



AFRICAN NETWORK OF ADOLESCENT AND YOUNG  
PEOPLE NETWORK (ANAYD)



31ST DECEMBER 2020

**SITUATION ANALYSIS  
REPORT OF COVID-19 IMPACT  
ON ADOLESCENT AND  
YOUNG PEOPLE LIVING WITH HIV  
(AYPLHIV) AND YOUNG KEY  
POPULATIONS IN NIGERIA.**

Prepared by African Network of Adolescent and  
Young People Development (ANAYD) With Support from;



GLOBAL NETWORK OF  
YOUNG PEOPLE  
LIVING WITH HIV



**UNAIDS**



## TABLE OF CONTENTS

Acknowledgments	I
Acronyms	vi
Executive Summary	
1 Introduction	2
1 Project Background	2
1.2 Objectives	2
2 Methodology	3
2.2 Research Design	3
4 COVID-19 Impact on AYPLHIV (Findings)	6
5 AYPLHIV Messages to the Government	7
5 Recommendations	7
6 References	8

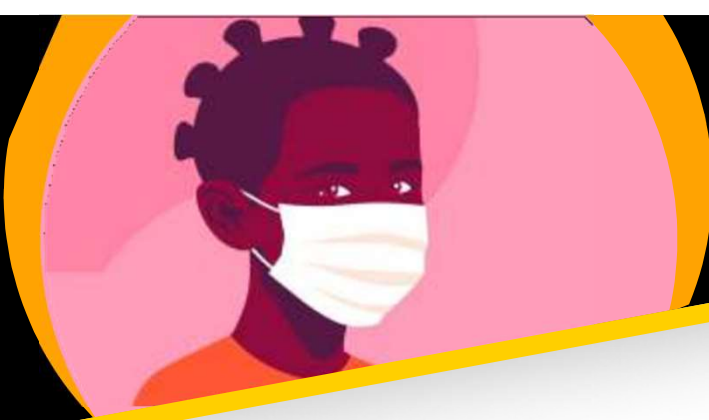


## ACRONYMS

AIDS	Acquired Immune deficiency Syndrome
AYP	Adolescent and Young People
ARV	Antiretroviral
ANAYD	African Network of Adolescent and Young People Development
APYIN	Association of Positive Youths Living with HIV in Nigeria AYPLHIV Adolescent and Young People Living with HIV
EVA	Education As A Vaccine
HIV	Human Immunodeficiency Virus
YKP	Young Key Population
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NGO	Non-Governmental Organization
NEPHWAN	Network of People Living with HIV and AIDS in Nigeria KII Key Informant Interview

### **Glossary Note:**

Key population are populations facing a high HIV risk, mortality and/or morbidity compared to the general population, and, at the same time, facing systematic human rights violations and barriers to information and services. They include People Living with HIV, People Who Use Drugs, sex workers, Gay and bisexual men and other men who have sex with men (MSM), Transgender and intersex people, prisoners. They may also include women and girls, youth, migrants, and people living in rural areas. (Robert Carr Fund)

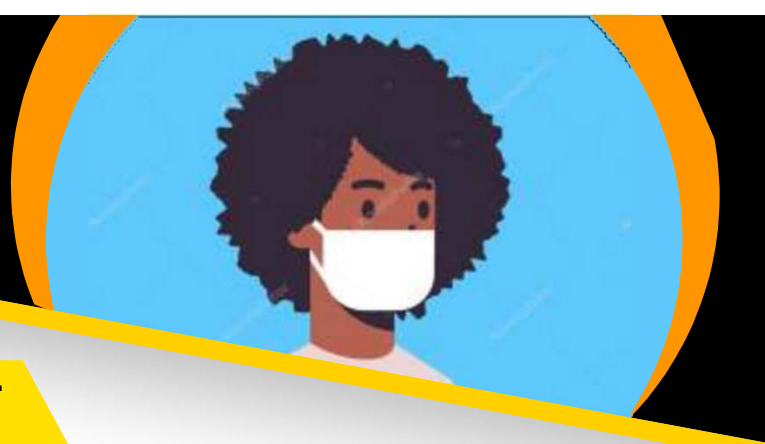


## **ABOUT AFRICAN NETWORK OF ADOLESCENT AND YOUNG PEOPLE NETWORK (ANAYD)**

African network of adolescent and young people development (ANAYD) is a regional organization working for adolescents and young persons (adolescents girls and young women, adolescents living with HIV, young key populations, and young people with special needs), including those, both infected or affected with HIV, Tuberculosis, and Malaria. It was formed in 2015 in Nigeria but was properly inaugurated on 29th September 2017.

It is saddled with the responsibility to facilitate the provision of "Educational Development", " Digital and Socio-Economic Development", "Treatment, Care and Support services to adolescents and young people; to equip them with adequate capacity and skills and information on HIV, Tuberculosis, Malaria, sexual, reproductive health and rights (SRHR) to prevent further spread of HIV, Tuberculosis, STI and other related Health disease among adolescents and young people, and the general population.

We strive to promote adolescents and young people's access to services in a manner that is youth-friendly and of good quality. Today, ANAYD is part of the success story in the fight against HIV/AIDS, SRHR, GBV, and other related health crises among adolescents and young people in Africa.



