NATIONAL ORAL PRE-EXPOSURE PROPHYLAXIS (PrEP) IMPLEMENTATION PLAN

2022 – 2024

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Foreword

Nigeria has made significant progress in the reduction of new HIV infections in the past decade through the scale up of HIV prevention programs. In addition, access to HIV treatment has improved the quality of life of adults and children living with HIV. Despite this progress, an estimated 1.9 million people are still living with the virus and 130,000 new infections (UNAIDS 2018). Nigeria has low prevalence and incidence rates relative to other countries in the region; adult HIV prevalence (age 15 - 49) has remained largely steady for the past several years at approximately 1.4%. The prevalence for women is 1.8% while for young women stands at 0.8%, for men is 1.3% and 0.55% for young men. The prevalence rate among key populations (KPs) is significantly higher: 17.1% for brothel-based female sex workers (FSW), 15% for non-brothel based FSW, 25% for men who have sex with men (MSM), and 10.9% for people who inject drugs (PWID) and 28.8% for transgender (IBBSS 2020).

As we expand access to HIV prevention, it is imperative we deplore strategies that will reduce the rate of new HIV infections. This can only be achieved through the implementation of evidence-based HIV prevention strategies that will ensure that those who are not infected with HIV are kept uninfected. The World Health Organization (WHO) issued guideline in 2015, on HIV prevention and treatment with recommendation that people with substantial risk of HIV infection should be provided with Oral Pre-Exposure Prophylaxis (PrEP) as part of a combined HIV prevention strategy. In response to this, Federal Ministry of Health included PrEP in the national guideline for HIV prevention and treatment with focus on serodiscordant couples (SDC) and key populations (KPs). The 2020 revised national guidelines for HIV Prevention, Treatment and Care include Adolescent and Young people (AYP) as part of the target population for PrEP.

This plan is therefore developed to give guidance to the implementation of oral Pre-Exposure Prophylaxis (PrEP) in Nigeria. It is part of government policy to improve HIV prevention among key populations.

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Honourable Minister of Health

Ministry of Health, Nigeria

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We also acknowledge the technical contributions of National Agency for the Control of AIDS (NACA), PEPFAR Nigeria, Pharmaceutical Society of Nigeria Foundation (PSNF), University of Manitoba (UoM), Centre for Integrated Health Programs (CIHP), Institute of Human Virology (IHVN), Society for Family Health (SFH), Chemonics, Heartland Alliance, APIN Public Health Initiatives, Achieving Health Nigeria Initiative (AHNi), John Snow Incorporated (JSI) and New HIV Vaccine and Microbicide Advocacy Society (NHVMAS) and Key Population Secretariat to the development process of this Plan.

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Director/Head, Department of Public Health

Acronyms

AGYW	Adolescent Girls and Young Women
APIN	APIN Public Health Initiatives, Nigeria
ART	Antiretroviral Therapy
ARV	Antiretrovirals
BBFSW	Brothel-Based Female Sex Workers
CBO	Community Based Organisation
CCFN	Catholic Caritas Foundation of Nigeria
CDC	United States Centres for Disease Control and Prevention
CHOICE	Collaboration for HIV Prevention Options to Control the Epidemic
CIHP	Centre for Integrated Health Programs
CrCl	Creatinine Clearance
CSO	Civil Society Organisation
DoD	United States Department of Defense
ED-PrEP	Event-Driven Pre-Exposure Prophylaxis
EpiC	Meeting Targets and Maintaining Epidemic Control
FSW	Female Sex Worker
FCT	Federal Capital Territory
FTC	Emtricitabine
GoN	Government of Nigeria
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IBBSS	Integrated Biological and Behavioural Surveillance Survey
IHVN	Institute of Human Virology Nigeria
IPC	Interpersonal Communication
Jhpiego	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
KP	Key Population

KPP	Key and Priority Population
LACA	Local Government Area Committee on AIDS
LGA	Local Government Area
M&E	Monitoring and Evaluation
MSM	Men who have Sex with Men
NACA	National Agency for the Control of AIDS
NAIIS	Nigeria HIV/AIDS Indicator and Impact Survey
NASCP	National AIDS & STIs Control Programme
NBBFSW	Non-Brothel-Based Female Sex Workers
PBFW	Pregnant and Breastfeeding Women
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLACE	Priority for Local AIDS Control Effort
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
PrEP-it	PrEP Implementation Planning, Monitoring, and Evaluation tool
PSM	Procurement and Supply Management
PWID	People Who Inject Drugs
RISE	Reaching Impact, Saturation and Epidemic Control
SACA	State Agency for the Control of AIDS
SASCP	State AIDS & STI Control Programme
SDC	Sero-discordant Couple
SHARP	Strategic HIV/AIDS and TB Response Program
SIDHAS	Strengthening Integrated Delivery of HIV/AIDS Services
STI	Sexually Transmitted Infection
TDF	Tenofovir Disoproxil Fumarate
TGP	Transgender Persons
TWG	Technical Working Group
USAID	United States Agency for International Development

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1. Background

1.1 HIV in Nigeria

The HIV prevalence in Nigeria is 1.4%, with an estimated 1.9 million people living with HIV and 130,000 new infections.[1] Furthermore, the prevalence is 1.8% among women aged 15–64, 0.8% among young women aged 15–24, 1% among men aged 15–64, and 0.2% among young men aged 15–24. At the national level, Nigeria has low HIV incidence rates relative to other countries in the region, and the adult (aged 15–49) HIV prevalence has remained largely steady over a period of time at approximately 1.4%. However, there is significant heterogeneity in HIV prevalence and incidence sub-nationally and among key and priority populations (KPPs). Prevalence among key populations (KPs) is significantly higher: 17.1% among brothel-based female sex workers (BBFSW), 15% among non-brothel-based female sex workers (NBBFSW), 25% among men who have sex with men (MSM), 10.9% among people who inject drugs (PWID), and 28.8% among transgender persons (TGP).[2]

1.2 Oral PrEP overview

Pre-Exposure Prophylaxis (PrEP) is the pre-emptive use of antiretrovirals (ARV) to reduce the probability of HIV-negative individuals acquiring HIV infection, especially in persons who are deemed at substantial risk of acquiring HIV or who request PrEP, even for reasons they do not wish to disclose. Some individuals in monogamous relationships may be at substantial risk due to their partners' risk behaviours, about which the person seeking PrEP may not have any actual details; special consideration may be warranted in these cases. PrEP is not effective in preventing pregnancy or sexually transmitted infections (STIs) other than HIV. Existing safety data also support the use of daily oral PrEP by pregnant and breastfeeding women (PBFW), who are at substantial risk of HIV acquisition.

It is recommended that oral PrEP be offered as an additional HIV prevention option for HIV-negative persons who are considered at substantial risk of acquiring HIV infection, as a part of a combination of other available HIV prevention methods (including condom and lubricant use, harm reduction for PWID, or other options as they become available). Oral PrEP should be used during periods of substantial risk of HIV acquisition. This is likely to vary greatly by individual, and at varying times of life for different lengths of time, according to risk. Oral PrEP can be stopped at any time during periods of low or no risk, or per a client's request.

A systematic review and meta-analysis of oral PrEP trials using tenofovir disoproxil fumarate (TDF)-containing ARV combinations demonstrated that oral PrEP is effective in reducing the risk of acquiring HIV infection.[3] The level of protection did not differ by age, sex, regimen (TDF, or TDF + emtricitabine [FTC]), or mode of acquiring HIV (rectal, penile, or vaginal exposure). Event-driven PrEP (ED-PrEP), also called "on-demand PrEP" or 2+1+1, is also effective in reducing the risk of acquiring HIV infection during sex when used by cisgender men, trans women, and non-binary people assigned male at birth who do not use exogenous hormones, including gender affirming hormones. ED-PrEP may be appropriate for eligible users who find it more convenient, have infrequent sex (for example, less than two times per week on

[1] Federal Ministry of Health, Nigeria. Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) 2018.
[2] Federal Ministry of Health, Nigeria. Integrated Biological and Behavioural Surveillance Survey (IBBSS) 2020.
[3] Fonner VA, Dalglish SL, Kennedy CE, Baggaley R, O'Reilly KR, Koechlin FM et al. Effectiveness and safety of oral HIV preexposure prophylaxis for all populations. AIDS. 2016;30:1973–83.

average), and are able to plan for sex at least two hours in advance, or who can delay sex for at least two hours. Where ED-PrEP is offered, eligible clients should have an option to decide which regimen works for them.

1.3 Status of oral PrEP in Nigeria

The Government of Nigeria (GoN), in collaboration with partners, is supporting the implementation of oral PrEP programmes. Across implementation programmes, oral PrEP is primarily offered in one-stop shops for KPs alongside STI, tuberculosis, and other HIV services. It is also being offered in selected healthcare facilities for general populations, with referrals from index testing, prevention of mother-to-child transmission (PMTCT), and family planning services.

