425	$307,302,884	$300,204,770
OVC	$27,764,901	$26,994,261	$26,778,784
Pregnant & Breastfeeding Women	$11,732,008	$10,644,538	$10,325,202
TOTAL	**$402,075,000**	**$396,833,500**	**$386,152,830**

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Initiative Name	COP22/FY2023	COP23/FY2024	COP23/FY2025
Community-Led Monitoring	$300,000	$300,000	$300,000
Condoms (GHP-USAID Central Funding)	$1,000,000	$1,000,000	$1,000,000
Core Program	$373,774,620	$370,792,179	$361,304,517
LIFT UP Equity Initiative	$0	$800,000	$0
One-time Conditional Funding	$1,700,000	$0	$0
OVC (Non-DREAMS)	$25,300,380	$23,941,321	$23,548,313
TOTAL	**$402,075,000**	**$396,833,500**	**$386,152,830**

APPENDIX C – Above site and Systems Investments from Planning Above Site Investments Tool (PASIT) and Surveys Research and Evaluation (SRE) tool

Table C.1 Above Site Interventions in COP23 FY24 by Status and Budget

S/N	Project Title	Status	Budget
1	Community-Led Monitoring/Ambassador's Small Grants	On-going, modified	$300,000
2	CSO Engagement Plan	On-going, continuing	$450,000
3	African Cohort Study (AFRICOS)	On-going, continuing	$500,000
4	National Data Repository (NDR)	On-going, continuing	$2,325,418
5	National Integrated Sample Referral Network (NISRN)	On-going, continuing	$3,460,938
6	National Orphans and Vulnerable Children Management Information Systems (NOMIS)	On-going, continuing	$310,400
7	LHSS/State-Level Health Insurance	On-going, continuing	$605,250
8	Nigeria Sustainability and HIV Impact Program (N-SHIP)	On-going, recategorized	$184,800
9	National Supply Chain Technical Assistance:	On-going, recategorized	$450,000

S/N	Project Title	Status	Budget
10	Reaching Children, Adolescents and Youth (RCAY) - NOMIS Technical Assistance	On-going, recategorized	$35,000
11	Advancing Capacity for Epidemic Preparedness	New	$850,000
12	ART Impact Survey	New	$2,000,000
13	Diagnostic Network Review for Lab systems	New	$200,000
	Total		**$11,671,806.00**

Achieving and sustaining epidemic control requires strong key health systems functions to be in place. The COP 23 above site investments strengthen GON's public health system with a keen focus on HMIS, Laboratory, Health Financing, Surveillance and Sustainability while also focusing on building capacity of local organization to provide oversight and accountability for state level service delivery. These investments, while not being directly related to service delivery, are necessary to help create an enabling health system environment to support services. PEPFAR's Nigeria are described in the narratives below.

Ambassador's Small Grants (CLM activity)

PEPFAR will continue to fund Community-Led Monitoring through the Ambassador's Small Grants mechanism, however, following recommendations and feedback from the civil society representatives at the Johannesburg co-planning meeting, the grants in COP23 will be modified to include sole-source grant opportunities to reputable civil society organizations, networks or groups that will directly lead and manage all aspects of the CLM activity. This group will represent the broad base of civil society actors engaging with PEPFAR in the planning, implementation and review of program activities and will interface with other groups implementing similar activities under the Global Fund program. CSO leaders have expressed interest to structure the CLM activity to enable also track and report on how HIV program resources are being deployed by all the different actors in the national HIV response effort, to help identify new opportunities to improve resource efficiency and better position host country institutions in Government, private sector and civil society to take over more leadership and management roles in the national response.

CSO Engagement Plan

The CSO engagement plan for COP23 will continue to create opportunities for improved PEPFAR-CSO collaboration and to serve as an incubation hub for CSO-led interventions which will be subsequently

taken to scale, as has been done with the Patient Education and Empowerment Programme (PEEP). Sub-community plans have been received from AYP, Faith-Based, Key-Population and Media-focused CSOs and these will be reviewed and supported in the current FY with support expected to continue into COP23 when necessary. Through this activity, implemented through the Henry Jackson Foundation (HJF), PEPFAR will also continue to support the mobilization of the diverse civil society representation for HIV in Nigeria and ensure that these groups can work together to consolidate and improve their engagements with other stakeholders in the national response. These gatherings will work to ensure that CSOs are positioned to play a more significant role in the planning, implementing and review of planned national HIV survey activities and other special interventions like the National PMTCT scale-up plan. Through this engagement plan PEPFAR will also provide technical assistance to CSOs to build their fiscal capacity to direct funding opportunities in future. PEPFAR will also support CSO participation in meetings, national forums, and their engagement NACA-led NASA reporting process, as well as the implementation of the National HIV/AIDS Reduction Strategy and National U=U Strategy. Additionally, through the State Small Grants program, smaller grants will be awarded to AYP and youth-led organizations to tap into and reach high-risk youth engaged in virtual platforms.