## ACKNOWLEDGMENT

The African network of adolescent and young people development (ANAYD) is exceedingly grateful to the Global Network of Young People Living with HIV (Yplus Global) through the Social AID Fund Pilot Project for the funding support that made this situation analysis on COVID-19 impact amongst adolescents and young people living with HIV and young key populations possible.

This briefing paper is part of a research and advocacy program on the impacts of the COVID-19 pandemic on Adolescent and Young People Living with HIV and young key populations in Nigeria undertaken by ANAYD. We are very appreciative of Mr. Aaron Sunday, the lead consultant whose leadership oversees the development of this situation analysis report. Also, we want to especially appreciate the two ANAYD resource persons Ekanem Itoro Effiong and Pascal Akahome who provided technical support and co-led the processes of the situation analysis report.

Very specially, we also acknowledged the active participation of the adolescents and young people living with HIV and young key populations who participated in the process. Their stories on how COVID-19 impacted them and participation will contribute to improving the health intervention of AYPs across Nigeria.

ANAYD would also like to thank the following organization for their contribution to the process and preparation of this situation analysis report:

- Education as Vaccine (EVA)
- No Hate Network Nigeria (NO8)
- The Network of People Living with HIV and AIDS in Nigeria (NEPWHAN)
- Association of Positive Youths Living with HIV in Nigeria (APYIN)
- National AIDS Control Agency (NACA)
- Federal Ministry of Health-National AIDS and STI Program Control Unit (FMOH-NASCP)
- Joint United Nations Programs on HIV/AIDS (UNAIDS) Nigeria

Finally, we thank all our staff who contributed in one way or the other to this process, you make us proud everytime.







## FORWARD

This report shares insight on the situation analysis support which we received from the Global Network of Young People Living with HIV (Yplus Global).

The situation analysis report delves into the impact of COVID-19, needs and realities of adolescents and young people living with HIV and young key populations to improve programming, and thus, the lives and well-being of this AYPs key vulnerable affected groups in Nigeria.

It is therefore a handy document for AYP focus organization, government, bilateral and multilateral agencies, in Nigeria and a baseline document amongst others for improving HIV-COVID19 response and measuring our progress.

I, therefore, appeal that the recommendations made by the respondents for the government should be given paramount attention, and the necessary support channel to enable sustain the gains made and maximize impact on HIV response amidst COVID-19.

Mr. Aaron Sunday Executive  
Director ANAYD



## Executive Summary

Adolescents and Young People Living with HIV (AYPLHIV) (10 -24 years) are not the faces of this pandemic, however, they risk being among its greatest casualties. While they have fortunately been saved from many of the immediate impacts of COVID-19, the emergency still profoundly affects their mental and physical wellbeing. It is generally recorded that Adolescents and young people (AYP) especially AYPLHIV face extreme effects during crises.

The COVID19 pandemic maintains these outcomes considerably more, as the general well-being measures for the control of the infection place AYPLHIV at expanded dangers of an interrupted supply of lifesaving antiretroviral medications, especially pregnant young girls living with HIV, who may also be less likely to visit the clinic. These difficulties are more pronounced for AYPLHIV who are at a crossing point of sexual orientation, disability, and in networks confronting extra difficulties.

The Situation analysis, which was conducted from December 2020 to January 2021, gathered responses from AYPLHIV including the Young Key population living with HIV in 6 states covering the 6 geo-political zones in Nigeria.

They are; Kaduna, Benue, Lagos, Rivers, Anambra, and Taraba states. The states were selected based on the COVID-19 cases, HIV prevalence amongst AYPs, availability of HIV youth networks, and Key population-led organizations. The Situation analysis was intended to measure the impact of COVID-19 on AYPLHIV in Nigeria and to provide key recommendations to influence policy and programmatic actions to Government and relevant stakeholders.

The principal challenge of AYPLHIV since the lockdown is access to life-saving antiretroviral medications. Next on the priority of the AYPLHIV is the fear of visiting Health facilities which has ultimately disrupted young positive clients from adhering to ARVs, interruption of support group activities, and returning to school. Additional challenges are the availability of food, cost of transportation to visit facilities, and more.



## Introduction

### 1.1 Background

According to WHO, the Corona group of viruses is a large family, getting their name from the crown-like spikes that can be seen on their surface with an electron microscope. They were first identified in the middle of the 1960s.

The novel Coronavirus causing COVID-19 was first reported in Wuhan, a city in China. Symptoms in man range from the common cold to more severe symptoms like Severe Acute Respiratory Syndrome (SARS). So far, there have been over 63,000 cases identified in the African continent and more than 2,283 associated deaths according to Johns Hopkins University and the African centre for Disease Control. Since the virus was identified in December 2019, the preliminary data have focused on severe respiratory manifestations, predominately in adults, with scant data on the burden of COVID-19 in children.

The impact of the coronavirus disease of 2019 (COVID-19), which is caused by the novel coronavirus, has been widespread, with over 131,242 cases confirmed, 104,989 discharged and 1,586 deaths recorded in 36 states and the Federal Capital Territory as of 31st January 2021, according to the Nigeria Centre for Disease Control (NCDC).







