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Initiative for Gender Equality & Sexual Reproductive Health

GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

POLICY BRIEF

Advancing Inclusive Health Policies:

Strengthening Gender-Transformative Approaches for Marginalised AGYW in Akwa Ibom State

Commissioned by

Initiative for Gender Equality and Sexual Reproductive Health (IGE-SRH)

Date: **April 2026**

EXECUTIVE SUMMARY

Akwa Ibom State carries Nigeria's highest HIV burden, with a prevalence of 5.6% nearly four times the national average. Adolescent girls and young women (AGYW) from marginalized communities, including those from key populations, face compounding barriers to accessing HIV, TB, Malaria and Sexual and Reproductive Health and Rights (SRHR) services. These barriers are not merely structural but are legal, social and identity-based, rooted in a hostile policy environment that renders the most vulnerable populations statistically invisible and clinically underserved.

This Policy Brief is the product of a 2-day participatory policy hackathon convened by the Initiative for Gender Equality and Sexual Reproductive Health (IGE-SRH) under the Gender Equality Fund (GEF) project in April 2026. Fifteen AGYW from key and marginalised communities participated, drawing on lived experience to map policy gaps and develop community-informed recommendations across four health thematic areas.

This brief presents evidence-based, community-grounded recommendations addressed to the Akwa Ibom State Agency for the Control of AIDS (AKSACA), the Ministry of Health, the Ministry of Women Affairs, and the House of Assembly Committee on Health. These recommendations are grounded in the state's existing policy architecture, including the HIV Anti-Stigma Bill (passed 2024, awaiting assent), the Violence Against Persons Prohibition Act (domesticated 2020), and the HIV State Strategic Plan 2025–2028 currently under development and are designed to be actionable within the current political and funding context.

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1. BACKGROUND AND CONTEXT

Akwa Ibom State occupies a critical position in Nigeria's public health landscape. With 31 local government areas and a population of approximately 5.5 million, the state has consistently recorded the country's highest HIV prevalence at 5.6% (NACA, 2024), placing it at the centre of Nigeria's HIV response. The state also bears a significant burden of tuberculosis, malaria and unmet sexual and reproductive health needs, with these challenges falling disproportionately on adolescent girls and young women (AGYW) from key and marginalised communities.

The 2025 disruption of PEPFAR funding significantly worsened an already fragile situation. Over 95% of Nigeria's community health workers received stop-work orders, more than 80 One-Stop Shops for key populations were shut down, condom distribution fell by 55% between December 2024 and March 2025, and PrEP access was restricted to pregnant and breastfeeding women only (UNAIDS, 2025). Services that had partially bridged the access gap for the most marginalised AGYW in Akwa Ibom were suspended or terminated with no transition plan in place, exposing the risks of a health response built predominantly on external donor financing.

Akwa Ibom nonetheless presents genuine and time-sensitive policy opportunities. The HIV Anti-Stigma and Discrimination Bill was passed by the House of Assembly in September 2024 and awaits the Governor's assent (Daily Post Nigeria, 2024). The HIV State Strategic Plan 2025-2028 is currently under development. The Violence Against Persons (Prohibition) Act was domesticated in June 2020. Akwa Ibom has been named among 12 priority states for the 2025 malaria vaccine rollout (FMOH, 2025). Each of these windows, if activated with an inclusive lens, has the potential to transform health outcomes for the state's most marginalised communities.