The oral PrEP programme is implemented across Nigeria's 36 states and the Federal Capital Territory (FCT). However, priority will be given to high-burden areas and individuals in the priority groups listed above.[1, 2]

Oral PrEP service provision is targeted at KPPs as stipulated in the National Guidelines for HIV Prevention, Treatment and Care. In 2008, the Nigerian government established the PrEP subcommittee as part of the Biomedical Subcommittee on Oral PrEP, HTS and PMTCT within the National Prevention Technical Working Group to strengthen PrEP programmes in the country. The subcommittee as an advisory body reviews provider training materials and conducts oral PrEP training of trainers for implementing partners and service providers, amongst other functions. In 2019, the subcommittee was further strengthened by the creation of prevention pillars (diagnose, treat, prevent, and respond) by the Global HIV Prevention Coalition.[4]

Oral PrEP is prescribed by a healthcare professional who has completed training on the national guidelines for the use of ARVs as oral PrEP. It should be used during periods of substantial risk of HIV acquisition and can be stopped during periods of low or no risk following guidelines for effective use. PrEP should also be discontinued if the individual acquires HIV infection. The categories of individuals prioritised for oral PrEP are listed below:

- HIV-negative individuals who are part of a Serodiscordant couple (SDC)/partnership
- Sex Workers (SW)
- People Who Inject Drugs (PWID)
- Individuals who engage in anal sex
- High-risk Adolescents and Young People

2. Situation analysis

In 2020, the National AIDS & STIs Control Programme (NASCP), in collaboration with partners, conducted a situation analysis to identify opportunities and gaps for oral PrEP implementation and scale-up. The analysis was based on interviews with key stakeholders involved in oral PrEP provision and included findings across a five-factor value chain framework that included the following categories:

1. Planning and budgeting
2. Supply chain management
3. Oral PrEP delivery platforms

[4] Global HIV Prevention Coalition. Implementation of the HIV Prevention 2020 Road Map. 2020.

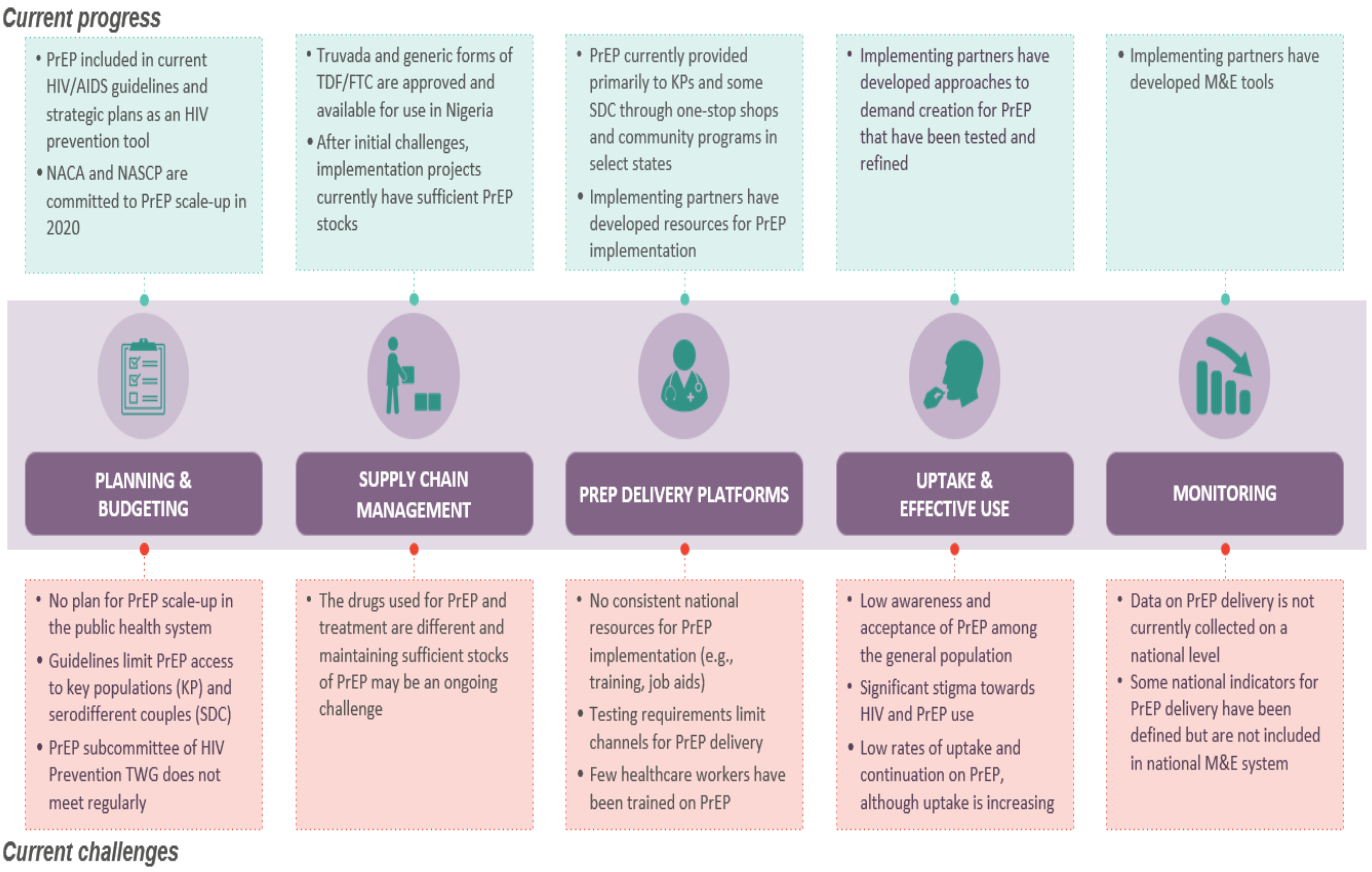
4. Individual uptake and effective use
5. Monitoring

The analysis (Figure 1) found that several of the fundamental elements for oral PrEP introduction were in place in Nigeria, including the inclusion of oral PrEP in clinical guidelines, an established supply chain for oral PrEP, and a number of programmes already providing oral PrEP.

It also highlighted priorities for further action and investment, including:

- Developing a national oral PrEP scale-up plan and toolkit for implementation with standard resources for provider training, service delivery, communication, and monitoring
- Investing in community engagement and demand creation to increase awareness of oral PrEP and support uptake and continuation among users
- Considering guidelines for oral PrEP and related laboratory testing to effectively balance safety and access considerations
- Ensuring the availability of comprehensive combination prevention, including HIV testing and condom use, alongside oral PrEP provision
- Including oral PrEP indicators in national monitoring systems

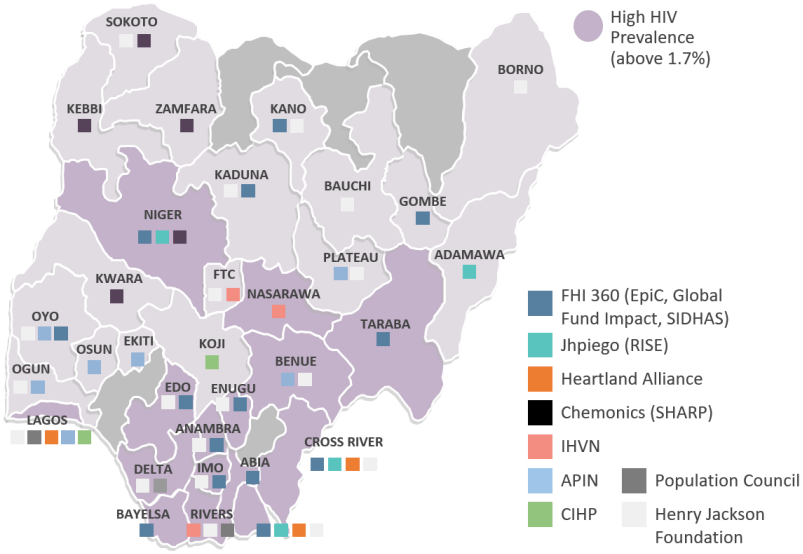
Figure 1. Situation analysis key findings



The analysis also identified projects providing oral PrEP that could inform plans for national scale-up (Figure 2). These projects are led by 10 organisations with funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development

(USAID), the United States Department of Defence (DoD), the United States Centres for Disease Control and Prevention (CDC), and the Global Fund. The projects span 26 states, including all high and medium prevalence states, and are largely focused on oral PrEP provision to KPs and SDC. They encompass a range of service delivery models, including oral PrEP provision through one-stop shops, health facilities, community-based programmes, and private-sector pharmacies. These projects have reviewed, developed, tested, and refined approaches and resources that have informed the national oral PrEP implementation plan.

Figure 2. Oral PrEP implementation projects map[5]



- A 2015 - 2016 demonstration project tested different models to deliver PrEP to Serodiscordant couples
- In FY19, there were 623 PrEP users; the FY20 target included in COP19 is 14.4K new PrEP users and 17.4K current PrEP users
- PrEP is primarily available through donor-funded implementation projects across 26 states, including:
  - PEPFAR/USAID – FHI 360 EpiC, FHI 360 SIDHAS, Jhpiego RISE, Heartland Alliance, Chemonics SHARP
  - PEPFAR/CDC – IHVN, APIN, CIHP, and CCFN
  - DOD – Henry Jackson Foundation (military bases) and Population Council
  - Global Fund - FHI 360 Impact Project
- Projects include a mix of service delivery models including one-stop-shops, facility-based, and community-based programming (focused on KPs)
- Some projects include PrEP referrals from other services (e.g., index testing, PMTCT, family planning)
- PrEP is available in the private sector, but is not tracked

3. Purpose

This framework for implementation of oral PrEP for HIV prevention aims to detail the plan for national introduction and scale-up of oral PrEP from phased approaches to wider implementation.