The African Cohort Study (AFRICOS)

AFRICOS is a multi-country, multi-year cohort study managed by DOD. It is in the 9th year of implementation across Kenya, Tanzania, Uganda, and Nigeria. Study outputs have resulted in more than 90 publications and presentations since inception, and informed programming decisions to improve the quality of patient care. A prospective cohort study, it has enrolled 4,068 participants as of December 1, 2022, globally, while Nigeria enrolled 491 patients (12.1%) and every 6 months collects clients' social, demographic, clinical and laboratory data as well as blood and other samples (as appropriate) for storage in the AFRICOS repository. This protocol and repository are evaluating the prevalence and incidence of HIV related coinfections and comorbidities, as well as the pathogenesis of these conditions, with particular emphasis on tuberculosis, viral hepatitis, malaria, SARS-CoV-2, malignancy, and the metabolic and cardiovascular complications of HIV. A secondary goal of AFRICOS is to facilitate investigation into the pathogenesis of HIV infection and HIV disease progression. Serologic testing for SARS-CoV-2 was recently added. In COP 23, Nigeria's participants' enrollment target will be maintained at 550 participants (consisting of 459 PLHIV and 91 HIV-uninfected participants). The Cohort will provide useful information regarding morbidity and mortality monitoring, HIV drug resistance patterns, non-infectious comorbidities, impact of COVID-19 on HIV pathogenesis and outcomes, effect of COVID 19

movement restrictions on patient care, effect of TLD transition on clinical outcome and understanding of persistent low-level viremia among another variable being monitored. This will guide our understanding of the disease progression to formulate policies that will improve clinical outcome.

National Data Repository (NDR)

NDR is a web-based repository of de-identified longitudinal patients level data that provides timely and reliable data to guide program strategies and policy decisions for achieving the UNAIDS global HIV 95-95-95 goals. Current functionalities include PMTCT and clinical cascade monitoring; Recency, Mortality and Case Based Surveillance; program reporting via automated DATIM Flat file generation and import; duplicates identification using biometrics to facilitate de-duplication of TX_CURR for the country.

In current FY23, the NDR is being optimized to align with the Health Information Exchange OpenHIE framework for improved flexibility and scalability. The ongoing development of a Client Registry/Patient Identity Management System (PIMS) will allow patients have access to care regardless of facilities of registration and help flag attempt for multiple enrolment by clients via fingerprint verification and authentication function. Additionally, an NDR Analytics Workspace to allow users to develop customized analytics and visualizations is being developed. Enhancements to enable routine annual fingerprints re-validation is being implemented; this feature will enable verification of fingerprints assigned to clients' records and subsequent verification of uniqueness of TX_CURR numbers.

In COP23, there will not be any expansion of the NDR infrastructure rather, the focus will be to reform current design structure of NDR to enable improved accuracy and completeness of data as well as meet stakeholder expectations, including PEPFAR interagency team (See Table C.3). Completeness of biometrics capture across all states and facilities will be a priority, including routine biometrics capture during enrollment and subsequent clinic visits. NDR will be made interoperable with other key data systems in the country. There will be increased drive for completeness of HTS and PMTCT associated data during the implementation year. To advance health equity, specific analytics for children, key populations, adolescents, and young persons will be implemented on NDR.

Table C. 2 Comparison of NDR Plans in COP22 versus COP23

S/#	CoP22 Plans/Status	CoP23 Plans
1	Optimized Health Information Exchange (HIE) via micro-services re-architecture	Review design and structural architecture of NDR improve user experience, increase data completeness and accuracy.

2	NDR Analytics Workspace (NAWS) development	
3	High-level Client Registry (CR)/Patient Identity Management System (PIMS) with tier interaction and facility access to the NDR.	
4	NDR-NHMIS Integration	

National Integrated Sample Referral Network (NISRN)

The National Integrated Sample Referral Network (NISRN) which was conceptualized in 2017 and commenced operations in 2018, has effectively served as a widely used medical specimen referral system (SRS) to address the barriers to access and capacity utilization. NISRN has been critical to refer samples rather than clients across the diagnostic network within a pre agreed turnaround time, thereby ensuring that clients are able to access laboratory testing services irrespective of their location.

