



ECEWS

...Improving Education and Health in Nigeria



ECEWS HIV Prevention Model

Executive Summary

The ECEWS HIV Prevention Model (EPM) is a comprehensive, evidence-informed approach designed to reduce new HIV infections and accelerate progress toward epidemic control in Nigeria. The model is implemented across seven states namely: Ebonyi, Lagos, Akwa Ibom, Cross River, Osun, Ekiti, and Delta, responds to persistent epidemiological disparities affecting priority populations, particularly pregnant and breastfeeding women (PBFW), adolescent girls and young women (AGYW), adolescents and young people (AYP), and persons at increased risk of acquiring HIV.

Guided by the combination prevention intervention, the ECEWS Prevention model integrates behavioural, biomedical, and structural interventions delivered through differentiated service delivery platforms spanning community, facility, and virtual spaces. Core services include HIV testing services (HTS), pre-exposure prophylaxis (PrEP), prevention of mother to child transmission (PMTCT), condom programming, sexually transmitted infection (STI) services, gender-based violence (GBV) prevention and response.

The ECEWS HIV Prevention Model is distinguished by its person-centred design, data-driven targeting, community-led implementation, cost-efficient, technology-enabled service delivery, and strong partnerships with government and civil society.

445

Health Facilities &
Community
Platforms Covered

4,712,493

Priority Populations
Reached with HIV
Testing

189,514

Individuals
Supported with
Risk-Based PrEP

Through this approach, ECEWS expanded HIV prevention coverage at scale.

This model has strengthened prevention-treatment integration, reduced missed prevention opportunities, and directly contributed to national progress toward achieving the UNAIDS 95-95-95 targets.

This technical brief documents the strategic rationale, implementation structure, measurable results, and lessons learned from the ECEWS model, providing a scalable and sustainable blueprint in Nigeria and other African countries.

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ACRONYMS AND ABBREVIATIONS

ACE 5	Accelerating Control of the HIV Epidemic in Nigeria (ACE 5 project)
ACT	Antiretroviral Care and Treatment
AGYW	Adolescent Girls and Young Women
AYP	Adolescents and Young People
ANC	Antenatal Care
ART	Antiretroviral Therapy
DIC	Drop-In Centre
DBS	Dried Blood Spot
DSD	Differentiated Service Delivery
EAC	Enhanced Adherence Counseling
ECEWS	Excellence Community Education Welfare Scheme
EID	Early Infant Diagnosis
EPM	ECEWS HIV Prevention Model
GBV	Gender-Based Violence
HEI	HIV-Exposed Infant
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
HTS	HIV Testing Services
KP	Key Population
OSS	One Stop Shop
PBFW	Pregnant and Breastfeeding Women
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
SBCC	Social and Behavior Change Communication
SPEED	Sustainable Programs for HIV Epidemic Control & Equitable Service Delivery
STI	Sexually Transmitted Infection
VL	Viral Load

Epidemiological and Programmatic Context

Nigeria standing among the highest-burden countries in sub-Saharan Africa, with an estimated 2 million people living with HIV (Joint United Nations Programme on HIV/AIDS (UNAIDS) 2024). Nigeria's HIV epidemic is considered a mixed epidemic, where a national adult prevalence of about **1.4%** obscures marked disparities across populations, locations, and age groups, with substantially higher infection rates concentrated among key populations, adolescent girls and young women, and in certain high-burden states. (Federal Ministry of Health (FMoH) Nigeria, National Agency for the Control of AIDS (NACA) et al. 2019.).