## COVID-19 Case Breakdown Across 37 States of Nigeria



PREVENT  
THE SPREAD  
OF COVID-19

31-01-2021

#TakeResponsibility  
#COVID19Nigeria

S/N	STATE	Number of Cases
1	Lagos	49,274
2	FCT	16,863
3	Plateau	7,894
4	Kaduna	7,661
5	Oyo	5,417
6	Rivers	5,276
7	Edo	3,794
8	Ogun	3,381
9	Kano	2,992
10	Delta	2,323
11	Ondo	2,300
12	Kwara	1,936
13	Katsina	1,864
14	Nasarawa	1,810
15	Enugu	1,738
16	Gombe	1,606
17	Osun	1,537
18	Ebonyi	1,423
19	Abia	1,220
20	Bauchi	1,142
21	Imo	1,116
22	Borno	957
23	Anambra	893
24	Akwa Ibom	878
25	Benue	848
26	Sokoto	748
27	Niger	688
28	Bayelsa	669
29	Adamawa	631
30	Ekiti	577
31	Jigawa	460
32	Taraba	412
33	Kebbi	270
34	Yobe	241
35	Zamfara	203
36	Cross River	195
37	Kogi	5
TOTAL		131242

@NCDCgov



COVID19.NCDC.GOV.NG



Nigeria has an estimated population of about 200 million with 48% constituting Adolescents and Young People (AYP). The HIV prevalence amongst AYP in Nigeria has risen from 0.2% for Adolescents age 15-19 years to 13% for female 20-24 years (NAIIS 2018).

- The HIV burden amongst adolescents 10-19 years shows that 8% of people living with HIV are adolescents 10-19 years which accounts for about 247,293 AYP living with HIV in Nigeria and Female incidence of HIV is significantly higher than males, both in adolescents and adults.

Age group	Male	Female	Total
10-14	31,753	30,123	61,875
15-19	30,947	38,423	69,370
20-24	46,382	71,667	118,048
<b>Total</b>	<b>109,082</b>	<b>140,213</b>	<b>247,293</b>

(Source: 2020 Spectrum Estimates)

There is inadequate HIV knowledge amongst adolescents and young people in Nigeria with only 42.6% female and 33.7% males having comprehensive HIV knowledge.

Age group	Female	Male
15-19	38.1%	28.7%
20-24	48.1%	41.9%
<b>15-24</b>	<b>42.6%</b>	<b>33.7%</b>

(NDHS2018- Nigeria Demographic Health Survey)



While COVID-19 has influenced health seeking-behaviour among AYPLHIV, there are reports that there are yet numerous AYPLHIV who keep seeking these services. As health services become overwhelmed in catering to infected people requiring treatment, AYPLHIV has been reported to be less likely to get standard consideration.

Sexual and reproductive health services, HIV treatment, community-based peer support programs have been cut halfway or suspended. As Nigeria reacts to the COVID-19 emergency, HIV financing, and access to SRHR, including modern contraception, life-saving antiretroviral medications, may not be prioritized.

In Nigeria, grassroots Youth-led organizations/networks are filling service gaps to guarantee SRHR of AYPLHIV is not kept separate from Government response and recovery plans.

### **Project Description**

This report involves a literature review to assess already available data on the impact of the COVID-19 pandemic on the health and safety of AYP living in Nigeria. It also includes focus group discussion (FGD) with of male and female AYP living in urban and in rural communities aged (13-29 years) about the impact of the COVID-19 pandemic on their well-being.

Nine interactive Zoom sessions was done by engaging AYPLHIV and other relevant stakeholders in a learning and sharing dialogue focused on correcting myths and misperceptions about the coronavirus/COVID-19 disease and gathering information on the challenges AYPLHIV are facing in regards to their education, mental and sexual and reproductive health and their proposed strategies for how to mitigate the impact of the pandemic.

### **1.2 Objectives**

The objectives of this Situation analysis report are to:

- Assess the impact of COVID-19 on AYPLHIV
- Improve quality and life of adolescents and young people living with HIV and young key populations.
- Provide key recommendations to influence policy and programmatic actions to Government and relevant stakeholders.



## Methodology

### 1.3 Design

This report employed qualitative data collection through a focus group discussion and KII with AYPLHIV, Youth-led Networks/organizations, Key population networks, Government Ministry of Health and National Agency and UN Agency. It is based on in-depth research conducted in Nigeria covering the 6 geo-political zones.

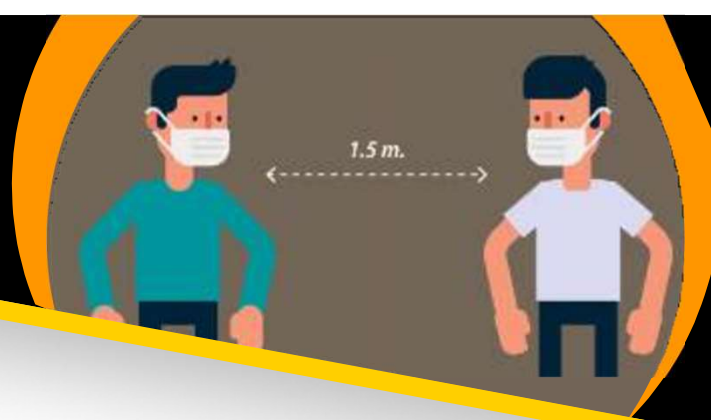
ANAYD associate consultants conducted interviews with leaders of HIV networks/organizations using a standardized questionnaire.