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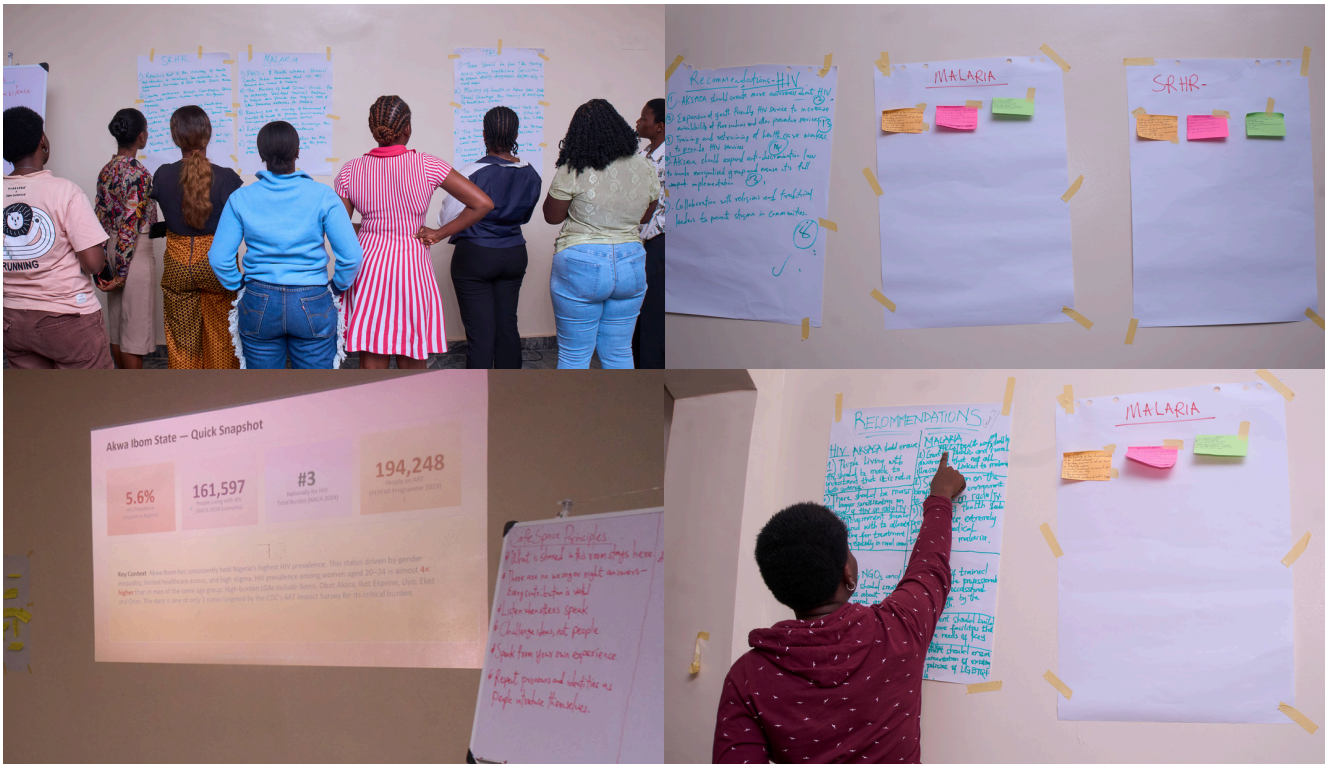
This Policy Brief draws on the lived experience of 15 AGYW from key and marginalised communities who participated in the IGE-SRH Policy Hackathon on April 7-8, 2026, convened under the Gender Equality Fund (GEF) project. Their voices, grounded in direct experience of the health system's failures and possibilities, form the evidentiary foundation of every recommendation that follows.



2. PROBLEM STATEMENT

Akwa Ibom State faces a compounding public health crisis in which the communities carrying the heaviest disease burdens are simultaneously the least protected by existing health policies. Adolescent girls and young women from key and marginalised populations experience HIV, TB, Malaria and SRHR challenges not as separate issues but as overlapping, mutually reinforcing vulnerabilities shaped by poverty, gender inequality, stigma and a legal environment that actively discourages healthcare-seeking.

Three core problems define this crisis. First, policy invisibility: no health policy in Akwa Ibom explicitly names or protects AGYW from key and marginalised populations as a distinct group deserving targeted services. Their health burdens cannot be measured because data is not disaggregated to reflect their realities. Second, service inaccessibility: entrenched stigma at health facilities, fear of discrimination, and provider attitudes rooted in moral judgement rather than clinical obligation mean that AGYW from marginalised communities consistently avoid the very services they need most. Third, funding collapse: the 2025 PEPFAR disruption destroyed the community-level service infrastructure that had partially bridged these gaps over the previous decade, leaving no domestic mechanism in its place.

