**In the Face of Discrimination, Keep Going**

Naomi Rutenberg, Ph.D., Vice President and Director for HIV and AIDS at the Population Council.

The HIV epidemic, it has been said, is at a turning point. Recent evidence suggests that this is true: Globally, the rate of new infections and the number of AIDS-related deaths have both decreased. More people than ever are on treatment. And this was all achieved in the span of a few of decades—an astounding rate of progress given the scope of the epidemic.

However, in light of recent political developments, suggesting that we are at a “turning point” paints an incomplete, if not inaccurate picture of our progress. The law recently passed in Nigeria prohibiting gay and lesbian citizens from gathering and organizing sets us back from creating an AIDS-free future. That Uganda just passed a law that toughens penalties for homosexual behavior, already illegal in that country, sets us back even further. These laws are a blow to public health and human rights. Men who have sex with men (MSM) have a significant risk of HIV infection and are a critical population for HIV interventions. Yet stigma, discrimination, and now criminalization are preventing them from accessing HIV prevention, care, and treatment services.

Consider Nigeria: It has the second highest number of people living with HIV in the world, second only to South
Africa. Based on the numbers alone, it has an urgent public health need to address the HIV-related needs of all people, especially those at the highest risk. The new law has just made that harder.

In the face of that, the global health community has one option for implementing HIV interventions in places like Nigeria: Keep going.

Five years ago, the Population Council set out to establish the first nationwide network of health providers in Nigeria focused on the needs of high risk men. Locating populations of men who had gone into hiding for the sake of their own safety was one of the first tasks. We started with just a few respected, influential people from each target community. It was a “snowball” approach—work with a select few to encourage their peers to seek out the free services provided by the network.

Since then, the Men’s Health Network, Nigeria (MHNN) has been able to provide approximately 100,000 high risk men and their sex partners with comprehensive, tailored, stigma-free health services. Nearly 80 percent of those men received HIV testing and counseling, the gateway to care for those who were infected and enhanced prevention for those who were not. Nearly half a million condoms were distributed.

While it is too soon to measure what impact the MHNN had on infection rates in Nigeria, the MHNN has demonstrated that we can reach key populations with necessary HIV services, even in difficult environments. It may mean starting with just one champion, but when we keep going, it can have a greater impact. Action research that started with one champion in Senegal and Kenya prompted both countries to address the HIV-related needs of MSM in national HIV policies.

Creating an AIDS-free future is contingent on addressing the discrimination that has such a significant impact on public health. In the face of potentially devastating roadblocks like the laws in Nigeria and Uganda, we have an option: Keep going.

Source: http://sciencespeaksblog.org/2014/02/26/in-the-face-of-discrimination-keep-going/

**RESEARCH HIGHLIGHTS**

**Using Mobile Phone-Based Community Mapping Tool to Reach ‘Off-Track’ Girls in Northern Nigeria**

Community Space for Adolescent Girls’ Empowerment (CSGAE) is a five-year DFID-funded project that will reach 100,000 girls in six states in northern Nigeria – Jigawa, Kaduna, Kano, Katsina, Yobe, and Zamfara. With the inception phase beginning in July 2013, CSAGE is now preparing to roll out its first Safe Space Youth Clubs (SSYCs) that will use age- and context-appropriate curricula to build health, education, and financial knowledge, skills, and assets to increase access to social services and improve life outcomes for girls.

To ensure that its Community Partners are able to reach girls most in need of support, CSAGE has adapted a Population Council developed Community Mapping tools that use mobile phone technology to capture household level data on adolescent girls and also map services and resources in catchment areas for each SSYC. The data collected at field level by teams undergoing one-day training can then be uploaded, stored, analyzed and presented using a number of available software. The Open Data Kit (ODK)-based technology is simple to use for most community partners and allows more sophisticated users to move large quantities of data into data storage, GIS, and analysis platforms for programme design, M&E and research purposes. The application used by CSAGE for community resource mapping has an interface with Google Maps for near real-time visual presentation of community resource maps and clustering of girls identified through household listing.

