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NIGERIA COUNTRY PROFILE

Introduction

Globally, in 2022, 210,000 adolescent girls and young women (aged 15–24 years) acquired HIV [1], far short of the Global AIDS Strategy 2021-26's target of 50,000. This means that globally, 4000 Adolescent Girls and Young Women (AGYW) acquired HIV every week, with 3,100 weekly infections from sub-Saharan Africa alone (24% of the new HIV infections), despite this group only representing 10% of the population. AGYW are three times more likely to acquire HIV than their male peers [2]. Nigeria, with 2.1 million people living with HIV, reports a prevalence of 1.3% among adults, with women experiencing a higher prevalence (1.8%) compared to 1% in men [3]. HIV prevalence varies across states, ranging from 0.3% to 4.8% [4]. Progress has been made with 96% adult treatment coverage recorded in 2022, but only 20% for children. In 2021, an estimated 81% of people living with HIV were on antiretroviral treatment, and 92% of these had reached viral suppression [5].
Nigeria also has a high burden of Tuberculosis (TB) and Malaria, with one of the largest gaps globally between estimated TB cases (467,000) and diagnosis reported (204,725 - only about 40% of estimated cases), contributing to about 125,000 deaths in 2021[6]. The country also bears the highest global burden of malaria, with 27% of cases and 31% of global malaria deaths [7]. While adults contribute largely to the majority of cases, the severity of cases and underreporting continues to be an issue among the younger population, including concerns with stigma, limited awareness, and other facility-related barriers[8]. The TB scenario in Nigeria is also compounded by HIV co-infection in approximately 20% of TB patients[9].

This profile utilized a mixed-methods approach, combining desk reviews, and stakeholder consultations. A review of ten key policies and frameworks relating to HIV, TB, and malaria was conducted, with 6 Focus Group Discussions (FGD) with AGYW and

[1] UNAIDS press release available at: https://www.unaids.org/en/resources/presscentre/featurestories/2022/march/20220307_women-girls-carry-heaviest-hiv-burden-sub-saharan-africa

[2] UNAIDS Global HIV/AIDS Statistics – Factsheet available at: https://www.unaids.org/en/resources/fact-sheet?_gl=1*xh0ghq*_ga*NTQzNTk5NTYzLjE2OTY1OTg4NzU.*_ga_T7FBEZEXNC*MTcxMDAxMzU3MC4yNC4xLjE3MTAwMTU0MjEuMzEuMC4w

[3] Nigeria TB/HIV Funding Request Form Allocation Period 2023 – 2025, pg. 72

[4] PEPFAR Nigeria Country Operational Plan (COP) 2022 Strategic Direction Summary, pg. 12

[5] PEPFAR Nigeria Country Operational Plan (COP) 2022 Strategic Direction Summary, pg. 14-15

[6] USAID: Nigeria Tuberculosis Roadmap Overview, Fiscal Year 2023

[7] World Health Organization (2023). World Malaria Report 2023.

[8] WHO: Notable findings from two recent TB epidemiological reviews in the WHO African Region. Global Tuberculosis Report 2023.

[9] NTBLCP: Tuberculosis Epidemiological Review in Nigeria, January 2020

5 Key Informant Interviews (KII) with stakeholders. Consultations occurred across six states (Akwa-Ibom, Benue, Kaduna, Lagos, Oyo, and Rivers) to ensure a representative understanding of regional challenges and opportunities.

This initiative by the Gender Equality Fund represents a scaling up from previous HIV, SRHR, TB, and malaria-focused programming to include a more comprehensive approach to AGYW health needs in Nigeria. This profile provides an evidence-based overview of the situation of AGYW concerning HIV, TB, and malaria. It also examines gender-specific challenges and identifies key aspirations for improving health outcomes and overall well-being for AGYW in Nigeria.