The consequences are measurable and severe. HIV prevalence among females aged 20 to 24 in Akwa Ibom is nearly four times that of their male peers (NACA, 2024). TB goes undiagnosed in approximately 73% of estimated cases nationally, with marginalised communities bearing a disproportionate share of undetected burden (NTBLCP, 2021). IPTp coverage for malaria prevention in pregnancy fell from 31% in 2021 to 26.1% in 2024 (WHO, 2024). Only 7.8% of sexually active unmarried adolescent girls access modern contraception (Nigeria Health Watch, 2025). These statistics represent young women whose lives and futures are being shaped by a system that was not built for them and has not been reformed to include them.

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3. HEALTH LANDSCAPE

3.1 HIV

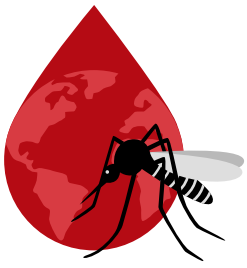
5.6%	HIV Prevalence (Highest in Nigeria)
161,597	People Living with HIV (NACA 2024 Estimates)
194,248	People on ART (PEPFAR Programme 2023)
4×	Higher HIV prevalence in females 20–24 vs males

Akwa Ibom has maintained the highest HIV prevalence in Nigeria across successive national surveys (NACA, 2024). HIV prevalence among women aged 20 to 24 is nearly four times that of men in the same age group, a disparity driven by biological vulnerability, gender inequality, and the particular risks faced by AGYW from marginalised communities (AKAIS, 2018). High-burden local government areas include Ikono, Obot Akara, Ikot Ekpene, Uyo, Eket and Oron (AKAIS, 2018). Despite significant progress, with people on ART growing from 28,481 in 2019 to 194,248 by 2023 (PLOS Medicine, 2023), the PEPFAR funding disruption of 2025 has reversed critical gains. Community health workers, One-Stop Shops and peer support networks that specifically served key populations have been terminated or suspended with no domestic replacement mechanism in place (UNAIDS, 2025).

3.2 Tuberculosis (TB)

Nigeria reported over 360,000 TB cases in 2023 but detects fewer than 30% of estimated cases, meaning approximately 73% go undiagnosed (NTBLCP, 2023). Akwa Ibom faces acute healthcare worker shortages, particularly in rural local government areas, limiting the state's capacity for TB detection, diagnosis and treatment (FMOH, 2025). TB-HIV co-infection is a significant risk for AGYW from key populations, given the elevated HIV burden in the state (NACA, 2024; WHO, 2024). Yet TB data in Akwa Ibom is not disaggregated by any demographic characteristic beyond age and sex, meaning AGYW from marginalised communities remain statistically invisible in all TB programming and are systematically excluded from targeted interventions (NTBLCP, 2021)

3.3 Malaria



Nigeria bears 27% of the global malaria burden and 31% of global malaria deaths, making it the highest burden country globally (WHO, 2024). Akwa Ibom, located in the South-South zone, experiences year-round malaria transmission and has documented high permethrin resistance in mosquito populations, requiring the deployment of more expensive PBO or Interceptor G2 nets (NMEP, 2021). The USAID PMI-S programme currently supports 226 secondary and 14 tertiary health facilities in the state, but faces significant uncertainty following the broader USAID funding disruption of 2025 (UNAIDS, 2025). Akwa Ibom has been named one of 12 priority states for the 2025 malaria vaccine rollout, representing a significant but time-sensitive opportunity for expanded malaria prevention coverage (FMOH, 2025). Nationally, intermittent preventive treatment in pregnancy (IPTp) coverage declined from 31% in 2021 to 26.1% in 2024 (WHO, 2024). AGYW from key and marginalised populations who are pregnant face compounding stigma at antenatal care settings, driven by both their health status and identity, resulting in missed malaria prevention and broader antenatal care avoidance (Nigeria Health Watch, 2025).