![A community in Fagge LGA, Kano State circumscribed using the Council’s mobile phone mapping tool and Google Maps.](image)

The community mapping tools was used to collect data for CSAGE formative research that informed the safe space intervention design. The research team has already worked with community partners in three states – Jigawa, Kaduna, and Kano – to map communities and build the “girl rosters” for the roll-out of the first 125 pilot SSYCs scheduled to begin in May 2014. Zamfara and Katsina are scheduled for April. The pilot SSYCs will reach over 2,500 girls.

**Progesterone Contraceptive Vaginal Ring (PCVR) Project enters the Acceptability Study Phase in Nigeria**

The Council convened a 10-day training workshop on Progesterone Contraceptive Vaginal Ring Acceptability Study in Nigeria in January 2014. The goal of the training was to empower providers to conduct an impending acceptability study, train prospective step-
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struggles to increase its Contraceptive Prevalence Rate (CPR) from 10% in 2014 to 36% in 2018.

**RV 368 TRUST study**

RV 368-TRUST study is a joint collaboration between the University of Maryland, the Nigerian Military HIV Research Program, US Department of Defense and Population Council. The study is an eighteen (18) month prospective cohort that seeks to measure STI prevalence, incidence and risk behaviors among Men Who Have Sex with Men (MSM) in Nigeria, as well as to determine the impact of providing HIV medical and prevention services to MSM in Nigeria.

Findings are expected to provide an understanding of social and behavioral approaches that prevent HIV transmission, characterize host immune responses to HIV and viral diversity that will lay a good foundation for vaccine development in Nigeria. A total of 1200 MSM volunteers participants will be enrolled using the Respondent Driven-Sampling (RDS) methodology at two urban centers (600 participants in Abuja, in North-Central Nigeria, and 600 participants in Lagos, in South-West Nigeria). The Council is hosting the Lagos arm of the study at its community based clinic.

**PROGRAM HIGHLIGHTS**

**Progestosterone Contraceptive Vaginal Ring Acceptability Study in Nigeria**

Participants discussing at the 10-day training workshop on Progesterone Contraceptive Vaginal Ring Acceptability Study in Nigeria convened by Population Council, January 2014.

Participants were from across public/private sectors including, the Society for Gynecology and Obstetrics of Nigeria (SOGON), local/international non-governmental organizations, academia, National Agency for Food and Drugs Administration and Control (NAFDAC) and the Federal Capital Territory Primary Health Care Development Board (FCT PHCD). Facilitators were Council staff members from country offices in Kenya, New York, India and Nigeria. Prior to the training program the Council convened a meeting with a handful of experts to review and adapt the training documents to Nigerian context for subsequent local adoption.

The Progesterone Contraceptive Vaginal Ring (PCVR) is a contraceptive technology designed for breastfeeding to augment the lactational amenorrhea method (LAM). It could be used for up to a year postpartum and one ring-cycle last for 3 months. Since 2011, the Council has been working with various stakeholders in Nigeria, Kenya and Senegal to introduce this technology in these countries, the first time ever in sub-Saharan Africa. The pre-introductory phase includes activities such as mapping and dialogue with stakeholders in each country, procurement assessment, market segmentation, willingness to pay exercise and the acceptability study proper which would shed light on women’s and families’ desire to use the commodity when it is available in the market.

A significant study milestone was attained in March 2014, when the Council’s Reproductive Health unit activated its two project sites, Wuse General Hospital, Abuja (WGH) and University College Hospital, Ibadan (UCH) to commence the enrollment of participants for the PCVR acceptability study in Nigeria. Over the next 1 year, the Council will monitor the conduct of this study in Nigeria. It is hoped that the outcome of this study would pave the way for the country to expand its contraceptive options for women as the country

To further bridge the gap in biomedical HIV prevention for key populations, Population Council with support from the Enhancing Nigeria’s Response to HIV and AIDS (ENR) and UKaid sponsored a panel session at the 2013 Biomedical HIV prevention Forum on Tuesday 19th, November 2013 at Transcorp Hilton Hotel, Abuja, Nigeria. The session examined different perspectives and experiences in biomedical HIV prevention interventions among key populations in Africa. While biomedical prevention has a significant role to play in reducing new infections in key groups as well as in the general population, the social, economic and structural environments that contribute to risk must also be addressed.
Panelists for the session on programming for key populations in Africa – Evidence for Action.