4. Objectives of the oral PrEP rollout

The objectives of the oral PrEP rollout for the two-year period from 2021 to 2023 are to:

1. Utilise the existing HIV management and coordination platforms to deliver PrEP interventions
2. Build capacity of providers at all levels to improve access to PrEP services
3. Increase demand creation and uptake for oral PrEP services
4. Ensure continuous availability of safe medicines and associated laboratory commodities for PrEP

[5] United States Department of State. Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction. Information Memo for Ambassador Leonard, Nigeria. 2020.

5. Integrate the generation, coordination, and implementation of strategic information for PrEP into the existing HIV information management system and research

5. Targets and rollout scenarios

5.1 Targets

Target setting methodology

The targets for the country were set using the PrEP implementation planning, monitoring, and evaluation (PrEP-it) tool. PrEP-it is a decision-making and analysis tool with seven interrelated modules highlighted as follows:

- Tracking the cascade of PrEP delivery
- Capacity assessment and efficiency analyses
- Target setting
- Cost forecasting
- Estimating impact
- ARV forecasting
- Geographic prioritisation for Adolescent Girls and Young Women (AGYW)

Objectives of target setting

- Maximising epidemiological impact on HIV incidence
- Estimating coverage of populations at risk for HIV
- Planning and budgeting
- Forecasting funds, ARVs, staff, labs, other resources needed

Target setting process

- Train the national team on the use of PrEP-it
- Convene meetings to discuss necessary data needs
- Compile necessary input data and assumptions
- Validate data and other inputs with stakeholders
- Review draft targets and costs; modify inputs as needed
- Finalise targets
- Disseminate targets to all stakeholders

There are two approaches for target setting within PrEP-it, namely the coverage and capacity approaches. The country team agreed to use the coverage approach, which is a top-down approach. The choice of this approach was based on the availability of some baseline data on the different priority groups, as well as the interest of the country to be able to set targets for all the recommended priority groups. The implementation period for the target spans a period of two years starting from January 2022 to January 2024. The priority populations for which targets were set are listed below:

- Serodiscordant couples – SDC
- Adolescent girls and young women – AGYW
- Men who have sex with men – MSM

- Female sex workers – FSW
- People who inject drugs – PWID
- Transgender persons – TGP

Table 1. Target inputs and assumptions

S/NO	Target input	Data Source	Assumptions
1	Continuation rates	Programme data from USAID implementers	For SDC, continuation rates from the Partners demonstration project study were used
2	No. of monthly PrEP initiations	Programme data from implementing partners for 2020	An average of each quarter for 2020 was taken to get the initiation data for Jan–Apr 2021
3	Costs	Procurement and Supply Management (PSM) (Chemonics) Default cost estimates within PrEP-it Meeting Targets and Maintaining Epidemic Control (EpiC) project NASCP	N2,275.68 ($5.54) cost of Tenoras for one month N100 each for cost of urinalysis and hepatitis B virus (HBV) testing at initiation or within three months of initiation Personnel and capital costs were excluded from the service delivery cost estimate since these costs are already included elsewhere in the healthcare budget
4	Estimated population size for each priority population	Size estimates data for 17 states by National Agency for the Control of AIDS (NACA) for MSM, FSW and PWID	The whole country estimates were calculated by doubling the size estimates for the priority group based on the assumption that the population size for ages 15+ for the states was approximately equal to the population size of the remaining 20 states
5	Size estimate for TGP	MSM size estimate	This was estimated using MSM as a proxy and by applying the proportional relationship between MSM and TGP in Nigeria to the country's estimate of the size of the MSM population

6	Size estimate for SDC	Spectrum estimates, NAIIS report	Population aged 15–64 *, HIV prevalence (aged 15–49) *, % married
7	Size estimate for AGYW	National 2020 Spectrum/AIM file	Projected size of population aged 15–24 in 2021
8	HIV prevalence for each priority population	Integrated biological and behavioral surveillance survey (IBBSS) 2020	No HIV prevalence for SDC since they are negative partners
9	% Indicated for PrEP		SDC: 1% HIV-positive adults that are virally suppressed TGP: default assumption Other populations: default assumption
10	Scale-up trends		This was decided by stakeholders based on experience with programme

Specific targets are available in the Targets section of the Appendices.

5.2 Rollout scenarios

Delivering oral PrEP where resources are limited requires a concise roadmap to focus this intervention based on geography, population group, and/or individual risk to maximise impact and cost-effectiveness. Below are some possible scenarios focusing oral PrEP rollout on specific groups of states based on different criteria.

Scenario	States	% of new infections included in scenario	% of population included in scenario	Efficiency ratio**
Highest new infections (option 1)	**4 states** Akwa Ibom*, Anambra, Benue, Rivers*	**41%** of new infections are in these states	**12%** of the total population is in these states	3.41
Highest new infections (option 2)	**7 states** Abia*, Akwa Ibom*, Anambra, Benue, Imo*, Lagos, Rivers*	**56%** of new infections are in these states	**26%** of the total population is in these states	2.15

Highest incidence	**5 states** Abia*, Akwa Ibom*, Anambra, Benue, Rivers*	**46%** of new infections are in these states	**14%** of the total population is in these states	3.28
High/moderate and growing incidence	**9 states** Abia*, Akwa Ibom*, Anambra, Bayelsa*, Benue, Edo*, Enugu, Imo*, Rivers*	**52%** of new infections are in these states	**22%** of the total population is in these states	2.34
Over 1K new infections in 2019	**24 states** States with infections above 1K	**89%** of new infections are in these states	**70%** of the total population is in these states	1.28

* States with low (<65%) rates of knowledge of HIV status that may require additional investment in HIV testing infrastructure to facilitate PrEP rollout
** Ratio of % of new infections covered by each scenario to % of population covered by each scenario as a proxy for "efficiency"
(Source – Programmatic data from January 2020–April 2021)

Three of these rollout scenarios were selected to assess how they compare with each other with respect to cost, impact, and cost-effectiveness by inputting the lists of states and some default assumptions into the PrEP-it tool.

Scenario	# of initiations	Total cost (USD)	HIV infections averted	Cost per HIV infection averted (USD)
Highest incidence	51,389	1.9M	661	2,776
High/moderate and growing incidence	89,218	3.2M	1,038	2,931
Over 1K new infections in 2019	240,500	9.3M	3,286	2,695

Since Nigeria is prioritising KPs for oral PrEP provision, the overall incidence in the states where PrEP is to be provided does not have a large impact on the cost-effectiveness of the PrEP programme (given the rough assumptions used), so geographic prioritisation at the level of the state does not lead to a more efficient use of resources. However, focusing on oral PrEP provision for AGYW on specific hotspots where incidence is particularly high may lead to a more efficient programme for AGYW and should be considered.

6. Leadership and governance

The national level, led by the Federal Ministry of Health and NACA, provide coordination for policy formulation. It also provides technical assistance in target setting, operational planning, monitoring and evaluation (M&E), as well as research and resource mobilisation. This work will be done with the support of the oral PrEP subcommittee and in consultation with the states and other stakeholders (see Table 2).

Table 2. Stakeholders' roles in oral PrEP implementation

Stakeholder	Role in oral PrEP implementation
NASCP/State AIDS & STI Control Programme (SASCP)	Leadership and coordination of HIV/AIDS health sector response and policy formulation
NACA/State Agency for the Control of AIDS (SACA)	Provides multisectoral coordination in HIV/AIDS response
PEPFAR (USAID, CDC, DoD), Global Fund	Support funding for oral PrEP implementation programme
WHO	Provides technical assistance to the GoN through NASCP and NACA
Implementing partners	Provide technical and funding support to facilities and communities in the rollout and monitoring of oral PrEP services
HIV/AIDS networks	Advocate for the utilization of oral PrEP services

7. Policy environment

The government, in collaboration with stakeholders developed policy documents that incorporate PrEP as an intervention to HIV response. These include the national HIV/AIDS strategic framework (2017–2021), which provides strategic direction for the HIV/AIDS response in Nigeria; the National Guidelines for HIV Prevention, Treatment and Care (2020), which detail how PrEP intervention will be delivered as part of a combination prevention approach; and the National consolidated service delivery guidelines on HIV and STIs for KP (2021), which specify PrEP implementation among KPs.

8. Human resources

8.1 Service provider training

Training in oral PrEP service delivery is highly important because oral PrEP is a prescription medication. Therefore, oral PrEP service providers will need to be trained at all levels of oral PrEP service delivery. The different cadres of healthcare workers involved in the provision of oral PrEP will be trained to provide the services associated with their responsibilities. The PrEP subcommittee within the Prevention technical working group (TWG) is developing training materials for providers in close coordination with partners and stakeholders.

Level 1: Training of Master Trainers

Selection: Master trainers will be identified by the GoN (Federal Ministry of Health [FMoH] and NACA) and IPs. Trainers should be selected from a pool of existing national-level trainers with a history of master-level health worker capacity building in prevention. It is recommended to pull master trainers from the six geopolitical zones and have at least two trainers per zone who will cover most, if not all thematic areas associated with PrEP service delivery: Clinic, Logistics, Counselling, etc.

Trainers of Master Trainers: A pool of trainers of master trainers should include experts from the field who are abreast of the latest developments of PrEP implementation. They should originate both from institutions and from the field (IPs).

Duration of Training: 5 Days

Training Curriculum and Tools: Reference to the recent National PrEP Curriculum. Some critical topics of emphasis include The Science of PrEP, Overview of PrEP, Counselling, Eligibility Criteria, PrEP Adherence, etc.

