

# HARM REDUCTION NOTE - NIGERIA



# This information note has been compiled by Harm Reduction International (HRI) in collaboration with Drug Harm Reduction Advocacy Network Nigeria, to support Global Fund Grant Cycle 7 processes.

1. Nigeria Country Factsheet <https://www.unaids.org/en/regionscountries/countries/nigeria>
2. HIV/STI Integrated Biological and Behavioural Integrated Survey 2020 <https://wacphd.org/wp-content/uploads/2022/04/IBBSS-2020-FINAL-REPORT.pdf>
3. National HIV and AIDS Strategic Framework 2021-2025 <https://naca.gov.ng/wp-content/uploads/2022/03/National-HIV-and-AIDS-Strategic-Framework-2021-2025-Final.pdf>
4. National Drug Use Survey Report. [https://www.unodc.org/documents/nigeria/Drug\\_Use\\_Survey\\_Nigeria\\_2019\\_BOOK.pdf](https://www.unodc.org/documents/nigeria/Drug_Use_Survey_Nigeria_2019_BOOK.pdf).
5. HIV/STI Integrated Biological and Behavioural Integrated Survey 2020 <https://wacphd.org/wp-content/uploads/2022/04/IBBSS-2020-FINAL-REPORT.pdf>
6. National Drug Use Survey Report. [https://www.unodc.org/documents/nigeria/Drug\\_Use\\_Survey\\_Nigeria\\_2019\\_BOOK.pdf](https://www.unodc.org/documents/nigeria/Drug_Use_Survey_Nigeria_2019_BOOK.pdf).
7. The data source defined 'high-risk drug users' as those who had used opioids, crack/cocaine or amphetamines in the past 12 months as well as used for at least 5 times in the past thirty days.
8. National Strategic Framework on Viral Hepatitis in Nigeria (2022-2030) <https://www.globalhep.org/evidence-base/national-strategic-framework-viral-hepatitis-nigeria-2022-2030>

## 1. Epidemiological data

### 1.1 People who use drugs and HIV

- People who inject drugs size estimate: 326,000.<sup>1</sup>
- 24% of people who inject drugs are adolescents and young people between 15-24.<sup>2</sup>
- HIV prevalence: 10.9% nationally, while as high as 23.4% in Benue.
- HIV prevalence has increased among young people aged 20-24 (from 21.4% in 2014 to 23.9% in 2020) and slightly decreased among people aged 25-49 (from 32.3% in 2014 to 30.5% in 2020).
- People who inject drugs and their partners respectively are estimated to account for about 9% of the annual new infections.<sup>3</sup> Exchanging sex or money for drugs is reported.<sup>4</sup>

**Key highlight - HIV prevalence rose steeply amongst people who inject drugs from 3.4% in 2014 to 10.9% in 2020.<sup>5</sup> The rise is most apparent among young people who inject drugs.**

### 1.2 People who use drugs, viral-hepatitis and co-infection<sup>6</sup>

- Self-reported prevalence of HBV: 7.8% amongst people who inject drugs and 6.6% amongst high-risk drug users.<sup>7</sup>
- Self-reported prevalence of HCV: 3.3% amongst people who inject drugs and 2.3% amongst high-risk drug users
- Self-reported prevalence of tuberculosis: 5.1% amongst people who inject drugs and 3.4% amongst high-risk drug users
- The data on viral hepatitis is from 2018 and data available in the public domain is inadequate. However, there are indications that the prevalence has increased and as a result the new National Strategic Framework for Viral Hepatitis (2022-2026) has expanded the definition for key populations to include people who inject drugs, people in correctional centres and people in closed settings.<sup>8</sup>

9. National HIV and AIDS Strategic Framework 2021-2025  
<https://naca.gov.ng/wp-content/uploads/2022/03/National-HIV-and-AIDS-Strategic-Framework-2021-2025-Final.pdf>
10. Information provided by the Drug Harm Reduction Advocacy Network (DHRAN)
11. Harm Reduction International (2022) Global State of Harm Reduction 2022. London: Harm Reduction International.  
<https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>
12. Country Factsheet Nigeria 2021  
<https://www.unaids.org/en/regionscountries/countries/nigeria>
13. Country Factsheet Nigeria 2021  
<https://www.unaids.org/en/regionscountries/countries/nigeria>
14. Country Factsheet Nigeria 2021  
<https://www.unaids.org/en/regionscountries/countries/nigeria>
15. Country Factsheet Nigeria 2021  
<https://www.unaids.org/en/regionscountries/countries/nigeria>
16. HIV/STI Integrated Biological and Behavioural Integrated Survey 2020  
<https://wacphd.org/wp-content/uploads/2022/04/IBBSS-2020-FINAL-REPORT.pdf>
17. Country Factsheet Nigeria 2021  
<https://www.unaids.org/en/regionscountries/countries/nigeria>
18. Country Factsheet Nigeria 2021  
<https://www.unaids.org/en/regionscountries/countries/nigeria>
19. Nigerian government accepts needle exchange pilots. AIDSFONDS (March 4, 2019).