Panelists were top researchers and program directors from Nigeria, South Africa and the USA, who have worked extensively in the area of HIV prevention for key population within Africa. The panel was co-moderated by Dr. Babatunde Ahonsi, Country Director for Population Council, Nigeria and Mr. Bright Ekweremadu, Managing Director of Society for Family Health. The presentations were made in power-point format and followed by a moderated question and answer session.

Dr. Taiwo Akindipe, an Addiction Psychiatrist at Kensington Treatment Centre, Cape Town presented on Biomedical Interventions DU/IDUs in South Africa. He said that the treatment of drug addiction and provision of harm reduction interventions impact HIV transmission and incidence by reducing the frequency of drug-related risky behaviours and enhancing access and adherence to HIV treatment, resulting in fewer new infections.

Dr. Sylvia Adebajo, Program Director HIV and AIDS division of Population Council Nigeria, presented on Effectiveness of HIV interventions towards MSM in Nigeria. She said that a biomedical approach to reducing HIV infection through anal intercourse includes: continued research on HIV-preventive vaccines and vaginal and rectal microbicides, voluntary medical male circumcision, STI treatment and prevention (including rectal screening for STIs), and the use of ARVs for post-exposure prophylaxis (PEP), PrEP and TasP. Questions about biomedical approaches to prevention remain to be answered, such as efficacy, acceptability, resistance, behavioral inhibitions and sustainability. Biomedical interventions should complement targeted behavioral and structural interventions that emphasize sexual behavior rather than orientation to navigate the current environment of hostility, homophobia, stigma and discrimination in Nigeria.

Dr. Jennifer Syvertsen, a postdoctoral fellow with the University of California at San Diego (UCSD) Division of Global Public Health presented on HIV prevention among female sex workers: lessons from around the globe. She said for sex workers to benefit from biomedical HIV interventions where efficacy is linked to adherence such as microbicides and PrEP—understanding and addressing social and cultural barriers is key. Challenges to adherence include sex workers’ fear of their non-commercial partners’ reactions, indicating the need to involve male partners and shift the messages away from “risk” toward positive relationships and mutual protection.

Dr. Andrew Scheibe, a medical doctor and independent consultant on key populations presented on Money, Power and HIV: economic influences and HIV among men who have sex with men, sex workers and people who inject drugs in sub-Saharan Africa. He said resources dedicated to programmes for MSM, SWs and PWID in Africa are a small percentage of overall prevention spending. Evidence-based interventions like condoms & lubricant, HIV counseling and testing, HIV services including ART, STI treatment, PEP and PrEP, as well as clean needles and syringes and opioid substitution therapy for PWID, have limited coverage and access in Africa. Scale up of these interventions is required, along with efforts to address socio-cultural factors and ensure structural reform.

There was an active engagement by participants with the panelists on the current gaps in terms of developing and implementing HIV programs and services for key populations from their programmatic experience, research findings on key issues and challenges.
National Meeting for the Dissemination of the HIV/AIDS Vulnerabilities, Discrimination and Service Accessibility of Nigeria’s Youth Study Report

Despite the burden of HIV on Nigeria’s youth, there is a dearth of information about specific HIV-related issues affecting this age group and the accessibility of existing sexual and reproductive health care services to this vulnerable population.

Population Council attempted to fill this research gap by conducting a study aimed at providing a comprehensive, evidence-based picture of the HIV-related issues facing Nigerian youth and the prevailing legal, policy and programmatic responses.

The study utilized a mixed method cross-sectional comparative study approach. Extensive literature review, legal and policy assessments, secondary data analyses of recent national datasets, focused qualitative enquiries (focus group discussions, in-depth interviews, and key informant interviews) were conducted to address specific study objectives.

Population Council organized a dissemination meeting in order to share the results of the study with governmental and non-governmental stakeholders and to create a platform for discussion on the way forward towards addressing the HIV-related vulnerabilities of adolescents and young people in Nigeria.