Level 2: Training of Sub-National PrEP Trainers

Selection of Trainers: The sub-national trainers will be Identified by the GoN and IPs master trainers. Master trainers should be selected from a pool of existing national-level trainers who attended the training of master trainers.

Selection of Participants: Participants will be drawn from SASCP, SACA, and the IPs who focus on PrEP implementation.

Trainers of Sub-National PrEP Trainers: A pool of PrEP master trainers who have attended the Level 1 training will facilitate this training.

Duration of Training: 5 Days

Training Curriculum and Tools: Reference to the recent National PrEP Curriculum. Some critical topics of emphasis include The Science of PrEP, Overview of PrEP, Counselling, Eligibility Criteria, PrEP Adherence, etc.

Level 3: Training of PrEP Providers

Selection of Trainers: The trainers of PrEP providers will be identified by the GoN and IP master trainers. Master trainers should be selected from a pool of existing national-level master trainers and sub-national PrEP trainers.

Selection of Participants: Participants will be drawn from PrEP supported facilities and communities that focus on PrEP implementation.

Trainers of PrEP Providers: A pool of PrEP master trainers who have attended the Level 1 and/or 2 training, will facilitate this training.

Duration of Training: 4 Days

Training Curriculum and Tools: Reference to the recent National PrEP Curriculum. Some critical topics of emphasis include The Science of PrEP, Overview of PrEP, Counselling, Eligibility Criteria, PrEP Adherence, etc.

8.2 Provider responsibilities

All cadres of healthcare workers who are trained in oral PrEP services are involved in specific aspects of oral PrEP service delivery. This division of responsibilities allows for task sharing. Services provided by each cadre are listed in Table 3.

Table 3. Oral PrEP services provided by cadre

Human resource cadre	Services provided
Doctors/Clinicians/Community Pharmacist/Nurses	Risk screening, clinical eligibility assessment, counselling, initiation, prescriptions, and follow-up reviews, counselling and refill, counselling on adherence and side effects
Pharmacists	Dispensing and refills of PrEP drugs, counselling on adherence and side effects
Laboratory scientists/technicians	Conducting laboratory tests and providing results
HIV testing/Adherence counsellors	Counselling and risk screening, laboratory samples (if trained as a phlebotomist), counselling on adherence and side effects
Community and facility support cadres (i.e., expert clients, outreach workers, peer educators)	Demand creation, health education, counselling and risk screening, appointment reminders and follow-up

Providers across cadres will be involved in data collection and management for programme monitoring. Additional staff may be needed to support these functions as well. Individuals involved in HIV testing can integrate oral PrEP counselling in both pre- and post-test counselling through a combination prevention HIV approach. Every service provider should be equipped to counsel on oral PrEP using the five Cs of HIV

Testing Services (HTS) (including consent, confidentiality, counselling, correct test results, and connection to care, treatment, and prevention services).

At the community level there will be a need to include “expert PrEP clients” for demand generation, e.g., community pharmacists, case managers who may be expert clients and PrEP focal persons who support PrEP retention through regular PrEP screening and eligibility at refills.

9. Service delivery

The service delivery approach identifies and describes resources, processes, and interfaces regarding service provision and operations in oral PrEP implementation. These include; identification of oral PrEP clients, initiation, and client follow-up mechanisms.

Oral PrEP counselling will be offered to individuals who have tested negative for HIV. If oral PrEP cannot be offered at facilities and community structures where HIV testing is conducted, referrals to facilities providing oral PrEP will be made.

Oral PrEP service delivery will be tailored for priority populations by integrating services into outreach programmes, one-stop shops, outreaches which is implemented by community-based organisations (CBOs), community pharmarcies, adolescent-friendly clinics/Operation Triple Zero programmes, and programmes for persons in custordial settings. Oral PrEP initiation will be integrated into the HTS and index testing streams for the priority populations.

9.1 Minimum service delivery package

Oral PrEP is more effective when offered in combination with other prevention and biomedical services. When certain components of the package of services are not available at a given site, referrals can be made.

The PrEP minimum package of services includes:

1. HIV testing and counselling, including index testing, self-testing, and couples testing
2. Creatinine clearance (CrCl) screening and monitoring (see note on creatinine screening below)
3. Hepatitis screening (see note on hepatitis B and C screenings below)
4. Comprehensive HIV prevention, including risk reduction counselling and condom/lubricant distribution
5. Assessment of need for contraceptives and/or pregnancy testing
6. STI screening, diagnosis, and treatment when available, however unavailability should not prevent access to oral PrEP
7. Screening for non-communicable diseases, such as diabetes mellitus and hypertension
8. Referral for services for intimate partner violence, legal aid services, or mental health issues identified during counselling
9. Adherence assessment and counselling, helps in identifying possible barriers to good adherence

Note on Creatinine Screening:

Urinalysis may be offered as screening when CrCl results are delayed, or when CrCl is not available in the health care facility. When creatinine screening is conducted, any individual with an estimated creatinine clearance of ≥60 mL/min can safely be prescribed oral PrEP. Since creatinine clearance results can be reviewed at a follow-up visit, waiting for creatinine screening results should not delay oral PrEP initiation. If the results indicate an abnormal creatinine clearance of <60 mL/min, the test should be repeated on a separate day before stopping oral PrEP, and oral PrEP should be stopped if the result of the repeat test is also abnormal. Oral PrEP can be restarted if creatinine clearance is confirmed to be ≥60 mL/min one to three months after stopping oral PrEP. Recommendations for creatinine screening vary based on age and presence of kidney-related comorbidities and is subject to availability. The table below describes this further.

Population(s)	**Initiation**	**Follow-up**
Individuals 29 years and younger with no kidney-related comorbidities	Optional	If not conducted or if baseline test is normal, follow-up is optional until 30 years of age or if kidney-related comorbidities develop. If conducted, and baseline test result is <90 mL/min, conduct follow-up screening every six to 12 months, if available.
Individuals 30–49 years with no kidney-related comorbidities	Conduct once within one to three months of oral PrEP initiation, if available.	If baseline test is normal, further screening is optional until 50 years of age or if kidney-related comorbidities develop. If baseline test result is <90 mL/min, conduct follow-up screening every 6 to 12 months, if available.
Individuals 50 years and older Individuals of any age with kidney-related comorbidities Individuals with previous creatinine screening of <90 mL/min	Conduct once within one to three months of oral PrEP initiation, if available.	Conduct follow-up screening every 6 to 12 months, if available.

Note on Hepatitis Screening:

Testing for hepatitis B, once at initiation or within three months of initiation, is strongly suggested but not required for oral PrEP use. Hepatitis B infection is not a contraindication for oral PrEP (daily or ED) use, and oral PrEP can safely be offered to a person with hepatitis B infection.

Testing for hepatitis C at initiation or within the first three months of oral PrEP use and every 12 months thereafter is strongly encouraged based on local epidemiological context but not required for oral PrEP

use. Hepatitis C infection is not a contraindication for oral PrEP (daily or ED) use, and oral PrEP can safely be offered to a person with hepatitis C infection.

9.2 Settings where oral PrEP can be accessed

Oral PrEP can be integrated into any setting that meets the conditions for initial evaluation and initiation, including:

- One-stop shops for KPs (including community and facility settings)
- HIV/antiretroviral therapy (ART) clinics
- Antenatal care/maternal, new-born, and child health/reproductive health and STI clinics
- Community settings, e.g., integrated prevention centres
- Adolescent- and youth-friendly outlets

Facilities and community structures where oral PrEP is provided should have rooms or spaces for counselling that ensure audio-visual confidentiality/privacy. In addition, the availability of a proper storage space for ARVs and other oral PrEP commodities should be considered essential.

9.3 Linkage to oral PrEP

At service delivery points where only eligibility screening is possible, providers will be equipped with skills to link identified clients to oral PrEP service delivery points. These models include:

- Facility-based (trained health care provider-led model, integrated model)
- Community-based (mobile model, drop-in centres, one-stop shops, community pharmacies)
- Outreach services

9.4 Outreach approach

In scale-up of oral PrEP services to the community, oral PrEP outreach will be conducted to improve access to services and reach more people. The outreach services should include the following:

- Mapping of areas where the target population congregates
- Planning to ensure adequate resources, such as test kits, consumables, and oral PrEP medications
- Planning and establishing referral linkages for other services, such as ART, PMTCT, STI diagnosis and treatment, diagnostic investigations such as urinalysis
- Care providers, consisting of counsellor testers, adherence counsellors, case managers, clinicians, lab scientists/technicians, community pharmacists, data entry clerks, referral coordinators/focal persons, peer educators, and peer mobilisers/community facilitators
- Outreach services planned to ensure that newly initiated clients access remote support within the first three months and interact with a clinical team at least once a month in the first three months

9.5 Supporting effective use and continuation

Persons accessing oral PrEP should be supported to continue their medications, provided they are willing and have increased likelihood of HIV acquisition.

Adherence counselling and support will be provided for oral PrEP candidates by facilitating accurate knowledge and understanding of medication benefits and requirements. It also prepares client for side effects & its management, monitoring adherence, identifying social support, encouraging medication

optimism, building self-efficacy. Adherence counselling helps client to develop a routinised schedule in which to integrate regular dosing and maintaining open lines of communication with oral PrEP candidates.

Outreach workers and facility staff will be responsible for follow-up of oral PrEP clients and for documenting adverse effects when they occur. When clients decide to stop taking oral PrEP, their reasons for discontinuation should be documented.