3.4 Sexual and Reproductive Health and Rights (SRHR)

Nigeria's total fertility rate stands at 4.8 births per woman as of 2024, down from 5.3 in 2018, yet modern contraceptive use among married women remains low at only 15% (National Population Commission, Federal Ministry of Health and Social Welfare, & ICF, 2024). Access to contraception among unmarried sexually active adolescent girls is considerably lower, with unmet need for family planning highest among this group nationally (National Population Commission et al., 2024). There is no inclusive SRHR service pathway for AGYW from key and marginalised populations at any public health facility in Akwa Ibom. Comprehensive sexuality education remains absent from the state's school curriculum. The Violence Against Persons (Prohibition) Act was domesticated in Akwa Ibom in June 2020, providing a legal basis for GBV protection regardless of identity (Partners West Africa Nigeria, 2022). However, AGYW from key populations rarely access these protections due to fear of secondary discrimination and the absence of LBTQI+-sensitive enforcement protocols. The Same-Sex Marriage Prohibition Act (SSMPA) 2014 creates a chilling legal environment that actively undermines every SRHR policy goal for key populations. Since its passage, SRHR service access has steadily declined for AGYW from marginalised communities, with healthcare workers fearing to provide services and women fearing to seek them (Human Rights Watch, 2016; Royal College of Welfare Society, 2022).

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4. POLICY GAPS: WHAT THE EVIDENCE SHOWS

The policy architecture in Akwa Ibom contains significant instruments that, if fully implemented with an inclusive lens, could transform health outcomes for marginalised AGYW. The following gaps represent the distance between what policies promise and what communities experience:

HIV	The HIV Anti-Stigma Bill (2024) prohibits discrimination on the basis of HIV status only. AGYW from key populations who are HIV-negative have no protection from identity-based discrimination at health facilities. The HIV Workplace Policy (2014) has only 4.5% availability across organisations in the state (Idiong et al., 2025)
HIV — PEPFAR	The PEPFAR funding disruption has destroyed the key population service infrastructure built over 5 years in Akwa Ibom. No domestic replacement mechanism exists. The HIV State Strategic Plan 2025–2028 is being developed now.
TB	TB data in Akwa Ibom is not disaggregated by sexual orientation, gender identity or any identity characteristic beyond age and sex. AGYW from key populations whom face elevated TB risk due to HIV co-infection and healthcare avoidance are statistically invisible in TB programming and therefore systematically excluded from targeted interventions.
Malaria	Malaria services and data collection do not account for the specific barriers faced by AGYW from marginalised communities. IPTp coverage is declining. The malaria vaccine rollout names Akwa Ibom as a priority state but has no inclusive outreach protocols for hard-to-reach populations. ITN distribution does not reach communities that avoid formal health settings.
SRHR	There is no LBTQI+-inclusive SRHR service pathway in Akwa Ibom. Comprehensive sexuality education is absent from the school curriculum. The VAPP Act (2020) is on the books but inaccessible to AGYW from key populations. The SSMPA creates a hostile legal environment that undermines every positive SRHR policy.

"We know the policies exist. We have seen them. But they were not written for us and they do not reach us."

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5. DOMESTIC FINANCING: THE IMPERATIVE FOR STATE-LED SOLUTIONS

The disruption of PEPFAR and USAID funding in 2025 has exposed the structural fragility of a health response built predominantly on external donor financing. Nigeria's commitment under the Abuja Declaration to allocate at least 15% of national budgets to health has been consistently unmet, with Akwa Ibom's health budget standing at 6.45% of capital expenditure in 2023 (AKSACA, 2023). Closing this gap is the defining policy challenge of this moment. Several domestic financing mechanisms are available and must be urgently activated.Akwa Ibom increased its domestic HIV funding allocation from NGN 89 million in 2024 to NGN 229 million in 2025, demonstrating existing political will that must now be dramatically implemented and sustained (Open Nigerian States, 2025).