- Harm reduction services are included in the national HIV and AIDS strategic framework 2021-2025, including opioid agonist therapy (OAT), needle and syringe programme (NSP) and outreach.<sup>9</sup>
- NSP: 312 syringes per person per year.<sup>10</sup>
- OAT: at least one OAT programme is providing methadone.<sup>11</sup>
- Testing and status awareness among people who inject drugs: 37.2%<sup>12</sup>
- ART coverage among people who inject drugs living with HIV: 25%<sup>13</sup>
- Condom use among people who inject drugs: 46.5%<sup>14</sup>
- Safe injecting practices among people who inject drugs: 35.9%<sup>15</sup>
- Use of new syringe almost every time injecting: 6%<sup>16</sup>
- Access to peer-distribution of naloxone: Naloxone is available at one-stop shop facilities but not yet distributed within the community due to unresolved issues.
- Access to PrEP/PEP is reported to be low among people who inject drugs and female sex workers.
- Population size estimate prisoners: 70,800<sup>17</sup>
- HIV prevalence among prisoners: 2.8%<sup>18</sup>

The United Nations Office on Drugs and Crime (UNODC) is currently supporting the development of standard operating procedures and protocols for medically-assisted therapy focusing on OAT in Nigeria, and Nigeria's National Drug Control Masterplan 2021-2025 commits to rolling out OAT in four states which includes Oyo, Lagos, Gombe and Abia<sup>19</sup> and pilot NSPs in four states were implemented between 2020 and 2021. The outcome of the pilot informed an increase of harm reduction services in three states between October 2021 – September 2022. There are ongoing efforts to further increase harm reduction services in four additional states (a total of seven out of the 36 states plus the FCT) in the current project cycle. The provision of harm reduction services is supported by investments from the Global Fund and ViiV Healthcare, but the coverage remains low for the moment.

### 1.3 HIV prevention and harm reduction coverage

The federal government of Nigeria approved the implementation of core harm reduction services (NSP, OAT, and Naloxone) in 2019. In December 2022, Drug Harm Reduction Advocacy Network programmatic review of harm reduction implementation among people who use drugs found similar prevention package interventions in 13 states with inconsistencies in implementation. Seven states (Oyo,

20. DHRAN (2022) Nigeria: Situational Assessment Report for Key Population Prioritization in the NFM4 Grant Request. Nigeria: Drug Harm Reduction Advocacy Network (DHRAN).
21. National Agency for the Control of AIDS, 2021, An assessment of pilot Needle Syringe Exchange Program for People who inject drugs in Nigeria. <https://naca.gov.ng/wp-content/uploads/2021/09/NSP-Assessment-Report.pdf>
22. Henry O (2022) Harm Reduction Financing Landscape Analysis in Nigeria 2022. London: Harm Reduction International
23. National Agency for the Control of AIDS, '2019 National AIDS Spending Assessment Report'. (Unpublished Draft)

Abia, Gombe, Cross River, Akwa Ibom, Rivers and Lagos) had NSP while the harm reduction package differed significantly. There was also an absence of legal aid services to handle cases of human rights abuses to people who use drugs; no gender-sensitive or intersectional considerations in programme delivery; assumption of homogeneity of key populations and regular reports of stock outs. The engagement of community members in service delivery was a positive.<sup>20</sup>

The National Agency for the Control of AIDS assessment of pilot NSP conducted in 2021<sup>21</sup> concluded that, despite challenges with implementation, monitoring and data management, the programme:

- Was partially effective
- NSP is feasible in Nigeria
- Increased the level of awareness among people who inject drugs that sharing needles can transmit HIV
- Increased the reporting of violence and human rights violations
- Increased access to the HIV services and information

