



HIV/AIDS HEALTH PROFILE

| HIV and AIDS Estimates | |
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| Total Population* | 152 million (mid-2010) |
| Estimated Population Living with HIV/AIDS** | 2,980,000 (2007) |
| Adult HIV Prevalence*** | 3.6% (2007) |
| HIV Prevalence in Most-at-Risk Populations*** | IDUs: 10% (Kano State) (2007) MSM: 13.5% (Lagos, Kano, and Cross River States) (2007) FSWs: 37.4% (brothel based) (2007); 30.2% (non-brothel based) |
| Percentage of HIV-Infected People Receiving Antiretroviral Therapy**** | 31% (2009) |

*U.S. Census Bureau ** UNGASS ***UNAIDS, IBSS and NARHS ****WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

The most populous country in Africa, Nigeria accounts for more than half of West Africa's population, according to the U.S. Department of State. Nigeria's first case of AIDS was diagnosed in 1986, and the national prevalence soon rose rapidly, from 1.8 percent in 1991 to a peak of 5.1 percent in 2001. (United Nations General Assembly Special Session [UNGASS], 2010). The National HIV/AIDS and Reproductive Health Survey (NARHS) estimates the national adult HIV prevalence rate was 3.6 percent in 2007, the most recent year for which data are available. According to the 2010 UNGASS report, 2,980,000 people are living with HIV/AIDS. After South Africa, Nigeria has the largest number of people living with HIV/AIDS in Africa.

Significant regional variation in the epidemic exists, with Ekiti State in the southwest zone of Nigeria having the lowest prevalence (1 percent), and Benue State in the north-central zone having the highest (10.6 percent). Women are disproportionately affected by the epidemic: Prevalence among young women ages 15 to 24 is higher than the prevalence among young men (2.3 percent versus 0.8 percent, respectively).

Most-at-risk populations (MARPs) are also disproportionately affected by the epidemic, including female sex workers (FSWs), men who have sex with men (MSM), and injecting drug users (IDUs). Of these groups, Nigeria's 2007 HIV/STI Integrated Biological and Behavioral Surveillance Survey (IBSS) showed FSWs are most affected by HIV/AIDS. Brothel-based sex workers have HIV prevalence rates of 37.4 percent, on average, and non-brothel-based sex workers have rates of 30.2 percent. A prevalence rate of 49 percent was found in the Federal Capital Territory and Kano State. Lagos had the lowest rates of HIV infection among brothel-based and non-brothel-based sex workers, at 23.5 percent and 12.9 percent, respectively. These lower rates may be due to higher rates of condom use in Lagos, approaching 100 percent among all FSWs. However, lower condom use was reported with boyfriends (38 percent among brothel-based workers and 46 percent among non-brothel-based workers), and this may potentially open a route for HIV to spread to the general population (UNGASS, 2010).

Among the three States surveyed by the IBSS, the average overall prevalence rate among MSM was 13.5 percent. The HIV prevalence was highest in Lagos, at 25.4 percent. While MSM appeared to have high levels of HIV prevention knowledge, consistent condom use was lower among MSM than FSWs. Just one-quarter of MSM had been exposed to safe sex education from peer outreach workers. Sexual relationships with women were common, a potential means of HIV infection spreading to the general population.

IDUs are at high risk of HIV infection; Kano State had the highest prevalence rate of the three States surveyed by the IBSS, at 10 percent. IDUs in Kano State often injected drugs more than once a day, and less than 40 percent consistently used sterilized needles. About 20 percent of IDUs reported sex with FSWs, and the IDUs surveyed had low condom use. Sixty percent of IDUs surveyed had received HIV education within the 12 months preceding the survey.



Transport workers, armed forces, and police personnel are also members of at-risk populations, with HIV prevalence ranging from 3.1 percent to 3.7 percent in the 2007 IBBSS. Multiple sexual partnerships within the past 12 months of the survey were common among all three groups, with about one-third reporting this behavior.

Children are affected by the epidemic by contracting the disease from their mothers and/or by losing a parent to the disease. At the end of 2007, an estimated 220,000 children in Nigeria were living with HIV, and 1,200,000 had been orphaned by AIDS.