Overview of the Situation of AGYW Relating to HIV, TB, and Malaria

Data insights consolidated from the desk review of key policy documents relating to HIV, TB, and Malaria, and primary research with AGYW and key stakeholders revealed key disparities for AGYW across health, education, and gender, with some key interventions aiming to bridge these gaps. The policies all agree on the need for targeted and culturally aware strategies across Nigeria, especially in underserved regions, to address the specific challenges faced by AGYW in Nigeria.

Some of the key situations observed around the AGYW in Nigeria include the high prevalence of HIV, high rates but low reporting of TB and Malaria cases (for example, in 2021, estimated TB incidence was 467,000, with less than half reported 204,725[10] ; malaria incidence of 306 cases per 1000 population at risk was also largely underreported within the same year[11]). Other issues identified include harmful socio-cultural norms that perpetuate gender-based violence, high stigma (particularly toward certain groups like sex workers, young girls, and people who use drugs), limited infrastructure relating to reproductive health services for adolescents, low literacy rates influencing education and economic empowerment of AGYW, and lack of uniform legal protections for AGYW, especially those in rural and underserved areas.

"A number one challenge is the clinicians or maybe looking down on us, making them feel like they are less important or maybe they are because they are carriers or something like that or they are bad girls." - FGD participant - Rivers state

High HIV prevalence is driven by early sexual debut, low uptake of HIV prevention services, including Pre-Exposure Prophylaxis (PrEP), and lack of integrated youth-friendly health services. Other challenges, such as lack of knowledge about HIV symptoms and testing facilities, fear of status disclosure, and stigma from healthcare workers were also highlighted by interviewed AGYW. Stakeholders emphasized that despite progress made, HIV programming needs to prioritize prevention strategies to keep AGYW HIV-negative.

TB disproportionately affects individuals across Nigeria, especially those living in Northern Nigeria, where barriers to disruptions in healthcare delivery, diagnosis, and treatment are more difficult due to the long-standing gender-related norms, stigma, and limited infrastructure for health. Additionally, late diagnosis

[10] USAID: Nigeria Tuberculosis Roadmap Overview, Fiscal Year 2023.

[11] WHO, African Region: Report on Malaria in Nigeria (2022)

increases transmission risks within communities[12] , and TB services remain generalized rather than being AGYW-specific. Existing campaigns like “Check Am O!” are promising but require additional focus.

Regarding Malaria, there are specific risks to AGYW, particularly those who become pregnant and experience higher morbidity due to their increased vulnerability. Interestingly, while policy documents emphasise malaria prevention, FGD participants, particularly in urban areas, did not consistently identify malaria as a primary health concern. However, AGYW in rural areas and IDP settings reported significant challenges accessing both treatment and prevention services. While the National Malaria Strategic Plan highlights strategies for prevention such as using Long-Lasting Insecticidal Nets (LLINs) and community-based prevention, many AGYW, especially in rural areas, reported inadequate access. The situation is further dire with a lack of integration of malaria services into the broader adolescent health programs (especially youth-friendly services), which requires urgent attention to address the gaps identified.

“I think funding should be prioritized, capacity building should be prioritized to achieve the integration of services in facilities and at the community level.” - KII with stakeholder at FMOH

Lastly, Health-seeking behaviours for AGYW were found to be often influenced by their immediate families and community, which have a strong potential of either supporting or hindering access to SRH, HIV, and TB services, in particular. This was strongly validated in FGDs across all locations, where participants described how family members, particularly male partners and parents, influence their healthcare decisions. Across all states, AGYW also provided vivid examples of how provider attitudes, particularly discrimination against certain groups (female sex workers, young girls, people who use drugs and LGBTQ), directly impacted their willingness to seek care. This further reveals that structural inequalities, stigma, and socio-economic challenges could undermine access to HIV, TB, and malaria services and needs to be addressed in any intervention for AGYW.