Building a Community of Practice on Adolescent Girls Safe Space Programming

As part of the sustainability plan for the Council’s Community Spaces for Adolescent Girls’ Empowerment project (CSAGE) is to establish and build a community of safe space practitioners, through continuous learning and sharing around best practices in the design and delivery of safe space programmes for adolescent girls. Members of the community of practice were convened for a Learning Partners event in November 2013 in Abuja. Those present at the event were Population Council senior associate and adolescent girl expert, Judith Bruce; Vice President, Poverty Gender and Youth, Ann Blanc; Country Director Population Council Nigeria, Babatunde Ahonsi, members of the CSAGE team.
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Walking the Talk on Youth-Friendly Programs and Services in Nigeria: A Satellite Session at the 17th International Conference on AIDS and STIs in Africa

To further fuel the ongoing discourse on strengthening the availability and accessibility of youth-friendly HIV/SRH services in Nigeria and the region at large, the Ford Foundation and Population Council co-sponsored a satellite session at the 17th International Conference on AIDS and STIs in Africa (ICASA) in Cape Town, South Africa, “Walking the Talk on Youth-Friendly Programs and Services in Nigeria.” The satellite session which was held on December 7th, 2013, focused on bringing together African youth, researchers, policy makers/programmers, and donor agency staff with experience working on sexual and reproductive health/HIV-related issues among youth (15-24) to discuss how HIV programs and services should be and are being shaped to be more youth-friendly in Nigeria.

The session was not held in the usual panel discussion format and was tailored to be interactive and youth friendly. The panel included Mr. Raphael Nnakwe (Youth Programme Assistant, Population Council, Nigeria) who served as the youth moderator, Dr. Kayode Ogungbemi, the Director Strategic Knowledge Management at the National Agency for the Control of AIDS (NACA), Dr. Victoria Isiramen, the HIV & AIDS Specialist (Prevention) at UNICEF Nigeria, and Dr. Otibho Obianwu, Program Coordinator HIV/AIDS at the Population Council, Nigeria. Advertising for the session was done via email, twitter and facebook and young people unable to attend the conference were encouraged to ask questions through twitter, a social media platform. The session was implemented in a Q&A format that allowed participants to engage with panelists on the current gaps in terms of developing and implementing youth friendly programs and services from their individual perspectives and for the panelists to share with participants how their organization is translating evidence into action.


Population Council’s Ayodeji Oginni presenting research on HIV counseling and testing for at-risk men in Nigeria.

Population Council’s Ibrahim Suleiman discussing his research findings with a participant.

Population Council’s Olusegun Sangowawa and Dr. Otibho Obianwu discuss youth-friendly HIV services during “Meet the Researcher” at the Council’s ICASA booth.
RESOURCES

Council Presentations

HIV


Sexual Risk Perception and HIV Vulnerability: Experiences of Men Engaged in Transactional Sex with other Men in Urban Nigeria

Elizabeth Shoyemi, Babatunde Ahonsi, Sylvia Adebajo, Olusegun Sangowawa

Thinking new media: The need to incorporate social networking into MSM-specific health intervention; lessons from MSM mapping in Abuja

Ifekandu Chiedu Chike, Bala Abdullahi, D. Jean Njab, Segun Sangowawa and Sylvia Adebajo

RH

Women Deliver Conference May 27, 2013 Kuala Lumpur, Malaysia

Providers’ & Key Opinion Leaders’ Knowledge and Attitude about EC in Nigeria: The Way Forward!

Salisu Ishaku

1st FIGO Africa Regional Conference October 2-5, 2013, Addis Ababa, Ethiopia

Effects of knowledge and availability of working tools on the management of severe pre-eclampsia/eclampsia among health care providers in Kano, Northern Nigeria.

Gloria Adoyi, Salisu Ishaku, Jamilu Tukur


Introducing the Progesterone Contraceptive Vaginal Ring (PCVR) as a New Method of Postpartum Family Planning in Sub-Saharan Africa: The Role of Stakeholders’ Engagement in Planning and Implementation

Salisu Ishaku

Publications

High levels of bisexual behavior and factors associated with bisexual behavior among men having sex with men (MSM) in Nigeria

Meredith Sheehy, Waimar Tun, Lung Vu, Sylvia Adebajo, Otibho Obianwu, Andrew Karlyn

AIDS Care 26(1): 116-122

Published 2014