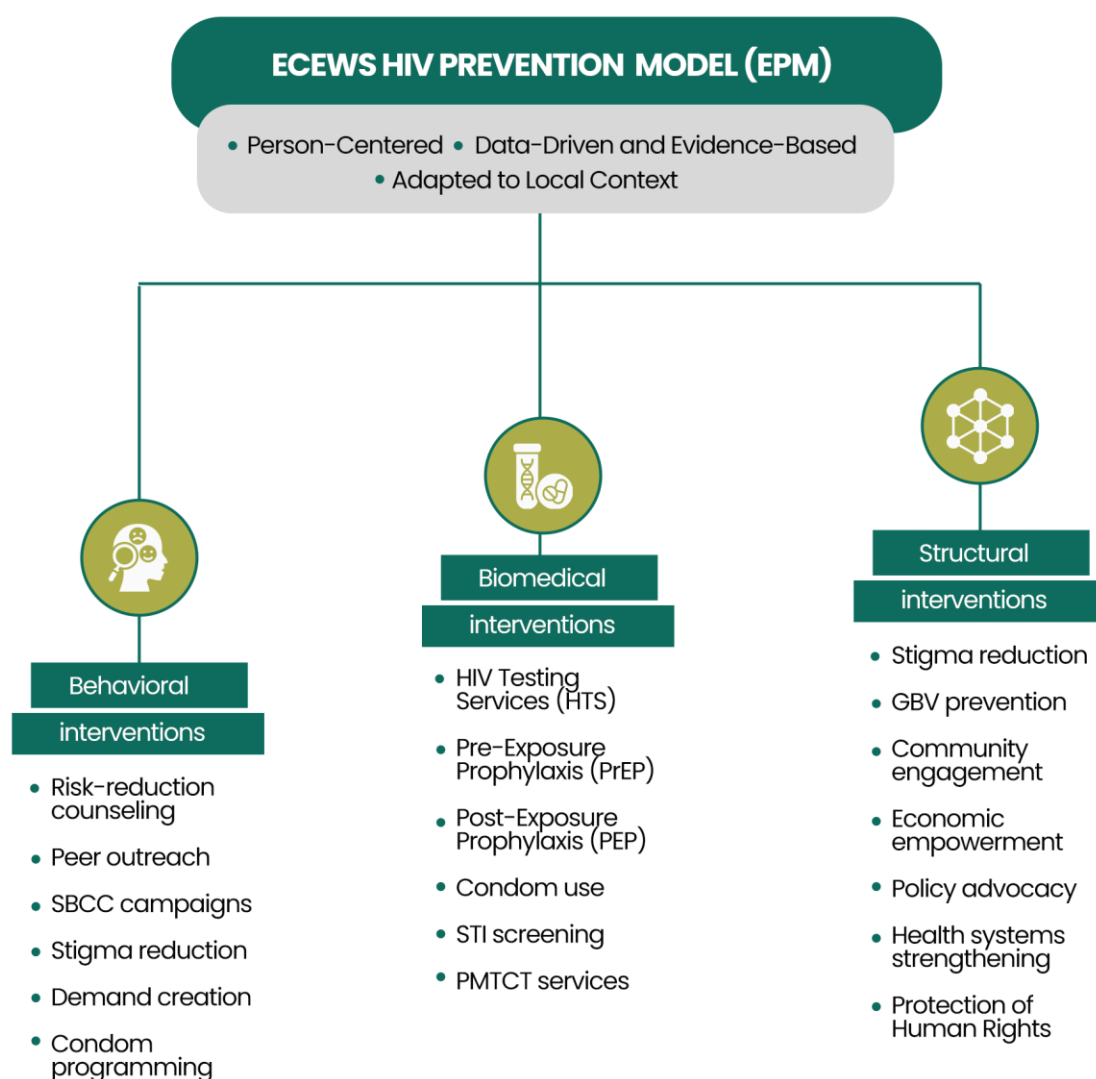
According to the Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS 2018), women aged 15–49 years are more than twice as likely to be living with HIV as men (0.9% vs 1.9%), while young women aged 20–24 years' experience infection rates up to three times higher than their male peers (UNAIDS 2024). Approximately 40% of new infections occur among adolescents and young people aged 15–24 years (UNAIDS 2023). HIV prevalence was lower in urban areas than in rural areas (1.3% vs 1.5%) and was higher in some states like Akwa Ibom State (4.8%) and Benue (4.3%), compared to others like Jigawa and Katsina States (0.3%) (Federal Ministry of Health (FMoH) Nigeria, National Agency for the Control of AIDS (NACA) et al. 2019.)

Within geographies and age-groups, some populations experienced substantially higher prevalence. This includes female sex workers (14.4%), men who have sex with men (22.9%), and people who inject drugs (3.9%) (NACA and FMoH 2020). Legislative and social constraints targeted at these populations result in a service environment where they face an HIV risk ten times greater than that of the general population (UNAIDS 2023)

Despite progress in treatment, prevention gaps persist. Comprehensive knowledge of HIV prevention remains low, testing uptake is suboptimal among young people and KPs, and PMTCT coverage is insufficient (National Population Commission (NPC) [Nigeria] and ICF International 2019).

In 2024, only 35% of pregnant women requiring ART for PMTCT in Nigeria received it, underscoring critical missed prevention opportunities (FMoH and NACA 2024, Ezeonu, Olawepo et al. 2025). Heavy reliance on donor financing further threatens sustainability. These realities underscore the need for a focused, differentiated, and sustainable prevention model that prioritizes populations at highest risk while strengthening systems and community ownership.

ECEWS HIV Prevention Model – Strategic Framework



Behavioural interventions

focus on reducing individual risk and promoting healthy practices among high-risk individuals. These interventions include:

- Risk-reduction education and counselling delivered through one-on-one and group sessions to promote prevention options.
- Peer-led outreach by trained community members and champions to influence positive behavior among their peers.
- Social and Behavior Change Communication (SBCC) activities for target audiences to improve risk perception and sustainable positive behavior change.
- Stigma reduction activities like community dialogues, community engagement and support group meetings to foster acceptance and service uptake.