Using a similar questionnaire, an e-consultation with AYPLHIV, YKPs was conducted that included responses from Kaduna, Benue, Lagos, Rivers, Anambra, and Taraba states. In total, 5 persons participated in the key informant interviews from the following institutions: Association of Positive Youth Living with HIV in Nigeria (APYIN), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Federal Ministry of Health-National AIDS and STI Control Program Unit (NASCP), National AIDS Control Agency (NACA) and Joint United Nations Programs on HIV/AIDS (UNAIDS).

A total number of 12 respondents participated in the FGD. The research was conducted from December 2020 to January 2021 during the rapid spread of COVID-19 and the accompanying fewer restrictions on movement or travel.

This meant that researchers experienced some challenges in conducting face-to-face meetings with AYPLHIV, HIV activists, HIV experts, and organizations/networks who work with AYPLHIV due to COVID-19 restrictions, at a time when the lives, safety, and livelihoods of AYPLHIV posed a threat.

We would like to acknowledge that extra effort was put forward to reach respondents, including through virtual means.



## Methods used to answer research questions

Research Question	Method Used to Answer Question
What is COVID -19?	Verbal response
What were you doing before the COVID-19 pandemic?	Verbal response
How did the COVID 19 Affect you?	Verbal response
How did you cope during the lockdown?	Verbal response
How did the COVID-19 pandemic affect you?	Verbal response
What would you want the national and sub-national government to do in addressing the challenge highlighted?	Verbal response
What were your biggest opportunities during the lockdown?	Verbal response
Will you accept the proposed COVID 19 vaccine?	Verbal response

### Population Sample Distribution

A total of 12 samples size of AYPLHIV and YKPs respondent were engaged on focus group discussion (FGD) while 5 representatives of institutions were engaged with KII. Figure 1 below shows the distribution of the total population.



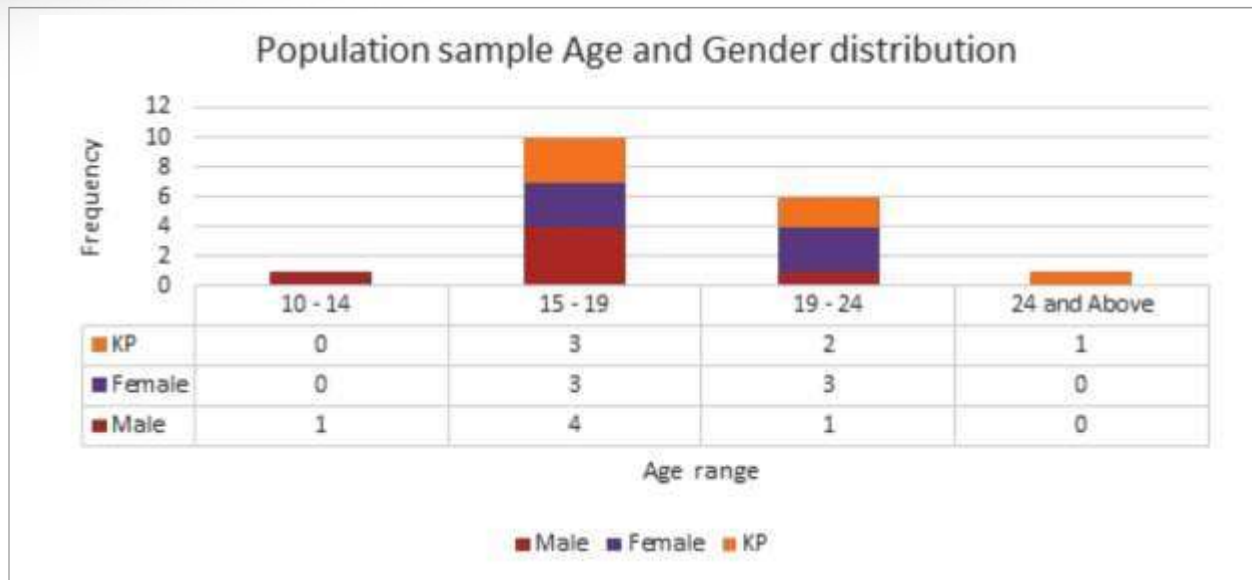
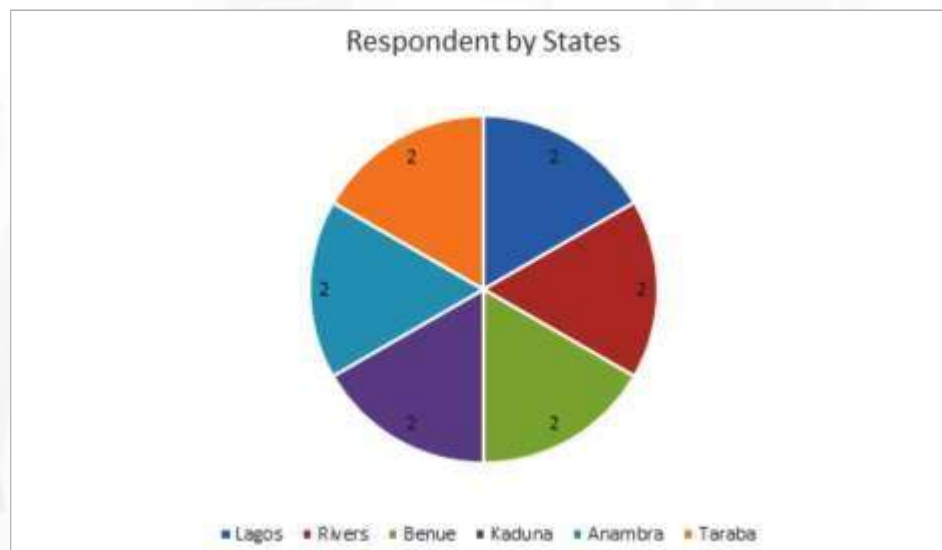


