



PrEP Introduction & Scale-Up

Executive Summary: Nigeria launched oral PrEP in 2020 and scaled up quickly, reaching over 700,000 initiations by 2024. Though PrEP was rolled out to all populations, uptake so far has been mostly limited to key populations. This rapid scale-up has been attributed to careful planning and constant engagement with a variety of internal and external stakeholders. The National AIDS, Viral Hepatitis, and STIs Control Programme (NASCP) hopes to build on the success of PrEP to date by introducing injectable cabotegravir (CAB) for PrEP in 2025.

Key Insights

- **Nigeria is a Large and Culturally Diverse Country:** Regions have different cultural and religious norms, and this impacts the level of stigma associated with KPs and HIV more generally.
- **Awareness of PrEP Varies with Risk Perception:** There is high PrEP awareness amongst KPs, but lower awareness amongst sero-different couples and the general population, who may not feel they are at risk.
- **Oral PrEP is Popular, but Comes with Challenges:** Users struggle with pill burden and side effects which can lead to discontinuation.
- **Users are Price Sensitive:** Free services have higher uptake.
- **Stakeholders Need to be Brought Along for the Journey:** NASCP credits the success of early PrEP rollout to good collaboration with stakeholders, including all levels of government and the national regulator, KP groups, and local influencers such as traditional leaders.
- **WHO is a Trusted Source of Information:** Decisions on new product introduction and M&E indicators are influenced by WHO recommendations.

Key Implications

- **Pilot New Interventions in a Variety of Contexts:** CAB for PrEP is being introduced in one northern and one southern state to understand context-specific best practices.
- **Adapt Materials for the Audience:** Demand generation and IEC materials need to be adapted for local context and for different populations who may have different levels of risk perception.
- **Choice has the Potential to Improve Uptake:** Providers are excited about the prospect of CAB, for its potential to overcome challenges such as pill burden and unintended PrEP disclosure via the pill bottle.
- **Sustainability Should Be Considered from the Start:** Though some new products may be introduced free of charge, users are told they will need to pay in the future to manage their expectations.
- **Engage Stakeholders Regularly:** Quarterly PrEP subcommittee meetings ensure continued buy-in from stakeholders at all levels.
- **Leverage WHO Expertise:** WHO tools and recommendations can provide a starting point for decision-making.

Best Practices & Recommendations – Supply Side

Regulatory & Normative Guidance

- To help move PrEP products through the approvals process, NASCP works closely with the national regulatory authority, the National Agency for Food and Drug Administration and Control (NAFDAC), including paying some inspection costs.
- The ECHO platform, a virtual community of healthcare providers offering continuing education and mentorship, is being used to build provider capacity in PrEP provision.

Planning & Budgeting



- The federal government's sustainability plans include informing clients that subsidized PrEP will later cost money.
- Selecting which products to scale-up is based on WHO recommendation, effectiveness, and funding, and less so on user demand.
- CAB pilots are planned for Gombe and Lagos states in early 2025, and the government plans to assess readiness of providers and communities in other states to roll out later in the year.

Best Practices & Recommendations – Demand Side

Health Service Delivery

- Acceptance of oral PrEP is very high, though users are price-sensitive and free services have significantly higher uptake.
- Providers were successfully sensitized on CAB in advance, even in states that were not part of the pilot, and then assessed on readiness to deliver PrEP.
- Providers believe CAB can help users overcome both pill burden and stigma associated with having a pill container.
- NASCP is looking forward to offering PrEP choice, including both CAB and LEN.

Demand Generation

- Demand generation materials, including IEC materials and provider job aids, are designed and targeted for specific KP groups.
- Demand generation is seen as an integral part of new product introduction, materials for CAB were developed even before the pilot was due to start.
- In addition to users, the wider community is sensitized, including traditional leaders.
- Channels for messaging include social media and speeches at diverse institutions.

Stakeholder Engagement

- Though states have their own health commissioners, there is “one health system” with the national government leading the process of PrEP rollout and bringing all relevant stakeholders on board.
- Engagement with both the state and local government authority (LGA) has been key, and built on relationships established to roll out PMTCT.
- PrEP subcommittees meet quarterly; these include UN agencies, WHO, government agencies, NAFDAC, NACA, NASCP, and KP groups including sex workers, people who use drugs, and trans populations.