Biomedical interventions prioritize early diagnosis, effective prevention tools, and person-centered delivery models across facility and community platforms. Biomedical

prevention services are designed to expand access, improve efficiency, and reach those at highest risk. Services include

- Decentralized HIV testing: ECEWS employs a multilayered HIV testing approach spanning:
 - Facility-based testing across all service delivery points (Outpatient, Antenatal, Family Planning, STI, TB, inpatient units)
 - Community-based testing through creeks, hinterlands, camps, differentiated service spoke sites, and rural
 - outreach
 - Structured Index Testing using partner elicitation, and home-based follow-up for testing.
 - Youth-responsive testing via adolescent hubs and peer networks.
 - HIVST distribution using a Total Market Approach, peer-supported distribution, private pharmacy channels, and targeted kits for adolescents and male partners.
- Risk based PrEP provision: ECEWS integrates PrEP within HTS, ANC, post-violence care, adolescent services, partner notification, and KP-friendly spaces. The key elements of integrated risk-based PrEP include:
 - Structured PrEP eligibility screening embedded within HTS
 - Routine counseling and risk reduction education
 - Use of a simplified PrEP initiation algorithm
 - Prioritization of PBFW, sero-different couples, AGYW, AYP, and survivors of sexual violence.
- Prompt access to post exposure prophylaxis (PEP): PEP is integrated with post violence clinical care for survivors of sexual violence. It is also provided within Emergency, OPD, and STI clinics.
- Condom programming is embedded with HIV testing services in health facility and community settings.
- STI screening and treatment.

These services are delivered through facilities and community platforms, one Stop Shops (OSS), Drop-in Centres (DICs), and outreach sites.

Structural interventions

address systemic barriers through health system strengthening, policy advocacy, economic empowerment initiatives, and GBV prevention and response. Community mobilization mechanisms, including community scorecards, enhance accountability and service quality.

Together, these components create a coherent prevention ecosystem that addresses individual risk, service accessibility, and enabling environments.

Implementation Strategies

The ECEWS prevention strategies are built upon five foundational principles: differentiated person-centered care, technology-integrated delivery, community-led interventions, data-driven targeting, and cross-sectional integration. This multifaceted approach is designed to ensure that services are not only efficient but also highly responsive to the specific needs of diverse populations.

Differentiated and Person-Centered Service Delivery

Central to the ECEWS prevention model is the recognition that various populations, including pediatric clients, adolescent girls and young women, pregnant and breastfeeding women, and people at high risk of HIV acquisition, experience distinct risks and barriers, and so have different preferences. ECEWS implements tailored delivery models that prioritize the preferences and circumstances of the individual at the facility and community level to improve access, acceptability,

and sustainability. In this regard, ECEWS supports eight community service coordination centers (one-stop shops), four Drop-in Centers, and two adolescent hubs across four states (Delta, Osun, Ekiti, and Ebonyi) in Nigeria. These decentralized models enhance the accessibility and acceptability of services by providing safe spaces for the different groups.

Technology-driven service delivery

Technology is a key enabler of efficiency. ECEWS maximises the use of technology to extend the reach of prevention programmes. In Northern Cross River State, ECEWS partnered with Zipline Inc to deploy drones for the delivery of PrEP commodities in hard-to-reach communities. ECEWS also provides ongoing counseling to PrEP users through virtual platforms such as WhatsApp. These differentiated and innovative approaches enable ECEWS to deliver the right services to the right people at the right time.

Community-led prevention services

ECEWS' HIV prevention model is grounded in community leadership and ownership, recognizing that communities are best positioned to identify risks, shape acceptable interventions, and sustain demand for services.

Prevention activities are implemented through community-based organizations, peer navigators, and trained outreach workers who are members of the populations they serve, including key populations, adolescents and young people, and pregnant and breastfeeding women.

Community-led interventions ensure that HIV prevention services are delivered in settings where clients feel safe and respected, such as hotspots, community venues, drop-in centers, and informal gathering spaces. Outreach workers and community testers play a central role in risk screening, HIV testing mobilization, PrEP demand creation, condom distribution, and linkage to additional services, including STI management and psychosocial support. This approach reduces barriers related to stigma, discrimination, and mistrust of formal health facilities, while improving reach among populations that are often missed by facility-based services.

Data-driven targeting

ECEWS applies a data-driven approach to prioritize resources and optimize service delivery. Programmatic data from DHIS2, hotspot mapping, risk stratification tools, and routine monitoring are used to identify geographic areas, population segments, and service points with the highest HIV risk and unmet prevention needs. Hotspot and micro-planning data guide outreach planning, ensuring that HIV testing, PrEP initiation, and condom distribution are concentrated in high-yield locations and among populations with elevated incidence. Disaggregated data by age, sex, and other relevant characteristics inform differentiated service delivery models, including targeted PrEP programming for pregnant and breastfeeding women, adolescents and young women, and key populations.