Population (s)	**Starting Oral PrEP Safely**
People assigned male at birth using PrEP to prevent HIV acquisition during sex who are not using exogenous hormones.	Take a double dose two to 24 hours before potential exposure, regardless of whether the intention is to use daily PrEP or ED-PrEP. Ideally, this loading dose would be taken closer to 24 hours before potential exposure.
People using oral PrEP to prevent HIV acquisition from nonsexual exposures. People assigned female at birth. People assigned male at birth who are using exogenous hormones.	Take a single pill daily for seven days before potential exposure.

PrEP continuation

Clients who start on PrEP should return after one month to assess and confirm their HIV-negative test status, assess early side effects, discuss any difficulties with medication adherence, and any other client concerns. Follow-up should be every three months from the initiation visit, provided the client is at substantial risk of HIV acquisition. Reference should be made to the National Guideline for HIV/AIDS Prevention, Treatment and Care Section 7.2.10.

PrEP discontinuation

PrEP can be discontinued due to the following reasons:

- Client request
- Positive HIV test (seroconversion)
- Safety concerns, such as eGFR less than 60mls/min
- No longer at substantial risk of HIV infection
- Persistent side effects

Population (s)	Stopping Oral PrEP Safely
People assigned male at birth using PrEP to prevent HIV acquisition during sex who are not using exogenous hormones.	Take a single pill daily for two days after the last potential exposure, regardless of whether the individual is using daily or ED-PrEP.
People using oral PrEP to prevent HIV acquisition from nonsexual exposures. People assigned female at birth. People assigned male at birth who are using exogenous hormones.	Take a single pill daily for seven days after last potential exposure.

10. Supply chain management

The success of oral PrEP implementation depends, to a large extent, on the availability and accessibility of commodities to users. As oral PrEP delivery is a relatively new addition to the existing package of HIV prevention services, consumption data and other parameters are needed to inform quantification and guide the supply and distribution chain for oral PrEP drugs, as well as other associated commodities such as laboratory tests. Commodity security ensures consistent availability and supply of high-quality and correct quantities of oral PrEP products at designated service delivery points.

10.1 Commodities associated with oral PrEP implementation

Commodities for diagnostics:

Chemistry analyser (for CrCl test), urinalysis strips, HBV strips/HBsAg, HCV test strips, HIV rapid test kits, HIV self-test kits and other consumables.

ARV commodities:

Oral PrEP medications: TDF/3TC 300mg/300mg, TDF/FTC 300mg/200mg, and TDF (300mg), etc.

10.2 Commodity forecasting and quantification

Oral PrEP will be managed as part of the national logistics management system and will be made available at the service delivery points through the PSM. Oral PrEP will be integrated into existing supply chain and pharmacovigilance systems for ARVs, which include quantification and forecasting, procurement planning, and monitoring of uptake.

The persons responsible for quantification include pharmacists/pharmacy technicians, laboratory scientists/technicians, procurement officers, and warehouse managers.

10.3 Procuring, ordering, and receiving oral PrEP commodities

Procurement of oral PrEP commodities will follow the appropriate supply chain procedures. Once procured, oral PrEP commodities will be stored at the central warehouse and then distributed to zonal warehouses, health facilities, and finally to oral PrEP users.

11. Demand creation and communication

Demand creation is the process of eliciting buy-in, uptake or consumption of specific products, goods and services by an identified target audience. Oral PrEP demand creation activities are designed to create awareness, desire, and motivation, as well as an enabling environment for the uptake and effective use of oral PrEP among those with increased likelihood of HIV acquisition.

At the national level, NASCP and NACA will coordinate and provide stewardship to oral PrEP demand creation activities. At the zonal and state levels; NACA, SASCP, and SACA will provide coordination. At the local government level; the health department (Local Government Area Committees on AIDS [LACA] will provide coordination.

Implementation of demand creation activities will follow a defined pathway, as follows:

- Situation analysis
- Identification of oral PrEP target audience
- Identification of appropriate approaches and types of social and behaviour change communication materials to reach oral PrEP target audience
- Development and production of relevant print, electronic, interpersonal communication (IPC), and social media materials for health talks, informational sessions, community dialogues, social media, focus group discussions, and town hall meetings
- Rollout of messages through appropriate approaches
- Monitoring and supportive supervision
- Evaluation

The situation analysis conducted by the Collaboration for HIV Prevention Options to Control the Epidemic (CHOICE) project on the different points of oral PrEP service delivery and the strategies for demand creation, showed which approaches are preferred by different audiences in line with the fourth bullet above.

Oral PrEP demand creation strategic approaches

Demand creation approaches	Audience(s)
Interpersonal communication (where possible, engage trained oral PrEP ambassadors as facilitators)	FSW, MSM, PWID, TGP, HIV negative individuals in SDCs, persons in custodial centres, AGYW and their partners, adults
Peer group education (physical and virtual)	BBFSW, MSM, PWID, persons in custodial centres
Social media (Facebook, Twitter, Grindr, Tinder, WhatsApp, closed chatrooms, YouTube, etc.)	AGYW and their partners, young people, adults, MSM, FSW, TGP
Prints (posters, stickers, handbills, flyers, etc.)	PWID, BBFSW, MSM, TGP, persons in custodial centres, AGYW and their partners, young people, adults
Priority for Local AIDS Control Effort (PLACE) (venue outreach facilitators)	NBBFSW and adult men (busy during day)
Outreaches and roadshows	FSW, MSM, PWID, SDC, persons in custodial centres, adolescents, adults
Electronic media (TV and radio)	FSW. MSM. PWID. SDC. AGYW and their partners, young people, adults
Focus Group Discussions	BBFSW, MSM, PWID, SDC, persons in custodial centres, AGYW and their partners, adults
Short message services	BBFSW, MSM, PWID, SDC, AGYW and their partners, adults

11.1 Coordination of communication interventions for oral PrEP

Oral PrEP interventions in Nigeria will be carried out by implementing partners, civil society organisations (CSOs), non-governmental organisations, faith-based organisations, CBOs, and associations that have the capacity to do so.

At the national level, NASCP and NACA will coordinate and provide stewardship to oral PrEP demand creation activities. At the zonal and state level, NACA, SASCP, and SACA will provide coordination. At the local government level (LACA) and the health department will provide coordination.

11.2 Community mobilisation and engagement for demand creation

Community mobilisation is a process of gathering, harnessing, and utilising human and material resources in a given community to tackle an identified need.

Community engagement is a process of bringing together all relevant stakeholders and involving them to be active in solving problems within their community.

Steps for stakeholder mobilisation

- Identification and social mapping of relevant stakeholders working on PrEP
- Networking and synchronisation of oral PrEP demand creation activities among the stakeholders
- Conduct of a joint oral PrEP demand creation planning meeting where stakeholders will be assigned roles and responsibilities

These steps will take place at all levels in the country, i.e., national, zonal, state, local government area (LGA), etc. A strategic snowballing approach (using existing structures) may be employed.

12. Advocacy

Advocacy is the process of soliciting support from relevant identified influential targets/persons for a course (e.g., oral PrEP intervention).

Steps for conducting advocacy

1. Identify the advocacy issue or problem
2. Analyse and gather information on the advocacy issue
3. Determine objectives for the advocacy project
4. Identify advocacy target audience
5. Identify allies and build support for the advocacy project
6. Develop advocacy strategies
7. Create an advocacy action plan
8. Develop advocacy kits
9. Plan advocacy meetings and other relevant advocacy activities
10. Conduct advocacy meetings and other relevant advocacy activities
11. Follow up to ensure that expected action is taken to establish the support promised

Targets for advocacy and how to support oral PrEP intervention

Political leaders (e.g., president, national assembly members, minister of health and other relevant ministers, state governors, state commissioners of health, local government chairmen, etc.): These groups can facilitate support of oral PrEP interventions in Nigeria**.** This includes promotion, enforcement of necessary policies, allocation, approval of budgets and release of funds. They can also canvass for more private sector investors for oral PrEP private sector intervention.

Religious leaders: Religious leaders will be engaged to support awareness creation about oral PrEP and encourage service uptake among their congregations. They can also facilitate the mobilisation of resources among their congregations to support oral PrEP interventions.

Traditional rulers: Traditional rulers will be engaged to support in awareness creation about oral PrEP and encourage service uptake among their subjects. They can also support the mobilisation of available resources in their communities to support oral PrEP interventions.

Media organisations/individuals (Television, radio, social media influencers, etc.): These organisations and individuals, including journalists, will be engaged to support the promotion and uptake of oral PrEP services as part of their corporate social responsibility or at a discounted price, and to support the airing and disseminating oral PrEP information.

Opinion leaders/Influencers/young professional groups (e.g., youth leaders, celebrities, women leaders, male social group leaders, oral PrEP ambassadors, young pharmacist groups, etc.). These groups will also be engaged to support awareness creation and facilitation of oral PrEP uptake among their peers and followers.

Healthcare professional groups and leadership: In view of the large number of our populace who seek healthcare services from the private sector that are in most cases are the first port of call; the leadership and membership of healthcare groups will play a vital role in strengthening access to oral PrEP interventions.

Other organisations and well-to-do persons: Both corporate organisations and individuals can donate resources for oral PrEP interventions. The Nigerian government takes ownership to ensure continuity and sustainability of the entire project.