Figure 1: Respondents Age Distribution (Source: AYPLHIV and COVID-19, 2020)

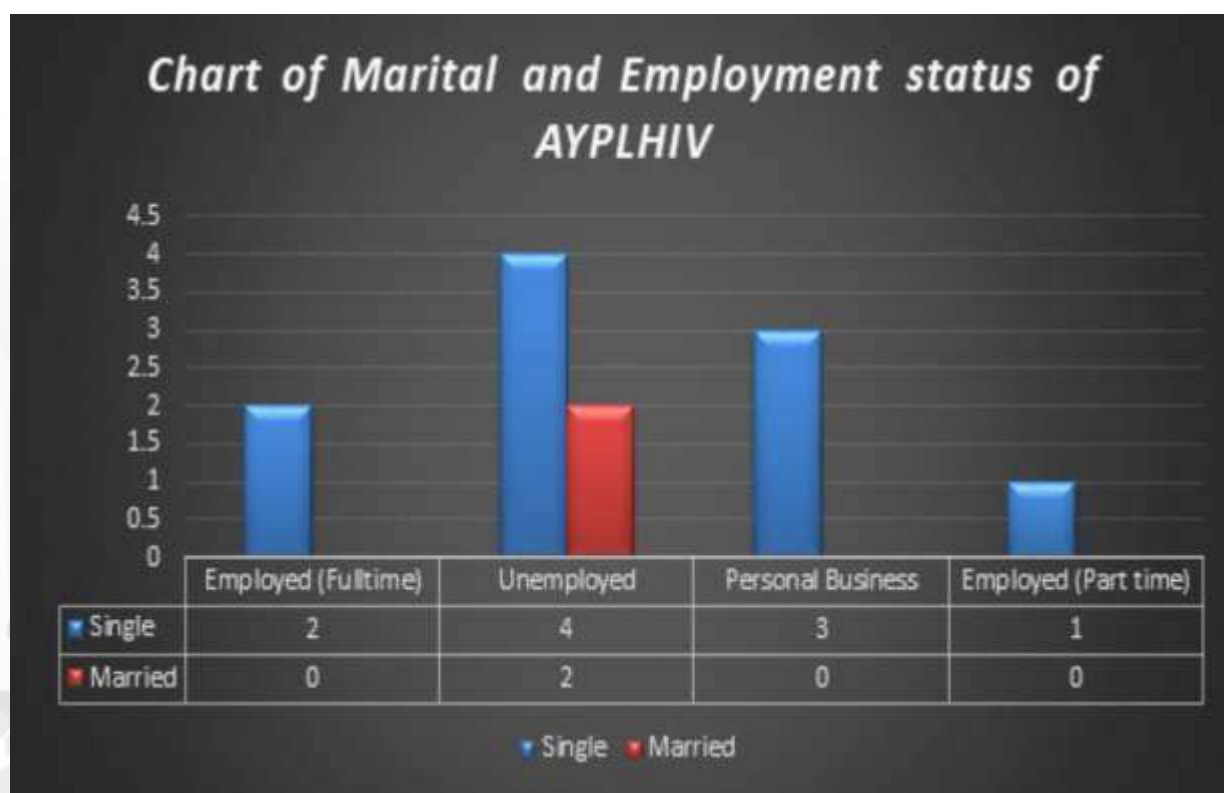
### Sociodemographic profile of residents

Figure 2 and 3 below shows the distribution of respondents by State of residence and employment status





- 2 respondents were picked from each state across the 6-Geopolitical zone through the Association of positive Youths living with HIV/AIDS in Nigeria (APYIN). The selection was done at the sub-National level and No Hate Initiative Nigeria.





