



Partnership Framework on HIV/AIDS, 2010-2015

A Memorandum of Understanding between the
Government of Nigeria and the United States
Government to Fight HIV/AIDS in Nigeria

August 25, 2010

I. PARTICIPANTS, PURPOSE, PRINCIPLES

Participants:

This Memorandum of Understanding between the Government of Nigeria and the United States Government is to be referred to as the Partnership Framework on HIV/AIDS. It is a non-binding bilateral arrangement between the Government of Nigeria (GON), represented by its Executive Branch, and the United States Government (USG), represented by the U.S. Ambassador to Nigeria (collectively, the Participants). The Participants represent their respective Ministries, Departments and Agencies (MDAs).

Purpose:

The purpose of this Partnership Framework on HIV/AIDS (2010 - 2015) is to reiterate the expected contributions of the GON and the USG to the policy and programmatic agenda set forth in the National Strategic Framework for the Control of HIV/AIDS 2010-2015 (hereafter the NSF2) and the National Strategic Health Development Plan (NSHDP) of the Federal Ministry of Health (FMOH).

The Participants acknowledge that the NSF 2 was prepared under the leadership of the National Agency for the Control of AIDS (NACA), the GON agency charged with coordinating the national response to HIV/AIDS and reporting directly to the Presidency. The NSF 2 was prepared in the last quarter of 2009 based on the revision of the National Policy on HIV/AIDS and involved broad stakeholder participation and extensive consultations at both the Federal and State levels. At the same time, the FMOH has led the development of the NSHDP covering the period of 2010-2015. This Plan was also developed in a participatory process with involvement of stakeholders at all levels. While the NSF 2 is HIV/AIDS specific, the NSHDP addresses the strengthening of the overall health system. In addition, this Partnership Framework supports the National Partnership on Health: A Declaration on Mutual Accountability for Improved and Measurable Health Results in Nigeria, as endorsed by the President and the 36 State Governors and the Federal Capital Territory (FCT) Minister, Abuja, 10th November 2009.

The six principal strategic areas addressed by the NSF 2 are:

1. Behavior Change and Prevention of New HIV infections
2. Treatment of HIV/AIDS and Related Health Conditions
3. Care and Support for People Infected and Affected by HIV/AIDS and Orphans and Vulnerable Children
4. Policy, Advocacy, Human Rights and Legal Issues
5. Institutional Architecture, Systems, and Resources
6. Monitoring and Evaluation, Research, and Knowledge Management

The National Strategic Health Development Plan's mission is "to develop and implement appropriate policies and programs, as well as to undertake other necessary actions that will strengthen the National Health System to be able to deliver effective, quality and affordable healthcare." It addresses eight strategic areas:

1. Leadership and Governance for Health
2. Health Service Delivery
3. Human Resources for Health
4. Health Financing

5. National Health Information Systems
6. Community Partnership and Ownership
7. Partnerships for Health
8. Research for Health

Principles

The principles that govern the Nigerian response to HIV/AIDS and by extension the PEPFAR Framework include the following:

1. *Leadership and stewardship of the national response*: Strong political leadership and stewardship of the national HIV/AIDS response and commitment to transparency and prudent management of financial and other resources at all levels of the response.
2. *Multisectoral HIV response*: Contribution to forge consistent and effective partnership and collaboration with development partners, the private sector, local implementing partners and civil society through harmonized and aligned ways of working to support the HIV/AIDS response at all levels of planning, implementation and monitoring progress towards national goals.
3. *Rights of People Living with HIV/AIDS (PLHIV)*: Protection and promotion of the rights and access of PLHIV to comprehensive prevention, treatment, care and support services as well as reduction of stigma and discrimination and ensuring meaningful involvement of PLHIV in the HIV/AIDS response at all levels.
4. *Rights of vulnerable groups*: Contribution to promote and protect the rights of women, children, young people, and marginalized groups and reduce their vulnerability to HIV.
5. *Addressing gender factors that increase female vulnerability to HIV*: Contribution to address social, economic, and cultural factors responsible for disproportionate vulnerability of women and girls to HIV infection.
6. *Enhanced focus on Most At Risk Persons (MARPs)*: Commitment to accelerate the scale up of HIV prevention, including Counseling and Testing among MARPs.
7. *Delivery of integrated services*: Contribution to strengthen linkages and optimize synergies between HIV/AIDS, TB, malaria, maternal, child and reproductive health programs and poverty alleviation initiatives to break the vicious cycle of the disease and its relationship with economic disempowerment.
8. *Human Resources for Health*: Increase production, retention and deployment of better trained health professionals and community health workers.
9. *Evidence-based HIV/AIDS programming*: Commitment to a harmonized & GON driven evidence-based approach to planning and implementing interventions

II. FIVE-YEAR STRATEGIC OVERVIEW

The overarching goal of this framework is to facilitate the implementation of the goals, strategies and objectives of the NSF2 and the NSHDP as they impact on the sustainability of the HIV/AIDS response in Nigeria and the GON's capacity to plan, oversee, manage, implement, and ultimately finance its HIV/AIDS programs. This framework seeks to establish a renewed emphasis on ensuring that the "Three Ones" are realized. The USG and GON jointly commit to the principles of the "Three Ones"; one jointly-determined action framework, one national HIV/AIDS coordinating authority, and one country-level monitoring and evaluation system. Within this Framework and consistent with the principles of the US

Government's Global Health Initiative, both parties will work to design a transition plan that moves the USG from providing direct delivery of services to providing increased support to building the capacity of local organizations and the public sector to carry out service delivery.