In Nigeria diagnostic services are offered through a tiered laboratory network which generally follows the health system tiers. At the base of the lab network are over 40,000 Primary Health Care (PHC) facilities, a large proportion of which do not provide laboratory services. A significant proportion of testing for diagnosis and treatment monitoring only occurs at the higher tiers of the network and access to these quality diagnostics services is therefore dependent on linkage of health facilities without testing capacity to the laboratory network. Annually, NISRN is expected to transport over 2 million HIV, TB, and Covid-19 samples per year to help ensure testing access for PLHIV and TB clients.

In line with the Nigeria National Medical Laboratory Services Policy (NMLSP) objective to ensure that all Nigerians have access to the appropriate, cost effective and high-quality, the integrated specimen referral system was developed to address the barriers to access to laboratory services and underutilization of medical laboratory equipment capacity.

National Orphans and Vulnerable Children Management Information Systems (NOMIS)

The National Orphans and Vulnerable Children Management Information System (NOMIS) in Nigeria is a database management system aimed at improving the delivery of services to orphans and vulnerable children in the country. It provides a centralized platform for collecting, storing, and analyzing data related to children, including information on their demographics, health status, and educational needs.

The goal of NOMIS is to improve the coordination and efficiency of service delivery to children, ensuring they receive the support they need to thrive.

The features of NOMIS 3.0 are - Household Module, Household Member module, Retrospective module, Report Module, Visualization module, Dashboard Module, Administration Module, Case Management module, Database merging module, Database backup, Form and report builder, application codeset, user management system level flag module, Import and export module.

NOMIS Child Monitor mobile application was successfully developed to replace paper-based data collection tools in the field. The available features include Sync Module, Household Module, Household Member module, Dashboard module, FAQ, and chatbot NOMIS has also been deployed across 143 LGAs and deployment is presently ongoing across all the remaining states with the expectation to complete full deployment by end of May.

FY24 Proposed future works on NOMIS 3.0

- Inventory module to manage product: Add product and/or tools, notify end users when an item is out of stock or has reached the re-stock limit, and generate robust report.
- Financial module integration: For tracking all cash-based transfers and all household financial support.
- Fingerprint biometric module on Web and Mobile: Fingerprint template capturing, Fingerprint template verification, one-to-many data matching, Fingerprint template validation, and deduplication of clients based on Fingerprint. However, the deduplication of clients by fingerprint data is subject to purchasing a Neurotechnology Megamatcher Automated Biometric Identification System for unlimited and fast fingerprint data matching.
- Gap Analyzer module: This feature will provide a detailed report on data quality gaps. This improves the data quality and reduces the stress of cleaning up data after generating.

Local Health Sustainability Systems/ State Health Insurance Schemes

The National Domestic Resource Mobilization and Sustainability Strategy (NDRMS) was developed in 2021 and recommends key strategies targeted at mobilizing $662 million domestically for HIV control over the next four years. Key to the NDRMS strategy is the integration of HIV into state health insurance schemes in all 36 +1 states, improving private sector participation and improved health sector governance, efficiency, and accountability of HIV.

In May 2022, the GoN signed into law the National Health Insurance Authority (NHIA) act. In so doing, this repealed the former NHIS law and opened up the health insurance space to take on additional health spending towards universal health coverage through the vulnerable group fund (which will handle health cases that the basic health care provision fund cannot take care of because it is targeted at primary health issues these are called social protection schemes. The NHIA also recognizes the State health insurance schemes which were not in place when the NHIS law was passed in 2005. This law also mandates compulsory health insurance enrollment for all Nigerians, thereby increasing pool funding for health. Advocacy is needed at the national and state levels to facilitate the integration of HIV services into state health insurance schemes (SHIS), the Basic Health Care Provision Fund (BHCPF) platform, state equity funds, and the recently proposed Vulnerable Group Fund. These social protection schemes can ensure the poor and vulnerable have access to services. PEPFAR is working towards integrating HIV services in COP23 with NACA, NASCP, NHIA, and other national agencies to include fully comprehensive HIV services into the new benefit package of the NHIA which will provide a basis for state adoption.