13. Monitoring and Evaluation

The monitoring and evaluation of the oral PrEP programme is a subset of the national M&E system, this will ensure effectiveness and efficiency of the programme towards achieving its goals and target settings. Oral PrEP monitoring includes the collection of data on uptake and seroconversion by collecting, collating, and reporting data for prompt informed policy decision-making. The M&E component of the oral PrEP programme is expected to track the following:

- Strengthen data generation and reporting for oral PrEP among priority populations
- Monitor the oral PrEP cascade of care (screening for eligibility, initiation, achieving adherence, and discontinuation)
- Identify clinical or structural areas for improvement of services
- Evaluate programme impact

13.1 National programmatic oral PrEP indicators

Table 4. National programmatic oral PrEP indicators

Suggested minimum indicators to be collected at the national level:

Outcome	Indicators	Definition	Justification	Disaggregation	Data source	Reporting Frequency
Strengthened data generation and reporting for PrEP uptake relative to baseline	Percentage of eligible people who initiated PrEP	Number of persons initiated on PrEP out of the total number eligible	This measure is critical to assess the progress of uptake and utility of PrEP among persons at substantial risk of HIV infection	Sex, age, KP type (MSM, FSW, PWID, TGP, persons in custodial centres)	PrEP register, PrEP card	Monthly
Continued Uptake of PrEP	Number of people who received PrEP at least once during the reporting period	Number of people who received PrEP at least once during the reporting period	This measures the consistent use of PrEP to reduce the risk of HIV acquisition	Sex, age, KP type (MSM, FSW, PWID, TGP, and persons in custodial centres)	PrEP register, PrEP card	Monthly
Reduced new HIV infections among PrEP users	Number of PrEP users who seroconverted in the reporting period	Number of individuals who continued oral PrEP for at least 3 consecutive months who retested and had positive HIV result during the reporting period	This enumerates the number of clients who started and continued PrEP that seroconverted	Sex, age, KP type (MSM, FSW, PWID, TGP, and persons in custodial centres)	PrEP register, PrEP card	Monthly
PrEP discontinuation	Number of individuals who discontinued PrEP	Number of people who were initiated on PrEP and stopped abruptly (without the recommended procedure)	This enumerates the discontinuation of PrEP services by clients not based on health provider recommendations	Sex, age, KP type (MSM, FSW, PWID, TGP, and persons in custodial centres)	PrEP register, PrEP card	Monthly

13.2 Data collection

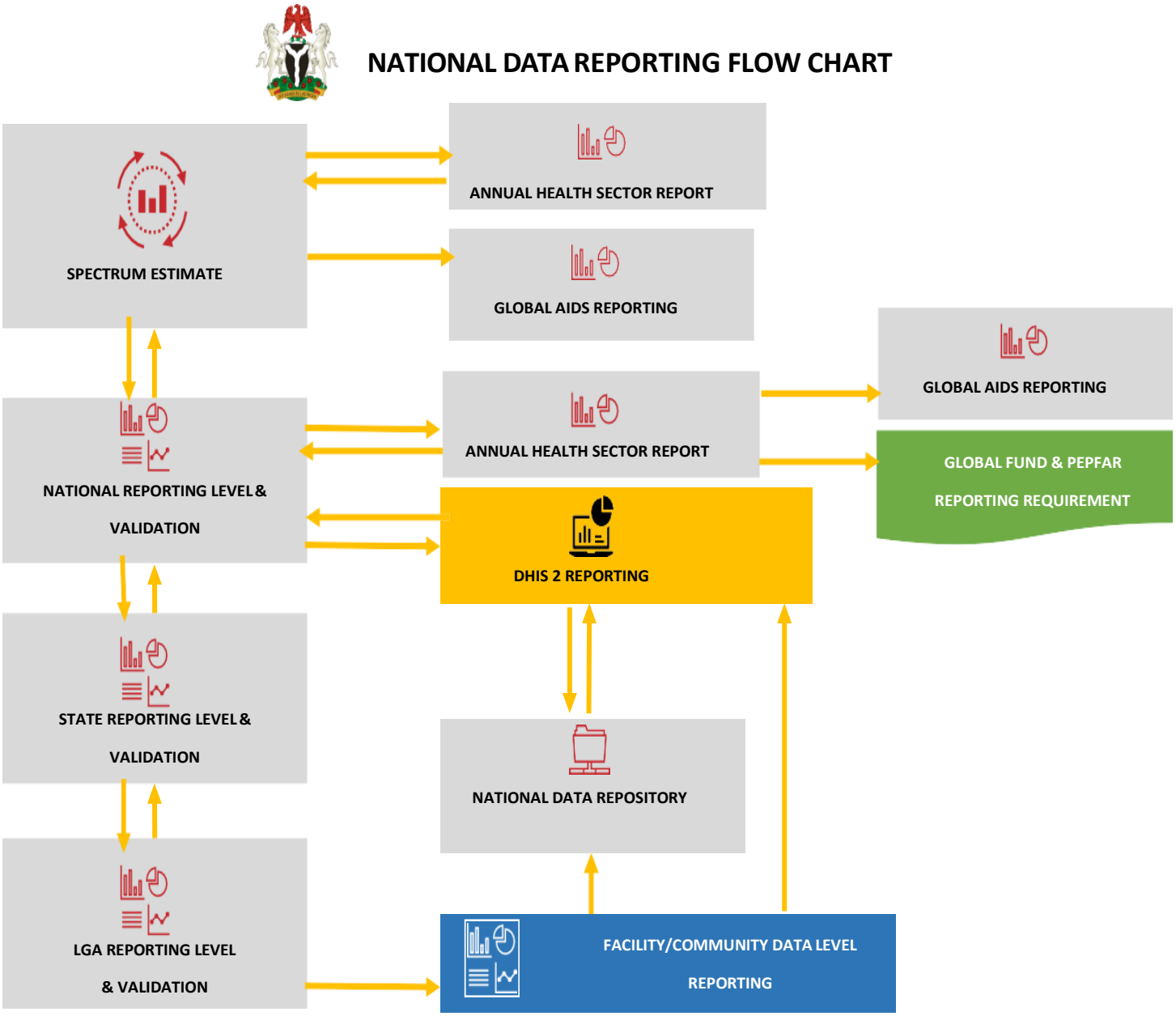
Data will be collected routinely using the National Oral PrEP M&E Tools:

1. Oral PrEP Card
2. Oral PrEP Routine Register

13.3 Data collation and reporting

Data will be collated monthly at the LGA, state and national levels using Monthly Summary Forms

13.4 National data reporting flow



13.5 Training on data collection tools

A manual will be developed for training focal persons on tools for data collection.

14. Research and impact evaluation

The oral PrEP implementation plan highlights the key research and impact evaluation agenda and defines strategies for formulating, conducting, and coordinating research within the context of oral PrEP. This will guide and facilitate oral PrEP scale-up in the country. The following areas are recommended for oral PrEP research and impact evaluation:

- Formative assessment of feasibility and acceptability of oral PrEP services
- Process monitoring through systematic, routine documentation of key aspects of performance
- Outcome evaluations that measure the performance of oral PrEP, especially around sero-conversion rates among priority populations, uptake, and other key indicators
- Evaluation is also recommended to assess the number of persons reached, clients' reasons for stopping oral PrEP, priority groups that may be under-represented and changes in the risk or protective behaviors of consumers or providers

The coordinating office of the national programme is tasked with convening TWGs and other key stakeholders to identify and formulate research questions that will focus the evaluation on areas of programme performance that are important for decision-making. This office is also required to coordinate and mobilise the resources needed to achieve the research objectives under the national oral PrEP programme.

15. Financing and resource mobilisation

15.1 Cost of the plan

Establishing resource requirements for oral PrEP introduction is imperative for informing country and donor investments as part of the HIV combination prevention strategy. The service delivery costs based on the estimated total budget is Eight billion, four hundred and twenty-five million, four hundred thousand naira only(NGN8,425,400,000), excluding staff and capital costs (see Table 1 for target inputs and assumptions and Appendix Table 3 for results). Above-site level costs, including training, demand creation, meetings, and other costs are estimated to total Nine billion, ninety-seven million, one hundred and fifty-nine thousand seven hundred naira only (NGN9,097,159,700).

15.2 Resource mobilisation

Funding is critical in programming, and this cannot be overemphasised. Over time, the country has relied primarily on external sources to fund most HIV interventions. To have a sustainable financing; government at all levels must take ownership of this process. Therefore, all relevant stakeholders of the national and state programmes will work to mobilise domestic resources for the rollout of oral PrEP services.