Context/ Background:

Impact of HIV/AIDS on Nigeria: A country of approximately 152 million people¹, Nigeria is governed by a three-tier federation comprised of Federal, state, and local governments (LGAs). The HIV epidemic in Nigeria is a mixed epidemic. Generalized prevalence among 15-49 year olds is approximately 3.6%² but there are significantly higher rates among most-at-risk populations (MARPs), including commercial sex workers, injecting drug users, and men who have sex with men. Nigeria's 2.98 million HIV+ individuals constitute the second greatest burden of HIV/AIDS care and treatment worldwide; adding to this burden are the estimated 2.18 million children orphaned by HIV/AIDS.³ Heterosexual transmission accounts for up to 95% of HIV infections and women account for close to 60% of all adults living with HIV.⁴ In 2009, approximately 18.7% percent of HIV-positive pregnant women received ART to reduce the risk of mother-to-child transmission.⁵ Under current treatment guidelines, approximately 857,455 persons are in need of anti-retroviral treatment (ART) and approximately 300,000, or 34%, of these persons are currently receiving ART.⁶

State of the health sector and HIV/AIDS response in Nigeria: The primary health care situation in Nigeria is poor. One-fifth of Nigerian children die before reaching their fifth birthday, a shocking one million largely preventable deaths every year. Maternal mortality, at 545 deaths/100,000 live births claims another 50,000 lives annually⁷. Total fertility stands at 5.7 births per woman⁸. Access to and use of quality health care services is low. Strengthening the health sector and improving health indicators are among the most important development challenges facing Nigeria. While the GON at the Federal level has embarked on initiatives to strengthen health care, government at the state and local levels is understaffed, underequipped, underfunded, and unable to deliver the basic maternal and child health services that are their responsibility. However, these issues are beginning to be addressed by the States through their respective State Strategic Health Development Plans (2010-2015), which were recently approved by the National Council on Health (March 16, 2010).

Since its inception, the PEPFAR program in Nigeria has supported and aligned its activities with the National HIV Response. Through international and local implementing partners, PEPFAR has supported the establishment of strong service delivery models throughout Nigeria's 36 states and the Federal Capital Territory (FCT) while providing technical assistance to coordinating bodies at federal, state, and local government levels to address Nigeria's generalized/mixed HIV epidemic. This platform of PEPFAR support has been able to assist rapid scale-up of the Nigerian HIV response, including significant investments and improvements in Nigeria's health infrastructure to provide services across geographic zones and most affected populations including conflict zones in the Delta region and hard to reach populations.

¹ Nigeria Demographic and Health Survey (NDHS), 2008.

² National HIV/AIDS and Reproductive Health Survey, 2007.

³ United Nations General Assembly (UNGASS) Country Progress Report, Nigeria, 2010.

⁴ UNGASS, 2010.

⁵ UNGASS, 2010.

⁶ UNGASS, 2010.

⁷ NDHS, 2008.

⁸ NDHS, 2008.

The development challenges facing Nigeria in implementing a comprehensive national response to HIV/AIDS are enormous, but not insurmountable. Despite the rapid expansion of HIV services across the country, coverage of essential prevention and treatment interventions remains low, and the level of unmet demand is high. The response must be multisectoral and integrated, reduce duplication and build on synergies. Health systems, particularly at the primary level, are weak and require strengthening to expand access to critical services. The objectives of this Partnership Framework directly address these challenges.

Top level goals include:

- *Repositioning the prevention of new HIV infections as the major focus of the national HIV/AIDS response through the implementation of evidence-based behavior change communication and HIV prevention interventions assuring an increase from:*
 - *22.2% (female) and 32.6% (male) to 80 % (2015) of all Nigerians that have access to comprehensive knowledge of HIV/AIDS;*
 - *14% to 80 % of adults are who are accessing HCT and know their HIV status;*
 - *11% to 80% of all pregnant women that have access to quality HCT; and*
 - *8% to 80% of HIV positive pregnant women that have access to ARV prophylaxis;*
- *Assuring that at least 50% of PLHIV have access to quality care and support services;*
- *Increasing access to anti-retroviral treatment (ART) for PLWHIV from 32% to 80%;*
- *Increasing GON (federal, state and local) financing of the national HIV/AIDS response from 7% to 50 %, and,*
- *Ensuring that at least 80% of HIV/AIDS programs have adequate numbers of appropriately skilled and gender-responsive professional and community health workers*

III. ROLES AND EXPECTED CONTRIBUTIONS

Overarching Government of Nigeria Role and Expected Contributions

The Government of Nigeria is responsible for investing in its people and takes ownership of the multisectoral HIV/AIDS response. The GON is the lead on planning, overseeing, managing, implementing, and ultimately financing an annually increasing portion of HIV/AIDS programs. GON expected contributions are focused on achieving Universal Access goals and should lead the national HIV/AIDS response with the aim of closing the services gap for those in need of treatment, care and prevention services.