This Policy Brief specifically calls on the Akwa Ibom State Government to ring-fence a dedicated budget line for key population health services in the 2027 state budget; to activate the State Health Insurance Scheme with a benefit package that explicitly includes HIV, TB, Malaria and SRHR services for marginalised AGYW; and to establish a domestic community health worker financing mechanism to replace the peer navigator infrastructure lost through the PEPFAR disruption. The Global Fund's active Nigeria grants of US$790 million for 2027 to 2029 provide an immediate bridge financing opportunity that the state should leverage while domestic mechanisms are being built. This transition from donor dependence to domestic ownership is an immediate operational necessity

GOVERNMENT OF AKWA IBOM STATE
THE LAND OF PROMISE
NIGERIA

AKSACA

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6. POLICY RECOMMENDATIONS

The following recommendations were developed by AGYW participants through a 2-day participatory hackathon process, refined through community voting and validated collectively on April 8, 2026. They are organised by thematic area and addressed to the relevant state institutions.

6.1 HIV/SRHR

1. The Akwa Ibom State Ministry of Health shall scale up youth-friendly HIV and sexual reproductive health services by ensuring consistent and equitable access to free condoms, HIV screening, and comprehensive prevention services across schools, primary healthcare centres and community facilities, with deliberate focus on reaching adolescents and young women in rural and underserved local government areas.

2. The Akwa Ibom State Ministry of Health shall invest in continuous, structured capacity-building programmes for all public healthcare workers, equipping them to deliver high-quality, non-judgmental and confidential HIV prevention, testing, treatment and sexual reproductive health services that uphold the dignity and rights of every patient, including those from key and marginalised populations.

3. The Akwa Ibom State Ministry of Health and the Ministry of Education shall collaborate to develop and introduce a comprehensive sexuality education curriculum in schools, providing adolescents and young people with accurate, rights-based information on sexual health, reproductive rights, consent and HIV prevention.

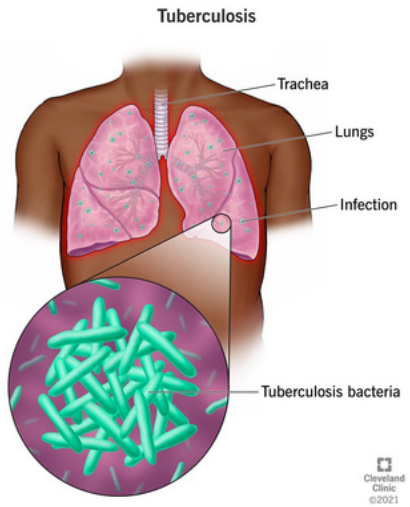
4. The Akwa Ibom State Ministry of Women Affairs shall strengthen mechanisms to protect adolescent girls and young women from sexual and gender-based violence through the enforcement of VAPP law and other existing laws, provision of free legal support services, and increased collaboration with law enforcement agencies to ensure survivors receive timely justice and care.

6.2 Tuberculosis

1. The Akwa Ibom State Ministry of Health, in collaboration with the State Tuberculosis and Leprosy Control Programme (STBLCP), shall prioritise the recruitment, training and continuous professional development of healthcare workers across all levels of the health system, building a skilled and adequately staffed workforce capable of delivering quality tuberculosis detection, diagnosis and treatment services, particularly in rural and hard-to-reach communities.

2. The Akwa Ibom State Ministry of Health and the State Tuberculosis and Leprosy Control Programme (STBLCP) shall enact a universal free tuberculosis testing and early diagnosis policy, ensuring that TB screening services are consistently available and accessible across all primary, secondary and tertiary health facilities in Akwa Ibom State, with no financial barriers to diagnosis for any resident regardless of location or socioeconomic status.

3. The State Tuberculosis and Leprosy Control Programme (STBLCP) shall establish a robust monitoring and evaluation framework for tuberculosis services across Akwa Ibom State, with clear indicators, disaggregated data collection, regular reporting mechanisms and community feedback channels to track service quality, identify gaps and ensure interventions are reaching the most marginalised and underserved populations including adolescents and young women.