Appendices

National Guidelines for Oral PrEP

Targets

Table 1: Targets by priority population, January 2022 – January 2024

Initiations	Total	SDCs	AGYW 15-24	FSW	MSM	PWID	TGP
Total	732,746	134,880	44,029	358,367	93,876	97,013	4,583

Table 2: Targets by state, January 2022 – January 2024

State	Total	SDCs	AGYW 15–24	FSW	MSM	PWID	TGP
Abia	13,627	2,508	819	6,665	1,746	1,804	85
Adamawa	15,999	2,945	961	7,825	2,050	2,118	100
Akwa-Ibom	21,303	3,921	1,280	10,419	2,729	2,820	133
Anambra	22,012	4,052	1,323	10,766	2,820	2,914	138
Bauchi	23,761	4,374	1,428	11,621	3,044	3,146	149
Bayelsa	7,649	1,408	460	3,741	980	1,013	48
Benue	21,140	3,891	1,270	10,339	2,708	2,799	132
Borno	21,048	3,874	1,265	10,294	2,697	2,787	132
Cross river	13,651	2,513	820	6,676	1,749	1,807	85
Delta	20,144	3,708	1,210	9,852	2,581	2,667	126
Ebonyi	8,801	1,620	529	4,304	1,127	1,165	55
Edo	12,013	2,211	722	5,875	1,539	1,590	75
Ekiti	11,316	2,083	680	5,535	1,450	1,498	71
Enugu	17,054	3,139	1,025	8,341	2,185	2,258	107
FCT	20,991	3,864	1,261	10,266	2,689	2,779	131
Gombe	9,510	1,751	571	4,651	1,218	1,259	59
Imo	20,172	3,713	1,212	9,865	2,584	2,671	126

Jigawa	21,432	3,945	1,288	10,482	2,746	2,837	134
Kaduna	34,626	6,374	2,081	16,935	4,436	4,584	217
Kano	48,913	9,004	2,939	23,922	6,267	6,476	306
Katsina	28,973	5,333	1,741	14,170	3,712	3,836	181
Kebbi	16,183	2,979	972	7,915	2,073	2,143	101
Kogi	16,342	3,008	982	7,992	2,094	2,164	102
Kwara	10,141	1,867	609	4,960	1,299	1,343	63
Lagos	54,730	10,074	3,289	26,767	7,012	7,246	342
Nasarawa	20,025	3,686	1,203	9,794	2,566	2,651	125
Niger	20,391	3,754	1,225	9,973	2,612	2,700	128
Ogun	18,519	3,409	1,113	9,057	2,373	2,452	116
Ondo	16,628	3,061	999	8,132	2,130	2,201	104
Osun	17,363	3,196	1,043	8,492	2,224	2,299	109
Oyo	30,390	5,594	1,826	14,863	3,893	4,024	190
Plateau	15,151	2,789	910	7,410	1,941	2,006	95
Rivers	27,998	5,154	1,682	13,693	3,587	3,707	175
Sokoto	19,082	3,512	1,147	9,332	2,445	2,526	119
Taraba	9,324	1,716	560	4,560	1,195	1,234	58
Yobe	9,718	1,789	584	4,753	1,245	1,287	61
Zamfara	16,625	3,060	999	8,131	2,130	2,201	104

Table 3: Targets by month, January 2022 – January 2024

Data Range	PrEP initiations	Currently on PrEP	Continuation visits	Costs	Cumulative costs	Infections averted	Cumulative infections averted	Cumulative cost per infection averted
Jan-2022	15,143	22,491	2,092	$ 162,112	$ 162,112	75	75	$ 2,174
Feb-2022	21,862	32,151	4,641	$ 234,592	$ 396,704	93	167	$ 2,371
Mar-2022	29,828	44,242	6,137	$ 321,670	$ 718,374	117	284	$ 2,528
Apr-2022	37,793	57,704	11,490	$ 422,756	$ 1,141,130	147	431	$ 2,649
May-2022	44,513	71,115	13,332	$ 514,784	$ 1,655,914	180	611	$ 2,712
Jun-2022	49,414	83,498	16,130	$ 598,776	$ 2,254,690	215	826	$ 2,730
Jul-2022	52,623	94,514	20,983	$ 674,952	$ 2,929,642	252	1,078	$ 2,719
Aug-2022	54,578	104,197	23,197	$ 736,480	$ 3,666,122	287	1,365	$ 2,686
Sep-2022	55,717	112,655	25,452	$ 789,554	$ 4,455,676	322	1,687	$ 2,641
Oct-2022	56,364	120,032	28,981	$ 837,786	$ 5,293,462	355	2,042	$ 2,592
Nov-2022	56,725	126,465	30,860	$ 877,350	$ 6,170,812	386	2,427	$ 2,542
Dec-2022	56,926	132,057	32,418	$ 911,372	$ 7,082,185	414	2,842	$ 2,492
Jan-2023	57,037	136,905	34,701	$ 942,402	$ 8,024,586	442	3,284	$ 2,444
Feb-2023	57,098	141,090	35,910	$ 967,784	$ 8,992,370	466	3,750	$ 2,398
Mar-2023	57,131	144,704	36,884	$ 989,554	$ 9,981,923	489	4,239	$ 2,355
Apr-2023	57,149	147,839	37,632	$ 1,008,255	$ 10,990,179	510	4,749	$ 2,314
May-2023	57,160	150,609	38,169	$ 1,024,552	$ 12,014,730	529	5,277	$ 2,277
Jun-2023	57,165	153,049	38,526	$ 1,038,705	$ 13,053,435	546	5,823	$ 2,242
Jul-2023	57,168	155,206	38,747	$ 1,051,049	$ 14,104,484	562	6,385	$ 2,209
Aug-2023	57,170	157,110	38,879	$ 1,061,829	$ 15,166,313	576	6,960	$ 2,179
Sep-2023	57,171	158,740	38,954	$ 1,070,990	$ 16,237,303	588	7,548	$ 2,151
Oct-2023	57,171	160,106	38,996	$ 1,078,632	$ 17,315,935	598	8,145	$ 2,126
Nov-2023	57,172	161,214	39,020	$ 1,084,813	$ 18,400,748	606	8,751	$ 2,103
Dec-2023	57,172	162,067	39,033	$ 1,089,565	$ 19,490,313	612	9,364	$ 2,081
Jan-2024	57,172	162,668	39,040	$ 1,092,908	$ 20,583,221	617	9,981	$ 2,062

The table above depicts the cumulative cost of the oral PrEP implementation plan at the end of the two-year plan using the costs of HBV and urinalysis tests.

Implementation Plan Activity Budget

Activity #	Priority Action and Main Activities	Resources Needed	Deliverables /Output	Responsible Organization/ Funder	Location	Unit Cost	Frequency	Total Cost	Jan – Mar 2022	Apr-Jun 2022	July-Sep 2022	Oct-Dec 2022	Jan-Mar 2023	Apr-Jun 2023	July-Sep 2023	Oct 2023 - Jan 2024
Objective 1																
Sub-objective 1: Management and coordination																
Priority Action 1.a Strengthen coordination and management structures for PrEP at National, State and LGA levels																
Activity 1.1a.I	Conduct a 2-day quarterly sub-committee meeting	Stakeholders, meeting hall, per diem, accommodation, transportation, stationeries	Minutes of the meeting	NASCP	TBD	1,064,200	8	**8,513,600**								
Activity 1.1a.II	Conduct a 2-day bi-annual meeting for state PrEP focal persons	Stakeholders, meeting hall, per diem, accommodation, transportation, stationeries	Minutes of the meeting	NASCP/NACA/ SASCP/SACA	TBD	10,717,600	4	**42,870,400**								
Activity 1.1a.III	Establish state mechanism for coordination	Stakeholders, per diem, accommodation, transportation, stationeries	Functional coordinating structure	NASCP/NACA/ SASCP/SACA	TBD	920,000	4	**3,680,000**								
Activity 1.1a.IV	Conduct state-level quarterly meeting (health facility and community structure)	Stakeholders, meeting hall, per diem, accommodation, transportation, stationeries	Minutes of the meeting	NASCP/NACA/ SASCP/SACA	TBD	920,000	36	**33,120,000**								
Activity 1.1a.V	Conduct quarterly supportive supervisory visit to PrEP service points	Stakeholders, meeting hall, per diem, accommodation, transportation, stationeries	Minutes of the meeting	NASCP/NACA/ SASCP/SACA	TBD	2,980,000	8	**23,840,000**								
Priority Action 1.b: Mobilize and track resources																

Activity 1.b.I	Establish state mechanism for coordination	Stakeholders, per diem, accommodation, transportation, stationeries	Functional coordinating structure	NASCP/NACA/ SASCP/SACA	TBD	980,000	4	**3,920,000**								
Activity 1.b.II	Carry out advocacy at the national and state levels with the aim of increasing funding for PrEP	Stakeholders, per diem, accommodation, transportation, advocacy tool kits	Increased funding for PrEP at national and state levels	NASCP/NACA/ SASCP/SACA	TBD	2,980,000	8	**23,840,000**								
Priority Action 1.c: Creating enabling policy environment to support PrEP implementation																
Activity 1c.I	Review of Policy documents	Stakeholders, meeting hall, per diem, accommodation, transportation, stationeries	Finalized policy documents	NASCP/NACA/ Donors/IPs	TBD	5,513,100	1	**5,513,100**								
Activity 1c.II	Implementation of total market approach, including mapping of all public and private (formal and informal) stakeholders and engagement of those entities in implementation planning (bi-annually)	Stakeholders, per diem, accommodation, transportation	Availability of Oral PrEP across all strata of the eligible population	NASCP/NACA/ IPs	TBD	5,776,400	4	**23,105,600**								
Activity 1c.III	Facilitate the process of market shaping	Stakeholders, meeting hall per diem, accommodation, transportation, stationeries	Availability of affordable Oral PrEP across all strata of the eligible population	NASCP/NACA/ IPs	TBD	4,869,300	4	**19,477,200**								
Objective 2																