Specifically, the GON expects to make the following overarching contributions:

- Provide effective leadership to the HIV/AIDS response in Nigeria at all levels of government, according to the Paris Declaration principles of country ownership;
- Lead and coordinate the multisectoral implementation of the National Strategic Framework and Plan for HIV/AIDS 2010-2015, including providing clear, coordinated policy and technical guidance to international donors and implementing partners;
- Increase GON (federal, state and local) financing from 7% (NASA, 2010) of the national HIV/AIDS response in 2008 to 50% of the cost of Universal Access by 2015;

- Invest in procurement and supply chain management systems so as to ensure the consistent availability of quality HIV/AIDS commodities at all levels of care;
 - Procure all first line anti-retroviral drugs for those in need of treatment as per regularly updated national guidelines in a phased manner;
- Develop integrated initiatives to build a national response that strengthens service delivery and quality of care at every level;
- Develop a national surveillance system to track incidence rates for new infections;
- Lead a data for decision-making and evidence-based approach to resource and operational decisions;
- Adopt, implement and enforce anti-discrimination legislation and improve community level engagement to increase access to condoms, provide appropriate confidential counseling and protect at-risk groups;
- Lead the development of a national Human Resources for Health (HRH) strategy, which includes adoption and implementation of task-shifting policies;
- Leverage private sector, faith-based and civil society partnerships.

Overarching U.S. Government Role and Expected Contributions

The USG is dedicated to ensuring that the response to HIV/AIDS is sustainable and that the GON has the capacity to plan, oversee, manage, implement, and ultimately finance annually increasing percentages of its HIV/AIDS programs. USG expected contributions are focused on achieving Universal Access goals, and should support the national HIV/AIDS response with the aim of closing the gap of those in need of treatment, care and prevention services. The USG intends to support building local capacity in the critical health systems strengthening areas of governance, service delivery, human resources and health financing.

Specifically, as one stakeholder supporting the national response, the USG expects to provide the following overarching support to the GON;

- Follow the principles of the Paris Declaration to align, harmonize, and coordinate activities with a demonstrated focus on ensuring a country-led and country-owned response;
- Provide technical assistance, including human resource and institutional capacity building to GON entities and local partners in support of transition of service delivery and management capacity of these entities;
- Provide continued procurement of HIV-related commodities, matched with gradual increase by the GON;
- Provide continued support to universal access scale up plans;
- Increase integrated and wraparound programs to expand HIV prevention, care, and treatment services into other areas of the health sector, reaching underserved and marginalized populations at the primary health care level;
- Support decentralization of service delivery and work to reduce duplication and inefficiencies that may exist from the emergency phase of PEPFAR;
- Support development of a national Human Resources for Health (HRH) strategy and targets;
- Leverage private sector, faith-based and civil society partnerships.

The multisectoral HIV/AIDS response in Nigeria is coordinated by NACA and is funded through multiple sources, including Government (federal, state, local), bilateral and multilateral donors, the organized private sector, and foundations. Funding for the response has been primarily donor driven as revealed in the first National AIDS Spending Assessment (NASA) 2007-2008 issued by NACA with support from UNAIDS in March 2010. Donor activities are coordinated via the Development Partners Group on HIV/AIDS (DPG) and via the Nigeria Global Fund to Fight AIDS, TB, and Malaria Country Coordinating Mechanism (NCCM). The USG currently represents the bilateral constituency on the NCCM, provides technical assistance to the NCCM Secretariat and participates actively in grant proposal development as well as grant oversight activities. The DPG consists of all bilateral and multilateral donors in the sector and is currently chaired by the World Bank and vice-chaired by the USG. This Framework document focuses on the expected contributions of the GON and the USG, with the expected contributions of additional development partners detailed in the attached expected partner contributions annex.

Thematic Goals and Objectives⁹

Thematic Area: **Behavior Change and Prevention of New Infections**

Rationale:

Prevention remains the most important strategy and the most feasible approach for reversing the HIV epidemic since there are no vaccines and no medical cure. Over 95% of Nigerians are HIV-negative and keeping them uninfected is critical for altering the epidemic trajectory. This underscores the importance of prevention as a cornerstone of the national HIV and AIDS response.

Goal: To reduce the incidence of HIV and AIDS.