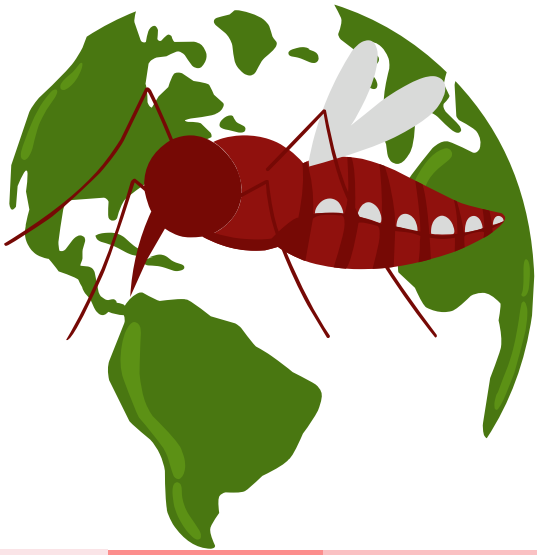


6.3 Malaria

1. The Akwa Ibom State Ministry of Health and the Ministry of Environment shall establish a joint initiative to conduct quarterly community-based mosquito control campaigns across all local government areas, incorporating public education programmes on eliminating mosquito breeding sites, promoting environmental hygiene and strengthening community-level malaria prevention practices.

2. The Akwa Ibom State Ministry of Health and AKSACA shall engage religious and traditional leaders across the state as community health advocates, equipping them with accurate, evidence-based informational materials and training to regularly promote malaria prevention, HIV and TB testing and treatment during community gatherings, religious services and public events.

3. The Akwa Ibom State Ministry of Health shall implement a policy of free and highly subsidised malaria diagnosis and treatment at all public health facilities across the state, and shall ensure the systematic and equitable distribution of insecticide-treated mosquito nets to households, with priority given to vulnerable populations including adolescent girls, young women, pregnant women and residents of rural and underserved communities.



7. CALL TO ACTION

The recommendations in this Policy Brief are grounded in Akwa Ibom's existing legal and institutional architecture. The following institution-specific, time-bound actions are requested:

1. AKSACA Within 60 days of this brief's submission, AKSACA shall embed explicit key population inclusive service protocols into the HIV State Strategic Plan 2025-2028 before its finalisation. Within 90 days, AKSACA shall establish a domestic funding proposal to restore community-led key population services that were lost due to the PEPFAR disruption.

2. Governor, Akwa Ibom State Within 30 days of this brief's submission, the Governor shall assent to the HIV Anti-Stigma and Discrimination Bill and direct the Ministry of Justice to develop implementation guidelines that extend protections to identity-based discrimination. Within the 2027 budget cycle, the Governor shall commit a ring-fenced budget allocation for key population health services.

3. Akwa Ibom State House of Assembly Within 90 days, the House of Assembly Committee on Health shall convene a public hearing on the health needs of marginalised AGYW in Akwa Ibom, and shall move to amend the anti-stigma bill to extend protections beyond HIV status to cover all forms of identity-based health discrimination.

4. Commissioner for Health / Ministry of Health Within 60 days, the Ministry of Health shall develop a structured training plan for healthcare workers on key population-sensitive service delivery, with the first cohort trained within 6 months. Within 90 days, the Ministry shall publish a directive requiring all public health facilities to offer non-discriminatory services to all patients regardless of identity.

6. Ministry of Women Affairs Within 60 days, the Ministry shall activate the VAPP referral pathway for AGYW survivors from marginalised communities, in partnership with NAPTIP and civil society legal aid organisations. Within 6 months, the Ministry shall launch a state-wide public awareness campaign on the VAPP and available legal support services.

7. Ministry of Education Within the 2026-2027 academic year, the Ministry shall pilot comprehensive sexuality education in a minimum of 30 secondary schools across at least 10 LGAs, in partnership with the Ministry of Health and civil society partners.

"The data is clear. The policies exist. The institutions are in place. What is missing is the will to make them work for all of us; not just some of us."

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8. MONITORING AND EVALUATION FRAMEWORK.

The following framework outlines key indicators, baselines, targets, responsible institutions, timelines and reporting frequency for tracking the implementation of recommendations in this Policy Brief. Baseline data for indicators currently unmeasured shall be established within 90 days of this brief's submission through AKSACA, the State M&E Unit and the STBLCP.