Regular data review meetings at the community, facility, and state levels enable timely course correction, allowing ECEWS to respond quickly to emerging trends such as declining testing yield, low PrEP continuation, or service gaps in specific locations. This systematic use of data improves efficiency, increases prevention impact, and ensures accountability for results.

Cross-Sectional Integration

ECEWS delivers HIV prevention through a combination prevention approach that integrates biomedical, behavioral, and structural interventions across multiple service delivery platforms. Prevention services are intentionally linked to ensure clients receive a comprehensive package rather than fragmented interventions. HIV testing services are integrated with immediate risk

assessment, same-day PrEP initiation for eligible clients, condom provision, STI screening and treatment, and referrals for psychosocial support or gender-based violence services where indicated. For pregnant and breastfeeding women, prevention services are integrated within antenatal and postnatal care platforms to reduce missed opportunities and improve continuity of care.

Coordination is strengthened through close collaboration with government health facilities, community organizations, implementing partners, and supply chain systems to ensure uninterrupted commodity availability and seamless referral pathways. This integrated approach minimizes service duplication, improves client experience, and maximizes prevention effectiveness by addressing multiple risk factors simultaneously.

Target Populations

ECEWS prioritizes populations with elevated HIV risk and limited access to prevention services, including PBFW, AGYW, AYP, key populations, partners of people living with HIV, and geographically underserved communities.

Results

Collectively, these results demonstrate sustained progress in expanding prevention coverage, improving uptake of biomedical interventions, and strengthening integrated, client-centered service delivery across multiple states.

ECEWS HIV Prevention Results Across Implementation States

ECEWS delivers integrated HIV prevention services through community, facility, and differentiated service delivery platforms across its implementation states. Between 2021 and 2025, through a combination of biomedical, behavioural, and structural interventions, the programme has significantly expanded access to prevention services among priority populations while strengthening linkages to treatment and other health services.

4.7M+

HIV Tests Conducted

Across facility and community service platforms.

37,272

HIV-Positive Clients Identified

Successfully linked to treatment services.

189,514

Individuals Supported with PrEP

Risk-based PrEP provided to priority populations including pregnant and

3,277,739

Condoms Distributed

Expanding access to essential prevention commodities.

324,787

Needles and Syringes Distributed

Supporting harm reduction among people who inject drugs.

27,538

Clients Screened for Mental Health

Strengthening integrated psychosocial support in prevention services.

Key Lessons

Differentiated, community-based models are essential for high-impact prevention.

Delivering HIV prevention services through community platforms, outreach teams, and safe spaces such as drop-in centres allows programmes to reach populations that are often underserved by facility-based services. These models improve access, trust, and uptake of prevention services among high-risk populations.

Integration of prevention into maternal, adolescent, and primary healthcare services reduces missed opportunities.

Embedding HIV testing, PrEP services, and prevention counselling within routine health services, particularly antenatal care and adolescent health platforms, ensures that prevention services are delivered at points where clients already interact with the health system.

Technology and data automation improve program precision and monitoring efficiency.

The use of digital tools, routine program data, and automated reporting systems strengthens data driven decision making. This enables programmes to identify high risk locations, improve service targeting, and respond quickly to emerging gaps in prevention coverage.

Local systems strengthening is critical for sustainability.

Strengthening government systems, supply chains, and community institutions ensures that HIV prevention programmes can be sustained beyond external funding cycles. Building the capacity of local partners and health systems is essential for long term epidemic control.

Peer driven approaches improve reach among underserved populations.

Peer navigators and community champions play a critical role in mobilizing demand for prevention services, reducing stigma, and improving engagement among adolescents, men, and partners of people living with HIV.

Strategic Directions

Scaling differentiated prevention models.

ECEWS will continue expanding differentiated prevention approaches that tailor services to the needs of specific populations and locations. This includes strengthening community outreach platforms, adolescent hubs, and safe service delivery spaces.

Deepening integration with primary and maternal health services.

Future efforts will prioritize stronger integration of HIV prevention within primary healthcare, maternal health, and adolescent health services to reduce missed opportunities for prevention and improve continuity of care.

Strengthening domestic capacity and financing for HIV prevention.

ECEWS will work with government partners to strengthen local leadership, improve program management capacity, and support sustainable financing mechanisms for HIV prevention programmes.

Expanding innovative delivery mechanisms.

The programme will continue exploring innovative approaches including digital engagement, differentiated outreach models, and technology enabled logistics to extend prevention services to underserved and hard to reach communities.

Conclusion

The ECEWS HIV Prevention Model demonstrates that a data driven, differentiated, and community anchored approach can significantly strengthen prevention outcomes among populations most affected by HIV. Sustained investment and scale up of this model will be critical to achieving epidemic control in Nigeria.

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