Selected National Objectives for Partnership Framework focus:

1. At least 80% of adults accessing HCT services and knowing their status in an equitable and sustainable way by 2015 (*baseline: 14%*)
2. At least 80% of all pregnant women have access to quality HCT by 2015 (*baseline: 11%*)
3. At least 80% of all HIV positive pregnant women access ARV prophylaxis by 2015 (*baseline: 8%*)
4. At least 80% of all HIV exposed infants have access to ARV prophylaxis by 2015 (*baseline: 24%*)
5. At least 80% of all HIV exposed infants have access to early infant diagnosis (EID) services (*baseline: TBD*)
6. At least 80 % of all persons in Nigeria have comprehensive knowledge on HIV and AIDS by the year 2015 (*baseline: 24%*)
7. At least 80% of sexually active males and females use condoms consistently and correctly with non-regular partner by 2015. (*baseline: Males: 54%; Females: 35%*)
8. Reproductive health services integrated into HIV prevention programs at all levels by 2015 (*baseline: TBD*)
9. All (100%) donors of blood, blood products and organs for transplant including sperm for assisted reproductive technology are screened for HIV and other transfusion transmissible infections (TTIs) according to relevant national protocol, standards and guidelines by the year 2015. (*baseline: 32%*)

⁹ All goals, objectives, and baseline information is derived from the NSF2, as the strategic document guiding the national multisectoral response.

This Partnership Framework provides the following policy focus and expected contributions to the Prevention thematic area:

Policy Areas to be addressed: Involvement of PLWHIV in prevention activities, linkage of HIV/AIDS programs with other health programs including maternal and child health, safe motherhood and malaria programs, linkages with other development efforts, access of MARPs and hard to reach populations to HCT.

GON Expected Contributions:

The GON intends to;

- Lead the development and implementation of policies, standards and guidelines for universal access to prevention services, especially HCT and PMTCT services;
- Expand access to integrated tuberculosis, family planning and reproductive health services (including commodities);
- Ensure integration and linkage of HCT with all prevention programs and activities;
- Procure HIV test kits and related commodities for HCT, based on the National testing algorithm, and informed by the National forecasting and quantification system;
- Expand AIDS and human rights education and curriculum revisions to address HIV/AIDS and effective prevention modalities;
- Expand access to high quality antenatal care (ANC), delivery, and other maternal child health services within the primary health care network and in community settings, integrated to offer EID and PMTCT;
- Provide adequate and well-functioning laboratory infrastructure to support early detection of HIV and related infections.

USG Expected Contributions:

The USG intends to;

- Support institutional/human technical capacity building for organizations and institutions involved in HIV prevention;
- Provide technical assistance in the adaptation, dissemination, and/or implementation of national policies, standards, protocols and guidelines for HIV prevention services, sexual and reproductive health (SRH), PMTCT, service integration and HIV Strategic Behavior Change Communication (SBCC);
- Provide technical assistance in the implementation of new technologies in laboratory diagnosis, effective and efficient laboratory detection of HIV and related infections, quality systems management, and laboratory infrastructural designs and energy requirements;
- Continue to support direct HCT service provision at the community level and the implementation of targeted testing for MARPs, couples, children, and hard to reach populations;
- Support operations research, documentation and dissemination of best practices;
- Support accelerated national scale-up of PMTCT services.

Development Partners Expected Contributions: Detailed in Annex 2.

This thematic area supports four of the eight NSHDP strategic goals: 1) health service delivery strategic objectives of ensuring universal access to an essential package of care and of increasing demand for health services; 2) HRH strategic objective of strengthening the capacity of training institutions to scale up the production of a critical mass of quality, multipurpose, multi-skilled, gender-sensitive and mid-level health workers; 3) all of the community partnership and ownership strategic objectives; and 4) research

for health strategic objective of building institutional capacities to promote, undertake and utilize research for evidence-based policy making in health at all levels.

Thematic Area: Treatment of HIV/AIDS and Related Conditions

Rationale: Over the last five years, the national response to the HIV epidemic has made significant strides with approximately 300,000 adults and children currently receiving ART¹⁰. This number, however, represents only about a third of those eligible for ART. Also, there is wide variation in quality as well as access to services between urban and rural communities. Although the effects of Opportunistic Infections (OIs) account for most of the ill health associated with HIV infection, a minimum package for diagnosis, prophylaxis and treatment is yet to be defined to ensure standardization and equitable access to these services. Furthermore, the increasing incidence of TB among PLHIV and associated increased morbidity and mortality necessitates the scale up of TB/HIV collaborative activities. Thus, increased effort must be made not only to diagnose and provide equitable access for eligible adults and children to ART, OI treatment and care, and TB/HIV co-infection services but also to ensure quality of these services.

Goal: All eligible PLHIV to receive quality treatment services for HIV/AIDS and opportunistic infections (OIs) as well as TB treatment services for PLHIV co-infected with TB by 2015.

National Objectives:

1. At least 80% of eligible adults and children are receiving ART by 2015 (*baseline: adults: 32% and children: 5%*)
2. At least 80% of PLHIV are receiving quality management for OIs (diagnosis, prophylaxis, and treatment) by 2015 (*baseline: 54% on ART receiving OI prophylaxis*)
3. All states and local government areas (LGAs) are implementing strong TB/HIV collaborative interventions by 2015 (*baseline: 23 of 37 states with functional and gender inclusive TBHIV TWG*)
4. All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015 (*baseline: % of Tb patients screened for HIV: 62%*)
5. All PLHIV have access to quality TB screening and those suspected to have TB, to receive comprehensive TB services. (*baseline: 87% of PLHIV screened for Tb; 100% PLWHIV Tb cases referred for treatment: 100%*)

This Partnership Framework provides the following policy focus and expected contributions to the Treatment thematic area:

Policy Areas to be addressed: Drug forecasting and registration, and national electronic procurement and logistical management systems of HIV/AIDS and OI pharmaceuticals, laboratory infrastructure and relevant medical equipment

GON Expected Contributions:

The GON intends to;

- Lead efforts to decentralize and integrate services to the PHC level;
- Upgrade laboratory and commodities and logistics infrastructure;
- Establish, equip and staff a National Reference Lab to assure the quality of clinical lab services, test kit evaluation, and quality assessment of the laboratory system;
- Provide an increasing percentage of HIV/AIDS related commodities, including ARVs, HCT test kits, OI drugs, and equipment;

¹⁰ UNGASS, 2010.