People living with HIV/AIDS (PLWHA) are particularly vulnerable to tuberculosis (TB). Because of the increased susceptibility to infection and progression to active TB, the disease is one of the main causes of death for PLWHA. The World Health Organization (WHO) ranks Nigeria as fourth among the 22 countries with the highest absolute number of TB cases. Collectively, these 22 countries have 80 percent of estimated

TB cases worldwide. Nigeria had an incidence rate of 300 cases per 100,000 population in 2008. HIV-TB co-infection is also significant, with an estimated 27 percent of new adult TB patients being HIV positive.

National Response

Nigeria's health sector response to the HIV/AIDS epidemic was launched in 1986, after the first case of AIDS was reported. With the start of democratic rule in 1999, the Government initiated the move from a health-centered response to a national multisectoral response. In 2001, the Presidential Council on AIDS and the National Action Committee on AIDS (NACA) were created to coordinate activities at the federal level. At the state and local levels, coordination was performed by the State Action Committee on AIDS and the Local Government Action Committee on AIDS, which continue to coordinate the state and local responses today. An HIV/AIDS Action Plan was developed to serve as an interim action plan, focusing on prevention, care, support, and the creation of an enabling environment by addressing sociocultural, informational, and systematic barriers.

Under NACA's leadership, a second National Strategic Framework was developed in 2009 for the 2010–2015 time period and serves as a comprehensive strategic plan covering areas such as prevention, care, and treatment. The Framework prioritizes improving program uptake, behavioral change, gender-sensitive health services, and non-health responses, as well as monitoring and evaluation (M&E), research, and the creation of an enabling social, legal, and political environment. NACA was transformed in 2007 into the National Agency for the Control of AIDS to give it more authority and improve efficiency and accountability.

The country's public-sector response is multisectoral, and the health sector response is led by the Ministry of Health (MOH) through the National AIDS and STI Control Program. Nigeria has also worked to develop its public-private partnerships as a means to create a sustainable national response. Through the Nigeria Business Coalition Against HIV/AIDS, 39 multinational companies, including Coca-Cola, Cadbury, Guinness, and Chevron, have supported workplace programs and outreach programs to the public. For example, NACA partnered with ECOBANK to establish seven youth-friendly reproductive health service centers in seven universities. Zain, a telecommunications provider, supports 20 toll-free telephone lines for HIV/AIDS information services provided by a local nongovernmental organization (NGO). In addition, a partnership comprising NACA, LNG, Shell, and Exxon-Mobil provides comprehensive prevention, treatment, and care to communities in the Niger Delta.

Civil society organizations (CSOs) also play a key role in the HIV/AIDS response, particularly through involvement in community engagements to limit the impact of HIV/AIDS. The Civil Society Consultative Group on HIV/AIDS in Nigeria (CiSCGHAN), established in 2002, provides an opportunity for local CSOs to provide input in policy formulation and development. CiSCGHAN is also involved in the consultation process of the World Bank Multi-Country HIV/AIDS program to ensure the World Bank HIV/AIDS Fund reflects the needs of CSOs.

For M&E, the MOH and the National Population Commission, with support from NACA and other stakeholders, have instituted regular surveillance using several facility- and population-based surveys to monitor trends in prevalence, inform intervention response priorities, and measure the effectiveness of various public health

interventions to control the epidemic. Key surveys include the National HIV/AIDS and Reproductive Health Survey Plus, the IBBSS, a clinic-based antenatal care survey, and the Nigeria Demographic and Health Survey.

In 2009, Nigeria invested in modes of transmission modeling with support from the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Bank. The model estimates the distribution of new infections and identifies those populations at highest risk. The model has found MARPs, who are about 1 percent of the population, will contribute nearly 23 percent of new infections and MARPs and their partners combined will contribute 40 percent of new infections. The general population will contribute 42 percent of infections, primarily due to high sexual networking and low condom use (UNGASS, 2010).