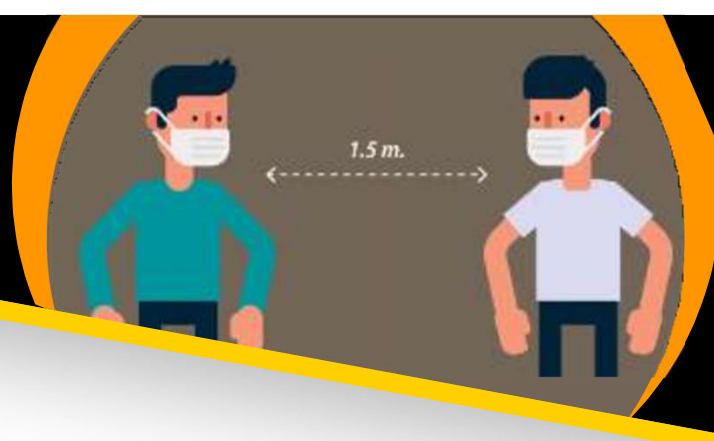
### Chart of Marital and Employment status of AYPs (Source: AYPLHIV and COVID-19, 2020) COVID Impact on AYPLHIV (Findings)

*Due to the increase in transport cost, I could not access my ARVs. Also, most doctors were unavailable at the PHC and I could not access HIV treatment. My health deteriorated. Also, I could not access food for my family. - FGD Respondent*

- The COVID-19 pandemic, like any pandemic, whether it is a disease or a natural disaster, has revealed substantial disparities in health services and checked the degree to which countries like Nigeria are still lagging in meeting the 90-90-90 commitments. As the general public grapples with its effects, the pandemic tends to disproportionately affect Adolescent and Young people especially AYPLHIV. Some of the major problems caused by COVID-19 are restrictions on access to healthcare, financial strain due to reduced livelihood sources, and increased high risk behaviours.
- No doubt, the pandemic has impacted Nigeria's' economy. State Governments face conflicting priorities, especially in minority states, and have less financial capacity to enforce the equitable access to services amidst the pandemic. The burden on healthcare systems means that AYPLHIV have restricted access, including psychosocial help, to required health services such as HIV Testing Services, ARV, Sexual and Reproductive Health Services. For AYPLHIV in the states with extractive industry, the situation is particularly worse. Many AYPLHIV, particularly young positive KP, have fallen out of care due to limitations and lack of resources.

*“ A lot of treatment services were cut out. In my health facility, we stood outside the hospital and the drugs were thrown at us. So, we would not have contact with the providers. People who could not access drugs were forced to borrow from friends. This caused emotional trauma as well as adherence issues “ - FGD respondent*

*"Another challenge that strikes deeply during the disease outbreak among AYPLHIV is financial hardship. Some have reported job losses and, due to COVID-19 constraints, many are unable to operate. Those that are eligible during this era to get jobs are often denied the chance because of the stigma towards AYPLHIV. This implies that many cannot afford to feed or attend to their basic individual needs sufficiently. I could not get access to my drugs. Also, I was financially affected as I had to sell all my stock to feed.“ - FGD Respondent*



- For the benefit of this report AYPLHIV were engaged in a focus group discussion for in- depth understanding on the cross-cutting issues affecting AYPLHIV amidst the pandemic. The responses obtained from all participants during the FGD were recorded, coded, and analysed.
- The information obtained is shown in the categorization below. The responses can be broadly categorized into the following broad thematic areas;

**Awareness:** -The FGD documented a poor Knowledge of COVID 19. It was discovered on probing, that 9 out of 12 respondents neither understood the pathology of the virus or the cause of the disease condition. While it is a fact that there has not been a lack of materials available on the subject, it is instructive to note that more often than not, AYPLHIV is not taken into consideration when these materials are produced. Hence, there is a shortage in AYPLHIV focused advocacy materials been disseminated to ensure that AYPLHIV remains informed about the impact of SARS-COV-19.

*"It is a disease caused by the new corona virus. It has symptoms close to Malaria"*  
– FGD respondent

**Fear and Mental Health:** - In times like the pandemic, there are lots of uncertainties following the death of loved ones, increased media reporting, the escalating number of new cases, seeking information from unreliable sources such as social media. All these rumours can result in multiple forms of public conflict and encourage risky behaviour that can have consequences that are worse than the outbreak we are fighting. A majority of our respondents mentioned FEAR as an issue amongst their peers in the support groups they belong to.

- A key informant from NEPHWAN responded that *"When COVID came, PLHIV were afraid because they knew that people with underlying health issues were more vulnerable. There was a lot of fear because PLHIV were afraid of contracting the virus at health centres"*.
- A large number of respondents had no one to speak to about how they felt during the lockdown. Participants in the survey emphasized the need for mental health services to help cope with the impact of the lockdown. However, they all unanimously agreed that such services were grossly lacking. Hence, they resorted to speaking with family members and faith-based organizations to fill the gap and the need for a counsellor. Generally, it is also worthy to note that mental health champions specifically focused on AYPLHIV are few and far between within the context of the region.





**Accessibility to services:** During the lockdown due to the pandemic, however, inaccessibility to life-saving Anti-Retroviral Treatment (ART) medication, sexual reproductive health services (menstrual hygiene information, and sanitary pad etc), increased transport costs to healthcare facilities played a major role in limiting the access to services by AYPLHIV from their primary providers.