- Utilize forecasting projections in coordination with the USG to support ARV and OI medications procurement;
- Ensure quality assessment and assurance of all commodities and equipment;
- Create the policy environment to enable production of locally manufactured high quality, low cost ARVs and RTKs;
- Upgrade and expand quality and access to OI management and DOTS services;
- Upgrade health information systems to enable tracking of health commodities and patients at the individual, cohort and population level to reduce the possibility of pharmaceutical stock outs in the public sector health system.

USG Expected Contributions:

USG intends to;

- Support continued scale up of a sustainable national treatment program, led by the GON;
- Assist the GON in the development of a coordination plan for increased ART service delivery;
- Build capacity for;
 - integration of ART, SRH and HIV/TB services into the primary health care network;
 - management of drug resistance including drug resistance testing and monitoring and improved adult and pediatric 2nd and 3rd line medications;
 - provision of effective supportive supervision for increasing numbers of health workers supporting ART and OI management;
- Provide technical assistance;
 - in review of national guidelines and policies for treatment and task-shifting,
 - in strengthening lab infrastructure including leasing additional CD4 and viral load machines supported with maintenance and reagent contracts;
 - strengthening health information systems and integration of electronic M&E systems with patient tracking and commodities and logistics systems;
- Provide technical support for a National Reference Laboratory and its operations.

Development Partners Expected Contributions: Detailed in Annex 2.

This thematic area supports two of the eight NHSDP strategic goals: 1) health service delivery strategic objectives of ensuring universal access to an essential package of care, of increasing access to health care services and of improving the quality of health care services; and 2) partnerships for health by ensuring that collaborative mechanisms are put in place involving all partners in the development and sustenance of the health sector.

Thematic Area: Care and Support of People Infected and Affected by HIV/AIDS

Rationale: Over the last 5 years and buoyed by increasing access to effective ART, there has been a gradual change from the perception that HIV infection condemns one invariably to death to the reality that HIV/AIDS is a chronic illness requiring regular and sustained care and support. As the number of people infected and affected by HIV/AIDS rises, the burden of the epidemic on individuals, families and communities is increasingly evident, and is exacerbated by wide spread poverty. Providing the increasing care and support including palliative care for infected and affected persons is a big challenge for Nigeria that is expected to continue until escalating new infections are brought under control with Universal Access to testing and treatment.

Goal: Promote the survival and improve the quality of life of PLHIV and people affected by HIV/AIDS (PABA) especially OVC.

National Objectives:

1. To improve access to quality care and support services (as defined by national guidelines) to at least 50% of PLHIV by 2015 (*baseline: TBD*)
2. To link at least 50% PLHIV and PABA, especially females (women and girls) and marginalized and people with special needs, to IGA and poverty alleviation programs by 2015 (*baseline: TBD*)
3. To reduce stigma and discrimination targeted at PLHIV and PABA by at least 60% on baseline value by 2015 (*baseline: TBD*)
4. To provide effective referral and linkages within and between relevant health care facilities and community-based care services by 80% by 2015 (*baseline: TBD*)
5. To create an enabling environment for the legal protection of widows and OVC by 2015 (*baseline: TBD*)
6. To provide integrated comprehensive social support (as defined by national guidelines) to at least 30% of most vulnerable OVC by 2015. (*baseline: TBD*)
7. To strengthen the capacity of 30% of older OVC's (especially girls') households to mitigate the impact of HIV/AIDS by 2015 (*baseline: TBD*)
8. To establish functional gender-responsive OVC coordinating mechanism at all levels by 2015 (*baseline: TBD*)

This Partnership Framework provides the following policy focus and expected contributions to the Care and Support thematic area:

Policy areas to be addressed: protection for widows and orphans and vulnerable children for a range of issues from inheritance rights to protection against violence to access to education, shelter, food and social support, task shifting

GON Expected Contributions:

The GON intends to;

- Lead policy development and implementation of task-shifting guidelines;
- Protect widows and orphans from violence and dispossession;
- Provide adequate physical infrastructure and manpower for diagnosis and monitoring of HIV infection and other related or associated infections;
- Provide leadership and direction for capacity building activities in the social welfare sector.

USG Expected Contributions:

The USG intends to;

- Provide technical assistance in;
 - development and recognition of accredited CHWs;
 - in developing regulatory mechanisms for qualified social workers and para-social workers;
 - in strengthening social welfare systems at all levels – from LGA to State to Federal
- Promote the protection of the rights of widows and orphans;
- Support to the development of national guidelines, policies and procedures, mapping, costing and modeling of support services, including laboratory services and child protection services;
- Capacity building, including at the state and local levels and especially with formal/non-formal service providers in the social welfare sector;

- Support for implementation of GON-adopted task-shifting policies and guidelines.