WHO, UNAIDS, and UNICEF estimate 31 percent of PLWHA in need of antiretroviral therapy (ART) are currently receiving it. Since 2006, a free ART provision policy has led to increased access and uptake, with the annual number of ART clients increasing from 50,581 in 2005 to 302,973 in 2009. Financial support is provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Since 2003, the Global Fund has disbursed nearly \$142 million in grants to support HIV/AIDS programs in Nigeria. Most recently, a ninth-round grant was approved for approximately \$62 million. The U.S. Government (USG) contributes nearly 30 percent of total funding to the Global Fund worldwide.

USAID Support

Through PEPFAR, Nigeria received \$438 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. The PEPFAR Nigeria program is implemented by three USG entities: the U.S. Agency for International Development (USAID), the U.S. Centers for Disease Control and Prevention (CDC), and the Department of Defense. Launched in 2003, PEPFAR is the initiative that supports partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Nigeria has utilized numerous opportunities for collaboration and synergy across technical areas. Wraparound activities have linked family planning services with HIV counseling and testing (HCT), extended basic education programs to orphans and vulnerable children (OVC), and included the provision of nutrient-rich local foods to PLWHA. A total of 1,043,000 HIV-positive individuals received care and support services, including HIV/TB services, in FY 2009.

Couples counseling and the identification of discordant couples are important for both prevention and entry into care for the HIV-positive member of the couple. In 2009, the couples counseling program was expanded to provide targeted prevention messages for discordant couples. USG assistance provided psychosocial support and counseling to women who tested positive for HIV to help address the abuse and stigmatization that they may face in disclosing their status. A family-centered approach was adopted by providing HCT to family members, including children, and linking them to appropriate prevention, care, and support services, including counseling and psychosocial support.

Research findings in Nigeria reveal OVC, especially girls, are disadvantaged in their access to education. To improve OVC enrollment and attendance, USAID support established learning centers to provide basic education to out-of-school children and encourage their return to formal primary education. The program also provided counseling and psychosocial support to the children. In FY 2009, U.S. assistance reached 203,211 OVC.

OVC are more likely to suffer from malnutrition with a resulting negative impact on health. Collaboration between a USG-assisted agriculture program and PEPFAR provided nutritional supplements consisting of high-protein, locally produced foods to children with the greatest need. Nearly 74,000 OVC in selected states were served. The project mobilized existing cowpea/sorghum growers' networks in Kano State to produce high-protein cowpea varieties, a calorically dense, locally available dietary supplement. Through capacity building and the creation of

demonstration sites, home gardening was introduced in target communities to address longer-term household nutrition and income-generation needs of OVC households.

In FY 2009, all care and treatment activities in Nigeria incorporated prevention activities such as prevention of mother-to-child transmission of HIV (PMTCT) programs; prevention of sexual transmission; and prevention of medical transmission, including blood and injection safety. PEPFAR expanded coverage for PMTCT services to pregnant women across Nigeria by leveraging resources for laboratory services for early infant diagnosis and therapeutic feeding products for pregnant and lactating women. A total of 747,500 pregnant women received counseling and testing services as part of PMTCT activities and 34,000 HIV-positive pregnant women received antiretroviral prophylaxis.

Mass media messages, such as the “ZIP UP” campaign, as well as capacity building for local CSOs continued during FY 2009 to deliver accurate “ABC” messages. A total of 1,279,600 individuals were reached with community outreach HIV/AIDS prevention activities that promoted abstinence and/or being faithful. Preventing new infections among high-risk communities continued to be a priority, and messages were specifically targeted to each individual risk group. A total of 630,500 individuals were reached with community outreach prevention activities that promoted correct and consistent use of condoms. Between 2004 and 2009, the USG supplied 9,705,000 condoms to Nigeria.

Treatment activities in Nigeria included the provision of antiretroviral drugs and services to eligible patients as well as laboratory support for the diagnosis and monitoring of HIV-positive patients identified through PEPFAR activities. A total of 286,400 individuals received ART in FY 2009.

Important Links and Contacts

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USAID's HIV/AIDS Web site for Nigeria:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/nigeria.html.

West Africa Regional HIV/AIDS Web site:

http://www.usaid.gov/our_work/global_health/aids/Countries/africa/waregional.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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