- I had a major challenge accessing drugs during the pandemic. Before the lockdown, I was living with my family in Lagos. They have no idea that I was gay or HIV positive. When I knew there was going to be a lockdown, I had to travel back to Uyo immediately, because that is where I access treatment, and my drugs were running low. I had to tell my parents that I was going back to school because of my project work. However, I went to get drugs. I could not return home through the lockdown, and I have been stuck here since then. - FGD, Respondent
- In many instances, in the cases where transport was available, the cost was prohibitive, and they had to resort to staying home, rather than attending clinic sessions. Also, participants mentioned the impact it had on their education as prohibitive. Other challenges were financial impact, as some lost their sources of livelihood due to the lockdown affecting their ability to make sales, as well as disruption in peer support group activities.

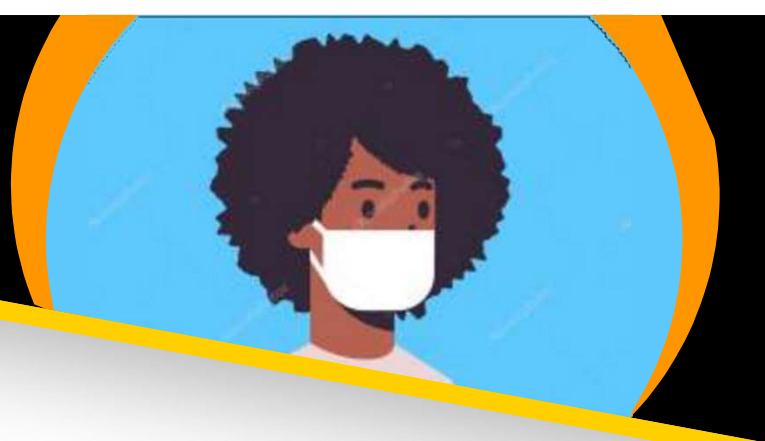
*'During the lockdown, there was an effect on people living with HIV in the community as they could not access their livelihoods like farming and trading during the lockdown. Also, due to the disruptions in the transport system, and the hike in transport fare, they were badly affected. Going out, they were also threatened by security officers who ensured people stayed back at home instead of coming out'. - Key informant, NEPWHAN*

*We demand equity in the distribution of government palliatives in Kaduna State. Also, look into the content of what is given, e.g some people are given just two packs of indomie. – KII Respondent*

Even though it does not get to the hands of AYPLHIV. The government has to consider the lives of AYPLHIV that have been shattered. Their education has been affected. They cannot afford the school fees because their caregivers have lost their source of income.

*"Their nutrition should be looked into so they do not default on their drugs. We also know how movement affected a lot of them. A number of the AYPLHIV were affected by the lockdown. I personally experience rights violation in Kaduna State; I was forced by the police to appear before Mobile Court instituted by the government and also my car withheld by the police which I had to*





*appear before the police DPO at their station to secure my car released and all this happened while I was going out to discharge my service and provide support both to AYPLHIV and Government serving as a state COVID-19 response team member as surveillance officer.* "- Key informant, APYIN National Coordinator

- **Economic Challenges:** - Respondents were engaged in various forms of work, volunteering, educational pursuits, full-time work, and running small scale businesses which got impacted during COVID-19 lockdown.

*"There were however elements of fear, due to the rise in gender-based violence and increased police brutality. A lot of young people lost jobs, leading to declined income and food security."* KI, UNAIDS

**COVID-19 Vaccines:** It was therefore not surprising that there was overwhelming support for vaccine acceptance, with a majority of participants saying they would receive the vaccine if made available to them, and a respondent mentioning that they will take the vaccine if proven safe and effective.

**Opportunities Received:** None of the respondents cited any opportunities received during the lockdown. However, it is worthy to note that in the area of available opportunities, there were untapped resources for AYPLHIV from the national government level. However, respondents did not receive this information, bringing to the fore, questions about the effectiveness of the information dissemination pattern at the national government level.

#### **Leaving No One Behind in Government Recovery Plans and Programs**

The Director General of the National Agency for the Control of AIDS (NACA) has been very involved in the COVID-19 Response team. A key informant from NACA reported that the agency put out information on COVID19 early that have been HIV specific and relied on community structures to disseminate information. This information was however not verified from youth networks working with AYPLHIV due to the limited time.

*"Our approach has been to make the messages accessible by young people. We also have an active line that is toll free for people to call in for support on HIV services (6222). There was a challenge at some point getting YPs the drugs needed, so we linked them to a community-based organisation which helped them to get the drugs they needed. During the lockdown, there was a lot of communication around prevention, self-testing, specifically focused on AYPLHIV and they had the full support and backing of the NACA."* - KI, NACA



- Also due to limited access to health facilities and services especially during the lockdown which had a negative impact on accessing HIV services and retaining AYPLHIV on treatment. UNAIDS Nigeria adopted the pharmacy drug distribution model, call in services for young positives, as well as promotion of HIV self-testing. UNAIDS conducted an online survey that tried to get the levels of impact of COVID on communities of PLHIV, worked with government to develop a mitigation plan, implement home delivery of drugs, and pharmacy models to ensure improved access.

Currently UNAIDS are working with NEPWHAN to facilitate community led monitoring across several states in Nigeria, and use the information obtained to improve advocacy, planning and programming that is data informed, also working with NEPWHAN and NACA to identify issues in several states to see how UNAIDS can provide palliatives and hygiene products to at least 10,000 people living with HIV in specific states. However, Youth HIV activist on ground is yet to verify this information as it was noted that they were not part of the planning engagement.