Regional Differences in the Situation of AGYW

Access to Health services and specific health outcomes for AGYW vary significantly across regions in Nigeria, with major differences noted between the situation of girls and women in Northern and Southern Nigeria. While Northern AGYW face socio-cultural barriers relating to early marriage, and limited autonomy, those living in the Southern part of the country experience challenges related to stigma, quality of care (such as privacy), and HIV prevalence (especially in states like Rivers and Akwa-Ibom). Limited educational attainment and issues relating to health infrastructure further reduce the health-seeking behaviour of AGYW in the North. Environmental factors (such as poor conditions of drainage systems, short wet seasons in the North, and highly impactful rainfall patterns) increase AGYW’s vulnerability to Malaria, highlighting the need for focused interventions that include malaria alongside SRH and HIV services to address the unique challenges. While TB is prevalent among AGYW, states in the North-East and North-West report higher burdens of the disease, where AGYW face delayed diagnosis and reporting due to cultural bias, restrictions on mobility, and limited health literacy. Addressing these regional disparities will require tailored programming

[12] National Strategic Plan for Tuberculosis Control (2021-2025)

that reflects each region's unique socio-cultural and economic context. As emphasized by Federal Ministry of Health (FMOH) stakeholders, there are ongoing efforts to integrate youth-friendly services in all primary healthcare centres, but the implementation will also require a regional focus to achieve the desired results.

Gender-Related Factors Driving the Situation Among AGYW

Gender-specific issues play a significant role in shaping AGYW's vulnerability to HIV, TB, and malaria in Nigeria and influence health outcomes among this group. This was strongly echoed in FGDs across all states, where AGYW consistently described how their gender affected their ability to access healthcare, make key decisions about their health and well-being, and control their finances.

"When I have to go to the facility to collect my drugs, he stopped me because he has no idea where I'm going to and I lied to him that I was going somewhere (else) when he found out that I was going to a facility to assess the drugs". - FGD Participant in Kaduna

The reviewed policies also highlighted the importance of protecting AGYW from gender-based violence and from all forms of discrimination to foster a supportive healthcare environment. The policies also advocate for stronger legal protections and community-based GBV awareness campaigns to reduce these risks.

Gender-related stigmatization exists and is also widespread, particularly in the North and rural areas[13] [14]. This was echoed by some groups of AGYW (particularly sex workers and LGBTQ individuals), who pointed to multiple layers of abuse and stigma (gender-based and identity-based) when accessing health services. In some instances, the lack of diversity in training and youth-friendly services affected how health healthcare providers related to different groups of AGYW.

Beyond GBV and SRHR services, gender-related disparities were also demonstrated in the form of economic inequalities, educational barriers, harmful cultural norms and practices, and health system barriers that limit the ability of AGYW to access basic health care services and prevent them from receiving the highest possible care. The FMOH acknowledged these systemic challenges, noting that while working to integrate youth-friendly services, barriers such as funding gaps, human resource issues, and data quality problems within the health system continue to affect service delivery for AGYW. Addressing these gaps requires a multi-sectoral approach that empowers AGYW, protects them from harmful practices or norms, and promotes gender equality in healthcare services.

[13] National Gender Policy (2021-2026)

[14] Human Rights Situation Assessment in Nigeria (2021)

[15] National HIV and AIDS Strategic Framework (2021-2025)

Laws & Policies

The legal and policy environment in Nigeria recognizes AGYW as vulnerable groups and acknowledges the importance of addressing their health and rights. However, there is clear evidence that the policies struggle in terms of implementation and enforcement. Laws such as the Violence Against Persons Prohibition (VAPP) Act aim to protect young girls and women from GBV, yet the law is poorly implemented and enforced in the states of the federation, for example, only 18 states were revealed to have active Sexual Assault Referral Centres (SARCs. Even within states where SARC is operational, variations and dilutions of protections exist, often challenging the current implementation. Stakeholders across the National Agency for the Control of AIDS (SACA), the Federal Ministry of Health (FMOH), and UN Women consistently emphasized that while Nigeria has many policies, implementation remains the key challenge. Similarly, the National HIV/AIDS Strategic Framework targets a reduction in the incidence of HIV infections among AGYW through rights-based, gender-responsive programming (such as the DREAMS initiative) . However, restrictive norms and legal barriers, such as age-of-consent laws for SRH services, parental consent requirements for HIV testing, family planning, and TB screening discourage AGYW participation and hinder access to services for these young women.