At state level, PEPFAR is supporting Lagos to implement a roadmap for integrating HIV into the state health insurance scheme (SHIS). This included the completion of the HIV integration roadmap including identification and empanelment of additional HIV facilities, accreditation and contracting with those facilities, mapping out mechanisms for referral and monitoring and evaluation for HIV integration, and commodity logistics. With PEPFAR support, Lagos has empaneled 245 active health facilities, enrolled over 700,000 people into the Lagos SHIS, released funding for health insurance coverage, and commenced HIV service delivery in 85% of empaneled health facilities. With support from PEPFAR, over $1.5 million dollars was pooled as resources to the state health sector through the health insurance agency enrollment drive, with $190,909 equivalent government expenditure on premiums for around 7,000 PLHIVs enrolled under the state equity fund.

In COP23, PEPFAR will continue to support efforts to increase the coverage PLHIV through fully functioning social health protection programs (i.e., basic health care provision fund and state health equity funds) in target states to improve equitable access to essential health services for the most vulnerable populations, especially women, girls, and people with disabilities. They will also work to improve the full integration of HIV into health insurance schemes with focused support in Lagos and Kano. We plan to scale up activities to 2-3 additional states. Emphasis will be placed on demonstrated

coverage of HIV services within the state health insurance packages, increased enrollment of PLHIVs on health insurance schemes and increase number of facilities who are empaneled and activity receiving reimbursements from state schemes.

PEPFAR investment in COP23 will leverage other GoN social protection investments (such as the basic health care provision fund, the vulnerable group fund and state government equity fund) to expand HIV services, and enroll more PLHIVs, OVCs and KPs thus contributing to integration of PEPFAR programs into the mainstream health sector expenditures. Efficiencies will be gained by extending coverage of HIV services and provision of other health interventions for PLHIVs not currently covered by the PEPFAR program, thereby improving health outcomes for PLHIVs, and help move the country towards ending AIDS by 2030.

Nigeria Sustainability and HIV Impact Program (N-SHIP)

The Nigerian HIV program is largely founded and driven by PEPFAR and its implementing partners with little government engagement and ownership. The system is overburdened by the dearth of HIV experts, poor coordination, nagging clinical issues of non-adherence to treatment protocols, interruptions in treatment (IIT) and poor data management systems. To address these issues, the clinical mentorship program was borne, to strengthen healthcare systems by providing continuous education to healthcare workers, enhancing quality of clinical care, HIV program management, and promoting workforce performance to ensure 95-95-95 is reached and sustained. PEPAR and the Global Fund have recruited over 220 government of Nigeria clinical mentors across 34 states in Nigeria. The role of the indigenous clinical mentors' program is to ensure sustainability of the HIV/AIDS program in Nigeria and attainment of the "end-AIDS" goal by 2030.

National Supply Chain Technical Assistance

Previously categorized under nonservice delivery technical assistance support to the Government of Nigeria, through NASCP, to conduct the Bi-annual completion of GON HIV commodity quantification, forecasting and supply planning has shifted to reflect PEPFAR Nigeria's investments towards building sustainability across the national integrated supply chain. This support is also extended to the hosting of the 2-year Assumption Building workshop as well as for the National PSM meetings to improve GON and Donor collaboration. The technical assistance includes the integrated monitoring and supervisory visits to the States and LMCU to ensure improved accuracy and availability of HIV commodity logistics data at

Federal and State levels through the NHLMIS platform. Technical assistance is also expected to be provided to the Food & Drug Services Department (FDS) FMOH & National Product Supply Chain Management Programme (NPSCMP) to assist the Government in its coordination role of the National Supply Chain.

Reaching Children, Adolescents and Youth (RCAY)- NOMIS Technical Assistance

The Adolescents and Children, HIV Incidence Reduction, Empowerment, and Virus Elimination (ACHIEVE) project collaborates with Palladium (Data.Fi), to access technical expertise in information systems management and software development for (NOMIS) related activities.

ACHIEVE will work with the Federal Ministry of Women Affairs (FMWA) and Data.Fi to provide technical assistance and training to the ICHSSA partners, Federal and State Ministry of Women Affairs and LGA social welfare units to improve the number of staff who are able to utilize NOMIS to develop analytics for program management, reporting and strategic planning for OVC program implementation. The TA will focus on addressing challenges the partners may encounter with the NOMIS. This will be done in close partnership with Data.FI. This will be zoned in the focal ICHSSA state with close supervision from the FMWA and state OVC Steering Committee for sustainability and quality. While this has always been categorized as an above site technical assistance activity, it was included to fully reflect the comprehensive HMIS investments towards NOMIS.