- The COVID pandemic has brought so many questions and particular concern was the potential impact on HIV services. A Situation Room was established by NASCP to provide a forum for identifying and addressing emergent issues in order to prevent disruptions in the ARVs. The forum was started on March 27, 2020, with NACA, USAID, CDC, CHAI, WHO, FHI360/GF, AHF, LSMOH, and DOD representatives were present. This did not however mention an HIV Network or AYPLHIV representative who had more perspectives on what the realities of this community reflect on this forum.
- However the PSM Situation Room aims to continuously evaluate the impact on the National Program of global supply chain issues, exchange knowledge, and direct steps to ensure that supplies and other HIV services are provided on a sustained basis.
- *"NASCP is actively encouraging the involvement of State HIV Program Administrators of all government ministries of health in an online Leadership and Management course as part of their efforts to continue improving the National HIV Care and PMTCT Program (NTPP)."* -KI-NASCP

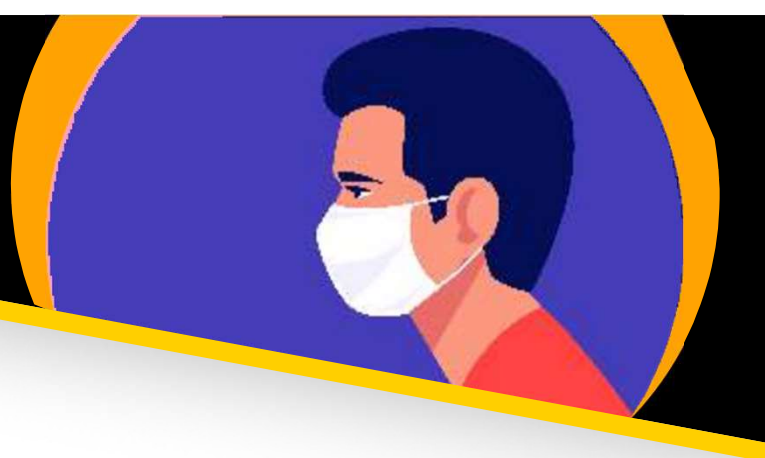


## Recommendations

- The National/State emergency operations centre (EOC), the Risk Communication Pillar within the Presidential Task Force (PTF) to support and engage HIV Networks, HIV Youth activist as the state-level and Local Government Area Level risk communications officers to ensure PLHIV especially AYPLHIV to understand the risks of COVID-19 and how to behave in the context of COVID Pandemic and also maximize resources.
- As we continue to navigate this rapidly evolving COVID-19 situation, AYPLHIV needs to stay informed on the latest news, updates, and resources about the virus and its effect on the public. The pandemic has both short-term and far-reaching implications for our generations.
- It is a call for both suppliers and buyers to ensure smooth delivery and accessibility of ARV medicine for continued treatment by AYPLHIV
- The National and State Government should also pull concerted efforts and create policies that will enable AYPLHIV to gain uninterrupted access to antiretroviral amid the current pandemic and beyond this National health crisis.
- National and State Governments must respect the human rights and dignity of people affected by COVID-19. The experiences learned from the HIV epidemic can be applied to the fight against COVID-19.
- The National and state governments should work with communities to find local solutions. AYPLHIV especially Positive Young Key populations must not bear the brunt of increased stigma and discrimination as a result of the COVID-19 pandemic.
- As lockdowns end and recovery plans are put in place, it will be imperative to ensure that AYPLHIV and positive young key populations do not face stigma and discrimination in resuming their jobs or reintegrating into the labour market.
- The National and State Government should find innovative ways of continuing with HIV education, training, and HIV testing, including HIV self-testing, which offers service health care providers the possibility of undertaking preliminary screening in their privacy settings and then visiting a health facility only for a confirmatory test, counselling, and treatment, if necessary



- Sustainability efforts such as the HIV Trust Fund should be a priority. Advocacy efforts should be increased to encourage the private sector to continue its support despite the prevailing circumstances.
- Political leaders at both the National and state-level should ensure that HIV remains on the national agenda. Given the risk that external assistance for HIV will fall.



## Reference

NCDC 2021 <https://covid19.ncdc.gov.ng/gis/#!>,  
NAIIS2018:<https://www.naiis.ng/resource/factsheet/NAIIS%20PA%20NATIONAL%20FACTSHEET%20FINAL.pdf>

<https://www.childrenandaids.org/sites/default/files/2017-11/NATIONAL-HIV-AND-AIDS-STRATEGIC-FRAMEWORK.pdf>

UOM2019: <https://www.naiis.ng/index> UOM2019:  
<http://ciheb.org/news/full-NAIIS-report-now-available/> WHO 2021  
<https://www.who.int/health-topics/coronavirus> NCDC 2021  
<https://covid19.ncdc.gov.ng/>







 @anayd\_africa  ANAYD

 ANAYD\_Africa  ANAYD

 AFRICAN NETWORK OF ADOLESCENTS  
AND YOUNG PERSONS DEVELOPMENT (ANAYD)

 anayd2017@gmail.com