These gaps in policy were also noted to exist in integrating SRH with TB and malaria services, thus limiting the effectiveness of individual programs targeted at AGYWs. While it is clear that some states have made progress in adopting inclusive policies, others struggle with cultural norms that inhibit AGYW's ability to make decisions about their health. For many policies that do not receive adequate financial support, implementation was said to be limited, especially as highlighted by the National Tuberculosis and Leprosy Control Programme (NTBLCP).

Other specific gaps highlighted within the policy environment included (a) inconsistent access to youth-friendly health services and providers, with only about 60% of regions currently offering accessible, confidential care for AGYW, (b) lack of economic empowerment and financial dependency necessitating improving access to services through transportation support and reduced service costs, and (c) Limited focus on diversity and inclusion of marginalized groups of AGYW among stakeholders, except for a few organisations.

"The United Nations has a principle of leaving no one behind, and diversity is highly considered in UN Women's programs, we take that very seriously in all our programs" - UN Women Nigeria representative

Therefore, bridging the gap between policy intent and implementation, particularly in rural areas, is critical for achieving meaningful progress. Additionally, strengthening enforcement mechanisms, expanding youth-friendly services, and ensuring alignment between national and subnational policies are critical for achieving progress on health goals as stated in Nigeria's strategic health development plan, specifically for AGYW in their diversity.

Key HIV, TB, and Malaria Programming Overview in Nigeria

Data from the desk reviews and key informant interviews revealed that Nigeria has implemented several programs over the years to address the health challenges of AGYW, including:

Health Area	Program Initative	Implementer	Goals and Approaches
HIV	The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) initiative	PEPFAR and Local NGOs (2015-Present)	Reducing HIV infections among AGYW through comprehensive HIV prevention services (testing, PrEP and condom access); addressing gender-based violence; and enhancing economic and educational community mobilization (including male partners and leaders).
	The Education Plus initiative	UNAIDs, UN partners, CSOs, and the MOH (2021-2025)	This advocacy program employs secondary education as a strategic entry point to promote free education for girls, SRH education and youth-friendly services; address harmful gender practices; facilitate economic empowerment through skills development, and; engage men and boys to promote gender equality.
	Adolescent 360 Project	Society for Family Health (SFH) and Population Services International (PSI) (2016-2024)	The objective was to increase voluntary modern contraceptive use and reduce HIV risk among AGYW aged 15-19 by developing adolescent-centered sexual and reproductive health interventions. The primary approach included Youth involvement through the Meaningful Adolescent Youth Engagement (MAYE) initiative; community mobilization and parental engagement to create a supportive environment.
	USAID Youth-Powered Ecosystem (YPE4AH)	DAI Global, YEDI, WFI, YBR, GRS (2020-2024)	Its main objectives were to improve the health and well-being of urban, underprivileged, out-of-school, and unmarried adolescents aged 15–19 in Lagos and Kano States by increasing voluntary family planning (FP) uptake and situating FP/RH within a broader context of youth empowerment. The main approaches included the establishment of Youth Hubs/Safe spaces, life skills training, mentorship, and Comprehensive Sexuality Education utilizing a locally adapted SKILLZ United curriculum to educate adolescent boys and girls.
	Intensified TB Case-Finding Initiative	National Tuberculosis, Buruli Ulcer and Leprosy Control Programme (NTBLCP) 2018-Present	This program enhances case detection through community-based screenings targeting high-risk groups, including AGYW in underserved areas; contact tracing and preventive treatment for girls exposed to TB; training healthcare providers on TB management; and engaging community leaders and influencers to promote awareness and reduce stigma.