Theme	Recommendation	Indicator	Baseline	Target	Responsible Institution	Timeline	Reporting Frequency
HIV/SRHR	Scale up youth-friendly HIV and SRH services	% of public health facilities offering free HIV screening and SRH services for AGYW	Not currently measured	60% of facilities by end 2026	Ministry of Health / AKSACA	December 2026	Quarterly
HIV/SRHR	Capacity building for healthcare workers	Number of healthcare workers trained on key population-sensitive, non-judgemental service delivery	Baseline to be established within 90 days	500 workers trained by end 2026	Ministry of Health	December 2026	Bi-annual
HIV/SRHR	Comprehensive sexuality education	% of secondary schools implementing CSE curriculum	0%	30% of state secondary schools by end 2027	Ministry of Education / Ministry of Health	December 2027	Annual

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Theme	Recommendation	Indicator	Baseline	Target	Responsible Institution	Timeline	Reporting Frequency
HIV/SRHR	GBV response mechanisms	Number of AGYW GBV survivors from marginalised communities accessing free legal support under VAPP	Not currently measured	Baseline established Q2 2026; 25% increase by end 2027	Ministry of Women Affairs / NAPTIP	December 2027	Quarterly
TB	Health workforce strengthening	Number of healthcare workers recruited and deployed for TB services across LGAs	Baseline from STBLCP	200 additional workers deployed by end 2026	Ministry of Health / STBLCP	December 2026	Bi-annual
TB	Universal free TB screening	% of primary, secondary and tertiary health facilities offering free TB screening	Baseline from STBLCP	100% of PHCs by end 2026	Ministry of Health / STBLCP	December 2026	Quarterly
TB	TB M&E and data disaggregation	TB data disaggregated by gender and key population status introduced in state reporting	No disaggregation currently	Disaggregated reporting operational by Q4 2026	STBLCP / State M&E Unit	December 2026	Annual
Malaria	Mosquito control campaigns	Number of quarterly community-based mosquito control campaigns conducted per LGA	0 joint campaigns	4 campaigns per LGA annually by end 2027	Ministry of Health / Ministry of Environment	December 2027	Quarterly

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Theme	Recommendation	Indicator	Baseline	Target	Responsible Institution	Timeline	Reporting Frequency
Malaria	Free malaria diagnosis and treatment	% of public health facilities offering free or subsidised malaria diagnosis and treatment	Not currently measured	80% of public facilities by end 2026	Ministry of Health / NMEP	December 2026	Quarterly
Malaria	ITN distribution to marginalised communities	% of households in hard-to-reach and marginalised communities receiving ITNs	Below national average of 59% (WHO, 2024)	75% household coverage in target communities by end 2027	Ministry of Health / NMEP / CSO Partners	December 2027	Annual

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Appendix B: Glossary of Acronyms

ACRONYM	FULL MEANING
AGYW	Adolescent Girls and Young Women
AKSACA	Akwa Ibom State Agency for the Control of AIDS
ANC	Antenatal Care
ART	Antiretroviral Therapy
CSE	Comprehensive Sexuality Education
GBV	Gender-Based Violence
GEF	Global Equality Fund
IGE-SRH	Initiative for Gender Equality and Sexual Reproductive Health
IPTp	Intermittent Preventive Treatment in Pregnancy

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ACRONYM	FULL MEANING
ITN	Insecticide-Treated Net
LGA	Local Government Area
MoH	Ministry of Health
NACA	National Agency for the Control of AIDS
NAPTIP	National Agency for the Prohibition of Trafficking in Persons
NMEP	National Malaria Elimination Programme
NOA	National Orientation Agency
NTBLCP Programme	National Tuberculosis, Buruli Ulcer and Leprosy Control
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Healthcare Centre
PLHIV	People Living with HIV

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ACRONYM	FULL MEANING
PMI-S	President's Malaria Initiative Support
PrEP	Pre-Exposure Prophylaxis
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
SRHR	Sexual and Reproductive Health and Rights
SSMPA	Same-Sex Marriage Prohibition Act
STBLCP	State Tuberculosis and Leprosy Control Programme
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VAPP	Violence Against Persons (Prohibition) Act
WHO	World Health Organization