***Key highlight - The national coverage of prevention services in particular harm reduction is consistently too low. NSP and OAT are very limited and access to testing, information and awareness of HIV and safe injecting practice remains low, while HIV incidence among people who inject drugs is high.***

## **2. Harm Reduction Financing<sup>22</sup>**

The study conducted by Harm Reduction International analysing the harm reduction financing landscape reiterated that harm reduction continues to depend heavily on international donors in Nigeria. PEPFAR and the Global Fund contribution account for 67% and 15% respectively to the national HIV response. Out of USD 2.1 billion reported donor (Global Fund and PEPFAR) spending on HIV between 2015-2018, only USD 44 million was spent on key population programmes - which represents 2% of the total HIV expenditure.<sup>23</sup>

The approved cost for the Global Fund supported harm reduction intervention was USD 1.96 million under the National Aligned HIV/AIDS Initiative (NAHI) for the period covering 2021-2023. Under the NAHI project, harm reduction is embedded into existing HIV programmes as a gap filling measure in seven out of eight PEPFAR states. Since NSP service commodities are not an allowable cost by PEPFAR, the Global Fund money is used to purchase needle and syringes in PEPFAR project states.

24. Harm Reduction International (2022) Harm Reduction Financing Landscape Analysis in Nigeria 2022. London: Harm Reduction International
25. Burrows, D., McCallum, L., Parsons, D. & Falkenberry, H. (April, 2019). Global Summary of Findings of an Assessment of HIV Service Packages for Key Populations in Six Regions. APMG Health, Washington, DC

There is no account of domestic harm reduction funding since there has not been any commitment in this regard. Even the implementation of the National Drug Control Master Plan (NDCMP 2021-2025), which includes harm reduction as a strategic pillar, is not operationalised due to little or no funding commitment by the government over the years.<sup>24</sup>

***Key highlight - The allocation of funding to key populations and in particular harm reduction, is very low. There is a high need to increase the harm reduction funding to effectively address increasing HIV incidence amongst people who inject drugs.***

### **3. Country context**

Nigeria still has repressive laws and systems, which criminalise drug possession, drug use and cultivation of small amounts of illicit drugs. About 45% of people who inject drugs reported being arrested or threatened with arrest in the last six months.<sup>25</sup>

The national HIV/AIDS policy and the draft National Strategic Plan (2023-2027) demonstrate a lot of progress and use of language that acknowledges the vulnerability of key populations. References are made to human rights and key population-centred program design and implementation including community-led efforts, integration of interventions into mainstream health systems. Continued advocacy will be needed to remove legal and other structural barriers that criminalise key populations and promote stigma and discrimination including in health care settings, the use of digital technologies, and differentiated service delivery that improve service uptake without compromising quality.

### **4. Key advocacy priorities for people who use and inject drugs in grant cycle 7**

Harm reduction and prevention services

- Availability of Medication Assisted Treatment (MAT) services (also termed opioid substitution therapy) at the national level. The national HIV strategic plan has recognised MAT as part of the HIV prevention program and the federal government of Nigeria approved the implementation of core harm reduction services (NSP, MAT, and naloxone) in 2019. In addition, a separate guideline on needle syringe programme and MAT has been developed.

- Scale up NSP and address existing gaps related to stock out and legal aid services. NSP is currently implemented in seven states, however there remain numerous challenges that require addressing in order to have optimal impact.
- Availability of community-led naloxone.
- Increased availability of condom and lubricant
- Integration of mental health services for people who use and inject drugs
- Increase access to PrEP for people who inject drugs

#### Viral hepatitis services and treatment

- Integration of viral hepatitis vaccination, testing and treatment services into HIV program.

#### Sexual reproductive health services

- Integration of sexual reproductive health and rights services into HIV services
- Routine STI screening, including HPV and HPV vaccination

#### Community-led program

- Development of capacity of community-led collectives and organisations on HIV intervention for their communities
- Strengthening of key population-led organisations to perform the role of the One-Stop Shops (OSS).

#### Legal barriers and funding landscape

- Advocacy to remove the punitive laws that criminalise drug use resulting in human rights violations of people who inject drugs and denial to essential health services; and encourage adoption of harm reduction in the programs.
- Advocacy to increase domestic funding for harm reduction including implementation of social contracting for health, HIV and harm reduction.

#### Other support

- Integration of income generating skills training and empowerment, education support for key populations
- Support for safe housing for victims of violence and homophobia