	TB Roadmap initiative	USAID (2020-2025)	This program prioritizes prevention and treatment through contact tracing for households and close contacts of TB patients; initiating TB preventive treatment for adolescents and people living with HIV; expanding preventive treatment coverage to adolescent populations; and integrating TB prevention into broader adolescent health programs, including HIV care.
	Integrated Community Case Management (iCCM) of Childhood illnesses	SFH and FMOH (2012-2024)	This program focused on malaria diagnosis, prevention and treatment through training community health workers to deliver malaria services in hard-to-reach areas; providing diagnostic tools and medicines at the community level; and conducting health education sessions to promote the use of LLIN and early treatment. It had a goal to reduce morbidity and mortality from malaria, pneumonia, and diarrhoea among children under five, with spillover benefits to older women targeted as parents and caregivers.

Some other malaria-specific programs in Nigeria have focused on empowering AGYW with knowledge and resources to prevent malaria and promote overall health by conducting school-based malaria education and prevention campaigns and distributing insecticide-treated nets (ITNs) in schools and communities, such as the "Draw the line against Malaria" and HACEY Health initiative malaria outreaches targeting young persons. AGYW also highlighted during interviews that some unnamed non-governmental organizations were providing different services for young people, as stand-alone services or integrated, with some of the organisations implementing outreach programs focusing on menstrual hygiene services, malaria prevention, and TB awareness, and others utilizing peer-to-peer learning approaches for out-of-school youths. A few support services were also said to exist for specific populations, including people with disabilities and young women living with HIV, offering both health services and economic empowerment opportunities.

Key Aspirations for AGYW

The following key aspirations have been developed based on consultations with AGYW, and other country stakeholders to guide Y+ Global's advocacy in Nigeria.

1. Scale up integrated and youth-friendly health services provision for AGYW across Nigeria, particularly in underserved communities. This includes strengthening the integration of HIV, TB, Malaria, and SRH services, improving accessibility and privacy, reducing waiting periods, and ensuring non-judgmental care delivery through appropriately trained healthcare providers.
2. Transform leadership and decision-making in AGYW programming through meaningful participation, representation, and influence of AGYW on issues that affect their health and lives. This includes addressing harmful gender norms and intergenerational gaps by ensuring that AGYW leads in program design, implementation, and evaluation while engaging communities to support youth-led initiatives. Focus on building sustainable platforms for AGYW voices in policy development and program implementation.
3. Enhance policy implementation and legal protections for AGYW health and rights. This includes advocating for increased awareness among AGYW on laws and policies that protect them and contribute to their health and well-being, consistent enforcement of protective laws to protect women and girls against violence

and harm, increasing the number of states with SARCs, expanding access to healthcare, addressing age of consent, and strengthening community-led initiatives (including spousal support) to create an enabling environment.

Towards achieving these aspirations, Y+ Global will work with AGYW Led/ AGYW serving organizations in six priority states in Nigeria -Kaduna, Akwa Ibom, Benue, Lagos, Oyo, and Rivers, to lead and deliver more integrated advocacy approaches that benefit a broader range of health outcomes for women, girls, and gender-diverse communities through the following approaches:

- Provide small grants to AGYW-led and AGYW-serving organizations in six priority states to strengthen their gender transformative advocacy work integrating HIV, TB, SRHR, and GBV key priorities.
- Support AGYW in all their diversity in six priority states in Nigeria to exert influence and advocate effectively for integrated, gender-transformative policies and programmes that promote health, well-being, and rights across HIV, TB, and Malaria.
- Strengthen the technical capacity of adolescent girls and young women in all their diversity with a strong focus on TB, Malaria, and gender specifically, and develop their leadership capacity through a TB Leadership Academy.

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