Development Partners Expected Contributions: Detailed in attached Annex 2.

This thematic area supports two of the eight NHSDP strategic goals: 1) community partnership and ownership strategic objectives of strengthening community participation in health development, empowering communities with skills for positive health actions, strengthening the community - health services linkages and increasing national capacity for integrated multisectoral health promotion; and 2) partnerships for health by ensuring that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector.

Thematic Area: Policy, Advocacy, Human Rights, and Legal Issues

Rationale: Despite compelling evidence that reducing stigma, promoting and protecting human rights, promoting greater involvement of PLHIV and gender mainstreaming strengthen HIV/AIDS control. Nigeria's achievements in this regard remain slow and hesitant. More than two decades after the identification of the first case of HIV in Nigeria, violations of human rights of persons infected and affected is still rampant and stigma remains pernicious and pervasive. This situation is compounded by attitudes and practices which discriminate against widows and persons orphaned by AIDS. Nigeria needs and deserves stronger focus on advancing human rights in the context of the national response, demanding, among others, vigorous promotion of relevant policy and legal frameworks.

Goal: Protect the rights of PLHIV and PABA and empower them and other groups made vulnerable by HIV/AIDS so as to reduce their cultural, legal, and socioeconomic vulnerabilities and ensure their full participation in the national HIV/AIDS response and other development initiatives.

National Objectives:

1. Protection of the rights of and empower PLHIV (*baseline: TBD*)
2. Ensure equitable increase in participation of PLHIV in decision making, priority setting, implementation and monitoring and evaluation processes at all levels. (*baseline: TBD*)
3. Protect women, children and other socially vulnerable and marginalized groups from HIV Infections (*baseline: TBD*)
5. Ensure compliance with existing guidelines on ethical standards on HIV/AIDS issues (*baseline: TBD*)
6. Educate and mobilize communities to promote the human rights of PLHIVs and PABAs to health, economic and personal security and freedom from violence and discrimination.

This Partnership Framework provides the following policy focus and expected contributions to the Policy, Advocacy, Human Rights and Legal Issues thematic area:

Policy areas to be addressed: Implementation of anti-stigma policies and laws and anti-gender discrimination policies, laws and practices; support for male involvement in care and support, inheritance rights of women, protection from gender-based violence

GON Expected Contributions:

The GON intends to;

- Lead policy development and implementation of HIV/Human Rights policies and linkages, especially on gender issues ;
- Develop and implement new, stronger human rights policies;

- Ensure equitable access to prevention, care and treatment services by MARPs, including CSWs, without discrimination or molestation;
- Develop and disseminate IEC materials.

USG Expected Contributions:

The USG intends to;

- Provide technical assistance to GON for policy formulation and implementation;
- Support capacity building to assure implementation of policy, to strengthen numbers and capacity of PLHIV to serve on decision-making bodies and to empower CSOs to advocate for increased access to and funding for services;
- Facilitate flow of information through work with journalists;
- Support community-based cadres of health and human rights educators to inform and mobilize communities on their rights to health, personal property and freedom from violence and discrimination.
- Support women-led and focused groups to develop and implement plans promoting the rights of women living with or at risk for HIV.

Development Partners Expected Contributions: Detailed in Annex 2.

This thematic area particularly supports the NHSDP leadership and governance strategic goal's strategic objectives of providing clear policy directions for health development, facilitating legislation and a regulatory framework for health development and strengthening accountability, transparency and responsiveness of the national health system.

Thematic Area: Institutional Architecture, Systems, and Resourcing

Rationale: Significant funding and resource gaps still exist to address the HIV/AIDS national response. Moreover, it is largely donor dependent and for the most part, donor driven. At the state level, political commitment remains consistently weak; many states seldom provide financial allocation to HIV/AIDS activities, beyond the counterpart funding to World Bank funds. Many federal ministries, parastatals and agencies are also very dependent on World Bank funds for their HIV/AIDS programs. In exchange for continued modest growth of support from the USG, the GON must assume greater responsibility for the cost of scaling up and sustaining its HIV/AIDS response. In addition to financial resources and physical infrastructure, availability and capability of human resources are pivotal to sustainability of HIV/AIDS response. There are wide regional disparities in the deployment of health personnel and the vast majority are urban-based. The HIV/AIDS epidemic has significantly increased pressures on health care delivery systems that are already overstretched.