Advancing Capacity for Epidemic Preparedness through NCDC

In COP23, PEPFAR Nigeria program has prioritized advancing the role of the National Public health Institute (NPHI) – the Nigeria Center for Disease Control (NCDC), within the sustainability framework of the HIV response.

To this end, PEPFAR/Nigeria through CDC will provide direct funding support to NCDC to implement Enhanced community-based Surveillance, and detection of and response to Priority Diseases (ESPD), including HIV, at the sub-national levels. In FY24, in addition to engaging in HIV recency and mortality surveillance, NCDC will be supported to strengthen structures at the community levels for Early Warning Surveillance of other Priority Diseases. This will include partnership and collaboration with Key Populations (KP), Community Partners, Community Gate Keepers, and Community Informants, to strengthen monitoring and reporting to Public Health Facilities/Public Health Emergency Operation Centers (PHEOC) at state and community levels. This intervention will ensure that as we approach the

last mile in the accelerated HIV response, on-going public health response efforts, especially, HIV recency and mortality surveillance become more mainstream, while strengthening capacity for early warning disease indicators and reporting for Mpox, Lassa Fever and other hemorrhagic fevers, COVID-19, cholera, and other priority diseases that adversely affect PHLIV, health workers and other populations.

These will deepen and strengthen the country's structures and mechanisms for sustained Integrated Disease Surveillance, early disease detection, outbreak preparedness and response at all levels.

ART Impact Survey

The State level ART Impact Survey aimed at tracking the progress across the clinical cascade (95:95:95), including knowledge of HIV status, HIV treatment coverage, viral load suppression in one state. Results from the survey will be triangulated with the program data to have a better understanding of the challenges with 95-95-95 program data reported in the state. This survey is planned to be completed in a timely manner to produce result that will guide the implementation of Year 2 of COP 23. The survey design, implementation and data sharing will be co-led by the USG interagency, even the mechanism of funding is through a single USG agency. GoN and CSOs will be fully engaged in all steps of the process (including state selection, survey design, implementation and data sharing).

Diagnostic Network Review

DNR is a laboratory-systems strengthening activity that holistically assesses the entire diagnostic network to identify key strengths and weaknesses and provide evidence-based recommendations to improve the whole diagnostic network. Nigeria first HIV Diagnostic Network Optimization exercise in 2017 identified that there. were about 45 conventional viral load (VL)/EID equipment in 27 laboratories across the country a mix of CD4 conventional and POC machines and over 300 GeneXpert tuberculosis (TB) machines. The completed assessment resulted in the reduction of the volume of national PCR laboratories from 27 to 16; establishments of 6 mega laboratories in 4 states and FCT; implementation of a national integrated sample referral network; and the layering of the TB network into the national network. In alignment with the programmatic surge, the six mega laboratories with high throughput equipment were established with an expected VL turnaround time of two weeks.

Since 2017, the PLHIV coverage has increased from 48% to 94% respectively resulting in a subsequent 686.3% increase in the Volume of needed VL tests. In addition to the increased volume of samples, the current diagnostic network continues to combat the relatively high cost of sample movement due to distant laboratory locations, bulk sample movement during equipment breakdown and when laboratories are overwhelmed. There are also parallel sample movement systems and lack of integration across disease programs, high sample-result Turnaround time (TAT) due to disproportionate distribution of workload across laboratories and POC equipment for EID not adequately captured in the network. As we plan for the future with an estimation of 2.2 million PLHIV by 2025, the current network will continue to be fraught with challenges.

To address these gaps in COP 23, PEPFAR Nigeria in coordination with Global Fund plans to conduct an integrated disease diagnostic network review (DNR) to holistically assess the entire diagnostic network to identify key strengths and weaknesses and provide evidence-based recommendations to improve the whole diagnostic network across HIV and TB program. The review will define the optimal mix of technologies, determine the most suitable locations where technologies should be placed and design the sample referral network links. This will lead to optimization of the quality and performance of laboratory systems for both program and cost efficiencies and recommend the proportionate distribution of workload across laboratories. The integrated assessment across other disease programs will promote sustainability, increased access, impact, and efficiencies in laboratory services leading to increased HIV, TB and other diseases testing services and specimen-results TAT within nationally agreed thresholds.

The DNR will align the testing demand and capacity in the most cost-effective way by defining the optimal instruments mix, identifying the most appropriate locations where instruments should be placed for a reduction in cost, an improved specimen-to-result turnaround time, and designing the referral network linkages across that revised network that will ensure that network routing aligns with volume commitments to vendors while also maintaining a proportionate distribution of workload.