Sub-objective 1: To support National or Subnational PrEP training for different cadres of healthcare workers															
Priority Action 1: Development of training manual for PrEP implementation and rollout															
Activity A	Workshop to develop PrEP training manual and training slides	Consultants, facilitators, stakeholders, training Hall, Daily Sustainable Allowance (DSA)	Training manual for PrEP service delivery developed and rolled out	NASCP	TBD	6,901,800	**1**	**6,901,800**							
Priority Action 2: Training on PrEP implementation and rollout plan															
Activity 1b	Conduct a 5-day training of trainers' workshop on PrEP service delivery for different cadres of healthcare workers	Facilitators, stakeholders, training hall, DSA, training manual	Trained healthcare workers on PrEP service delivery	NASCP	TBD	11,551,000	1	**11,551,000**							
Activity 1c	Conduct a 5-day training for different cadres of healthcare workers	Facilitators, stakeholders, training hall, DSA, training manual	Trained healthcare workers on PrEP service delivery	NASCP/ SASCP/SACA/ IPs	TBD	17,845,000	6	**107,070,000**							
Activity 1d	Step down at the facility/ community level	Facilitators, stakeholders, training hall, DSA, training manual	Trained healthcare workers on PrEP service delivery	SASCP/SACA/ IPs	TBD	10,924,000	6	**65,544,000**							
Sub-objective 2: To strengthen PrEP service delivery and reporting for PrEP among priority populations															
Priority Action 2: To monitor quality PrEP service delivery															
Activity 2	Conduct 3 - 5 day quarterly/ semi-annual mentoring and supportive supervision to facilities and communities offering PrEP services	PrEP focal persons at national and sub-national/IPs/DSA/ supportive supervisory visit report template	Supportive supervisory visit report template populated with NEXT STEPS, improved PrEP service delivery	NASCP/NACA/ SASCP/SACA/ IPs	TBD	5,736,000	1	**5,736,000**							
	Conduct external folder audit for validation of PrEP	PrEP Focal Persons at national and sub-	Trip visit report template	NASCP/NACA/ SASCP/SACA/ IPs	TBD	5,736,000	1	**5,736,000**							

	services at implementing sites	national/IPs/DSA/ supportive supervisory visit report template	populated with NEXT STEPS, improved PrEP service delivery													
	Quarterly Nigeria PrEP Learning Network (ECHO Session with all IPs on PrEP service delivery)	Facilitators, subject matter experts, Internet, data charges and virtual platform, slide deck	Improved PrEP service delivery	NASCP/NACA/ SASCP/SACA/ IPs	TBD		Not costed, handled by CHOICE									
Sub-objective 3: To strengthen PrEP commodity security																
Priority Action 3: To improve commodity security																
	To conduct advocacy on a quarterly basis to the PSM TWG on PrEP commodity security	Implementation data, facilitators, subject matter experts, Internet, data charges and virtual platform	Improve PrEP commodity availability	NASCP/NACA/ SASCP/SACA/ PSM/IPs	TBD	90,000	8	**720,000**								
Objective 3																
Sub-objective 1: To scale up awareness and create demand for PrEP, thereby preventing and reducing HIV/AIDS prevalence in Nigeria																
Priority Action 1: Demand creation for PrEP																
Activity 1a	Desk review and baseline data activities	Human and material resources (consultants and technical team)	Baseline data for PrEP demand creation	NASCP/IPs	TBD			**N8,000,000**								
Activity 1b	Demand creation materials development using human centered design	Human and material resource (consultants and technical team)	Demand creation materials for PrEP in Nigeria	NASCP/IPs	TBD			**N9,000,000**								
Activity 1c	Pre-testing of developed materials	Human and material resources (consultants and technical team)	Pre-tested materials	NASCP/IPs	TBD			**N6,000,000**								
Activity 1d	Finalization and validation of the material	Human and material resource (consultants and technical team)	Finalized validated demand creation PrEP materials	NASCP/IPs	TBD			**N5,000,000**								

Activity 1e	Printing of finalize validated material	Media houses/printers	Printed demand creation PrEP materials	NASCP/IPs	TBD			**N90,000,000**								
Activity 1f	Training of stakeholders on usage of PrEP materials	Human and material resources	Number of knowledgeable trained stakeholders	NASCP/IPs	TBD			**N5,000,000**								
Activity 1g	Dissemination of printed PrEP demand creation materials to the 36 plus 1 state	Contracted logistics vendors	Printed demand creation PrEP materials delivered to 36 plus 1 state	NASCP/IPs	TBD			**N7,400,000**								
Activity 1h	Monitoring and evaluation of the impact of the material	Human and material resources (consultants and technical team)	Documented impact on demand creation material	NASCP/IPs	TBD			**N3,000,000**								
Sub-objective 2: Bringing together human and material resources in communities for awareness creation and uptake of PrEP																
Priority Action 2: Community mobilisation and engagement																
Activity 2a	Training of trainers for SASCP/health state education officers in the 36 plus 1 state on community mobilization	Human and material resources (consultants and technical team)	Number of knowledgeable trained SAPCs	NASCP/IPs	TBD			**N10,000,000**								
Activity 2b	Cascading the training of trainers to 36 plus 1 state level (774 x2)	Human and material resources	Number of knowledgeable trained local government HIV focal person and health education officers	NASCP/IPs	TBD			**N25,000,000**								
Activity 2c	Meetings with key stakeholders (NGOs, CBOs/CBAs, CSOs, youth organizations, KPs,	Human and material resources	Number of people mobilized and engaged for PrEP	NASCP/IPs	TBD			**N6,400,000**								

	etc.) in 36 plus 1 state															
Activity 2d	Road show or FLOAT	Human and material resources	Publicity for PrEP	NASCP/IPs	TBD			**N3,700,000**								
Activity 2e	Radio/TV announcement, jingles, slots, billboards, phone-in programs, radio/TV discussions and documentaries	Human and material resources	Number of announcements, jingles, billboards, TV/radio discussions and announcements done	NASCP/IPs	TBD			**N20,000,000**								
Sub-objective 3: Solicit support for PrEP from key influential person in Nigeria																
Priority Action 3: Advocacy																
Activity 3a	Synchronization training with community mobility and engagement in 2a above	Human and material resources	Advocacy training and social mapping out of advocacy target audience	NASCP/IPs	TBD			**0**								
Activity 3b	Development of advocacy kit	Human and material resources	Advocacy kits developed	NASCP/IPs	TBD			**N5,000,000**								
Activity 3c	Advocacy to identified target audiences across the country	Human and material resources	Documentation of support garnered from the advocacy for PrEP	NASCP/IPs	TBD			**N2,000,000**								
Sub-objective 4: To enable media provide adequate publicity for PrEP in Nigeria																
Priority Action 4: Media																
Activity 4a	Orientation of the media	Human and material resources	Number of the oriented journalist on PrEP	NASCP/IPs	TBD			**N2,000,000**								
Activity 4b	Networking and synchronization of PrEP activities with media, through	Journalists and media materials	Continual hearing and publicity of PrEP activities in Nigeria	NASCP/IPs	TBD			**N20,000,000**								

	placement of jingles, slots, etc.																
Activity 4c	M&E of media activities on PrEP	NASCP/IPs	Documentation of media activities on PrEP	NASCP/IPs	TBD			**N5,000,000**									
Sub-objective 5: To enlist relevant stakeholders and garner their buy-in in PrEP programme so as to have collective efforts																	
Priority Action 5: Coordination of national communications of plans for oral PrEP																	
Activity 5a	Stakeholder synchronization meeting	Human and material resources	Identification by partners/ stakeholders enlist different interest areas of the plan	NASCP/IPs	TBD			**N4,000,000**									
Activity 5b	Implementation of PrEP activities in different areas identified by partners	Human and material resources	Different activities embarked upon by different partners	NASCP/IPs	TBD			**N20.000,000 each by subject to IPs**									
Activity 5c	M&E of various activities in different thematic areas by partners	Human and material resources	Documentation of different successive activities by the partners on PrEP	NASCP/IPs	TBD			**N5,000,000**									
Objective 4																	
Sub-objective 1: To support national or subnational target setting																	
Priority Action 1: Target setting and finalization of implementation plan																	
Activity 1a	Develop and send out template for baseline data necessary for target setting	Baseline program data, estimates projection and survey data, Internet bundle	Completed baseline data harmonization template	NASCP	Virtual												
Activity 1b	Collation and completion of the target setting tool	Baseline program data, estimates projection and survey data, Internet bundle	National, population, and state targets	NASCP	Virtual												
Priority Action 2: Bi-annual Data Quality Assessment																	

Activity 2a	Virtual planning meeting with stakeholders	Stakeholders, Internet bundle	Schedule of DQA activity and selected sites	Strategic information component – NASCP	TBD			-								
Activity 2b	Virtual meeting for revision of DQA tool	Stakeholders, Internet bundle, and meeting support	Revised DQA tool	Strategic information component – NASCP	TBD	156,000	1	156,000								
Activity 2c	Orientation Meeting for DQA	Stakeholders, internet bundle and meeting support	Trained participants	Strategic information component – NASCP	TBD			-								
Activity 2d	Field work	FMOH, NACA, SMOH, and IPs	State-by-state report of DQA	Stakeholders	TBD	8,940,000	2	17,880,000								
Activity 2e	Report writing workshop	Stakeholders, Venue, DSA, meeting support	Harmonized DQA report	NASCP and stakeholders	TBD	5,542,500	2	11,085,000								
Activity 2f	Virtual dissemination of report	Stakeholders, Internet bundle, and meeting support	Disseminated report	NASCP and stakeholders	TBD											
						Grand Total		**671,759,700**								

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