Goal: Strengthen structures and systems for the coordination and financing of a sustainable and gender-sensitive multi-sectoral HIV/AIDS response in Nigeria

National Objectives:

1. All States should have functional SACAs, and 50% of LGAs should have functional LACAs to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS (*baseline: 33% of states have SACA as an agency; 19% of LGAs have functional LACAs*)
2. Strengthened coordination mechanisms of development partners, governments at all levels (national, state, and local government levels) and civil society to harmonize support to the national response. (*baseline: TBD*)

3. Strengthened coordination mechanism of CSOs at all levels down to the community. (*baseline: TBD*)
4. Ensure that at least 80% of sites which provide HIV/AIDS services have adequate number of appropriately skilled and gender responsive personnel as per national human resources for health targets and guidelines. (*baseline: TBD*)
5. Efficient, automated and sustainable logistics systems for demand-driven, uninterrupted supply of ARVs, drugs for treatment and prevention of opportunistic infection and other HIV/AIDS-related commodities operational by 2015, integrated with national health management information systems. (*baseline: TBD*)
6. Increased GON (federal, state and local) financing of the national HIV/AIDS response from 7% to 50% of the cost to achieve Universal Access targets by 2015 (baseline: 7% in 2008 per NASA, 2009).
7. Adequate financial resources jointly mobilized in support of the implementation of the national HIV/AIDS response (*baseline: TBD*)
8. Improved effectiveness of HIV/AIDS resource tracking and enhanced efficiency of fund management for HIV/AIDS programs incorporated as part of a national health information system (*baseline: TBD*)

This Partnership Framework provides the following policy focus and expected contributions to the Institutional Architecture, Systems, and Resourcing thematic area.

Policy areas to be addressed: Production and retention of health professionals, implementation of HR management, training, and retention policies, logistics and supply chain management policies, financial tracking and accountability

GON Expected Contributions:

The GON intends to;

- Provide progressively increasing funding allocations at the federal, state and LGA levels, up to 50% of the need by 2015;
- Increase public-private partnerships that leverage GON resources;
- Improve coordination of federal, state and local government management and resources;
- Strengthen clinical and CHW staffing at the LGA level, including increasing professional staffing levels and retention rates at health facilities;
- Increase the use of performance tracking between state and local governments, matching funds and other incentives to stimulate improved management of service delivery systems;
- Pilot out-source arrangements in service delivery with CSOs;
- Improve use of electronic patient information data for decision making. Develop improved financial management, automated procurement and audit management systems to achieve certification on use of funds.
- Undertake/support institutionalization of a comprehensive dynamic database mapping of donor resources for the national health system, linked to NHA/PER of the Federal Ministry of Health.

USG Expected Contributions:

The USG intends to;

- Support capacity-building of NACA, SACAs, LACAs, FMOH, SMOH, CCM, CSOs for improved program and financial management and oversight of service delivery;
- Support GON efforts to increase supply and retention of health professionals;

- Provide technical assistance in HR management and health professions schools, in logistics, in costing and financial planning and financial management and in development of Global Fund proposals;
- Provide technical assistance in health financing to ensure an adequate host government resource base.

Development Partners Expected Contributions: Detailed in Annex 2.

This thematic area particularly supports the NSHDP HRH strategic objectives of providing a framework for objective analysis, implementation and monitoring of HRH performance and strengthening the institutional framework for human resources management practices in the health. It promotes developing and implementing health financing strategies at local, state and federal levels consistent with the National Health Financing Policy; securing a level of funding needed to achieve desired health development goals and objectives at all levels in a sustainable manner and; ensuring efficiency and equity in the allocation and use of health sector resources at all levels strategic objectives of the health financing strategic goal.

Thematic Area: Monitoring and Evaluation, Research, and Knowledge Management

Rationale: A functional and effective monitoring and evaluation (M&E) system serves to provide the data needed to guide the planning, coordination, and implementation of the HIV response; assess the effectiveness of the HIV response; and identify areas for program improvement. It also enables enhanced accountability to those infected or affected by HIV/AIDS, as well as to donors. However, the effectiveness of the M&E system is itself dependant on the seamless and systemic integration of the components of its organizing framework. Twelve components, including HIV evaluation, research and learning have been recognized in this respect. The M&E system of the NSF and NSP thereby covers both the “M&E” and the “Research and Knowledge Management” thematic areas of the National HIV/AIDS Policy (2010-2015).

The infrastructure to underpin the national and sub-national M&E databases, routine HIV program monitoring, program evaluation, and research are still weak. Furthermore, the national response still contends with a proliferation of M&E sub-systems which are mostly donor-driven and not responsive to NNRIMS; for instance, each program area such as OVC, ART, and PMTCT has its own routine information system which responds primarily to the need of program funders. Also, the low participation of the private sector, especially the private-for-profit players, in the submission of information using NNRIMS platform is another critical issue. These as well as the other findings of a response analysis have informed the development of the strategic objectives and interventions of the M&E system thematic area of the NSP 2010-2015.

Goal: Strengthen and embed a sustainable systems-based approach to delivering a cost-effective, multidimensional monitoring and evaluation system which supports the continuous improvement of the national response

National Objectives: (Targets being set as part of national M&E plan; expected to be submitted with Implementation Plan)

1. To enhance the leadership and managerial competencies and effectiveness of Federal, State and Local Government Areas’ authorities for the implementation of the one national M&E system by 2015
2. To improve the coordination, and cost-effectiveness of data collection, analysis and use of program data and information to inform program planning and decision-making by HIV/AIDS stakeholders at all levels of HIV/AIDS response by 2015
3. To improve the HIV evaluation, research and learning agenda, and use the information to continuously enhance the national response

4. To improve data quality and supportive supervision at all levels by 2015
5. To improve the efficiency and effectiveness of the delivery of the costed national multi-sectoral HIV M&E plan through a systems management approach
6. To strengthen and regularly update an integrated, appropriate to local context, National HIV/AIDS database(s) to capture, verify, analyze and present program monitoring data from all levels and sectors by 2015.

This Partnership Framework provides the following policy focus and expected contributions to Monitoring and Evaluation, Research, and Knowledge Management thematic area:

GON Expected Contributions:

The GON intends to;

- Utilize available technical assistance to;
 - finalize, adopt and disseminate a new national HMIS system that incorporates electronic HMIS down to the individual patient and cohort levels,
 - create an automated inventory/supply chain system that tracks demand for- and movement of commodities; and
 - improve the national M&E system and platform to support effective health planning and program management.
- Support capacity-building at all levels, including printing, distribution and use of new HMIS and M&E tools, support to M&E structures; data quality assurance and continuous quality improvement; surveys and research; and improved data reporting and use;
- Provide support to operationalize a robust database and scorecard process to chart progress with the National Partnership on Health Declaration as required by the State Governors, item #23 of the Declaration.

USG Expected Contributions:

The USG intends to;

- Support capacity-building in M&E at all levels;
- Provide technical support and funding to support the use of national supply chain, HMIS and M&E reporting systems;
- Support efforts to improve cost-effectiveness, operational research, mapping/GIS & Modeling/forecasting studies, data quality assessments and dissemination of the results of studies;
- Ensure that all USG funded partners respond to government data collection efforts, as part of One M&E framework and reporting system.

Development Partners Expected Contributions: Detailed in Annex 2.

This thematic area particularly supports the NSHDP strategic goals of partnerships for health (ensuring that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector); of the national health information system (improving data collection and transmission and strengthening sub-systems in the Health Information System); and health research strengthening the stewardship role of governments at all levels for research and knowledge management systems, building institutional capacities to promote, undertake and utilize research for evidence-based policy making in health at all levels and developing a comprehensive repository for health research at all levels (including both public and non-public sectors)

IV. Plans for Developing the Partnership Framework Implementation Plan

This Partnership Framework is expected to be complemented by a Partnership Framework Implementation Plan (PFIP) to be completed by the end of September 2010. After the signing of the Partnership Framework, six teams organized around the thematic areas intend to develop the more detailed PFIP for consideration by the GON and USG. The more detailed PFIP is intended to operationalize the contributions of the Participants outlined in this Partnership Framework. Civil society and PLHIV networks are also expected to be involved in the PFIP development process.

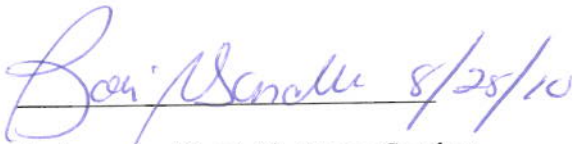
V. Management and Communications

This Partnership Framework has been developed through a consultative process building on the foundation of the GON's NSF2 and the NSHDP. The Partnership Framework is intended to guide joint coordination efforts and support to the Nigerian national response to HIV/AIDS through 2015. Thus this Partnership Framework has been developed under the leadership of NACA and the FMOH respectively and with broad stakeholder involvement, including civil society organizations and PLHIV networks, the interagency USG Nigeria team, other development partners, and GON line ministries.

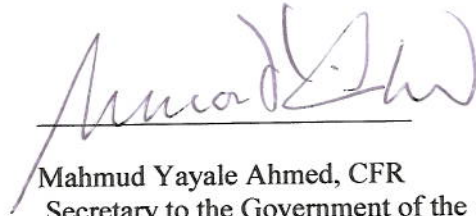
The future review of progress towards goals laid out in the NSF2 and NSHDP, and this Partnership Framework, should be managed via current GON-stakeholder bodies as convened by the Honorable Minister of Health and Director General of NACA. Partnership Framework/PFIP progress reviews will be provided via a bilateral GON-USG Steering Committee on HIV/AIDS that is expected to meet semi-annually, and is to be led by the US Ambassador or her/his designate and the official GON counterpart designated by His Excellency the President of the Nigerian Federation.

VI. Signatures

This Partnership Framework outlines the expected contributions of the Participants over the next six years (2010-2015). It is signed by her Excellency the U.S. Ambassador to Nigeria and The Secretary to the Government of the Federation Mahmud Yayale Ahmed. Witnesses of honor include the Honourable Minister of Health, the Director General of NACA, and the Vice-Chair of the Development Partners Group on HIV/AIDS.



Ambassador Dr. Robin Renee Sanders
Government of the United States



Mahmud Yayale Ahmed, CFR
Secretary to the Government of the
Federation, Government of Nigeria

Witnesses of Honor



Professor Christian Onyebuchi Chukwu
Honourable Minister of Health



Professor John Idoko
Director General
National Agency for the Control of AIDS



Adrienne Parrish Fuentes
Vice-Chair, Development Partners
Group on HIV/AIDS