



BRIEF ON THE HIV RESPONSE IN NIGERIA



Introduction

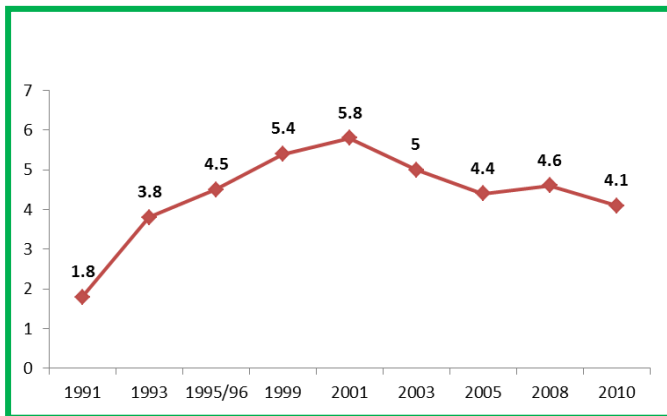
Nigeria reported her first case of AIDS in 1986 and since then the HIV & AIDS epidemic in the country has continued to attract the attention from Government and other stakeholders. HIV & AIDS services are currently the most rapidly expanding interventions and the multisectoral approach to the response has also resulted in better resource mobilization and coordination of the many stakeholders (Public, private, civil society and other national/international partners).

- The HIV response in Nigeria was health sector driven from 1986-1999
- A multisectoral response commenced in 1999 with the onset of democratic rule in Nigeria. Coordinating structures have been established at the various levels: National Agency for the Control of AIDS (NACA) at the national level, State Agency for the Control of AIDS at the state level and Local Government Action Committee on AIDS (LACA) at the Local Government level respectively.
- Prevention, treatment as well as care and support programs have been established and scaled up in the last decade.
- The various HIV response programs are guided by appropriate and relevant policies and plans which have been developed in a collaborative process involving all relevant stakeholders including PLHIV.
- Funding for the HIV response in Nigeria is obtained from both International sources (US Government, DFID, UN agencies and Global Fund) and domestic sources (Federal Government of Nigeria, private sector and state governments)

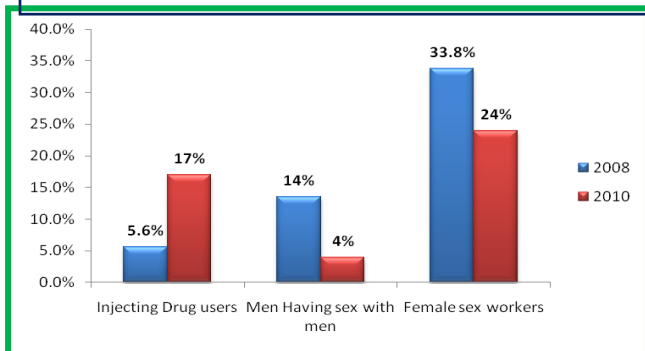
| S/N | Indices | Nigeria | | Global | Remarks |
|-----|---|---------------|-------------|-------------|--|
| 1 | HIV prevalence among adults (15-49years) | 3.6%(Gen pop) | 5.0% | 0.8% | The HIV prevalence in the general population has fallen and stabilized. However in terms of absolute numbers of people infected Nigeria ranks second in the world due to her huge population. |
| 2 | Number of people living with HIV | 3.1million | 22.5million | 32.8million | Nigeria accounts for about 14% of the estimated burden of HIV in Sub-Saharan Africa and 10% of the global burden. |
| 3. | Proportion of people living with HIV who are female | 58.3% | 60% | 50% | More women (about 1.72 million) than men are living with HIV in Nigeria as a result of inequity in the social, political and economic status of women in Africa in general and in Nigeria in particular |
| 4 | Annual HIV positive births | 56,681 | | 370,000 | Globally the PMTCT gap is 80% and Nigeria alone accounts for 32% of the global gap for pregnant women receiving antiretroviral medicines for the prevention of mother-to-child transmission of HIV. |
| 5 | Number of new HIV infections | 281,180 | 1.8million | 2.6million | In 33 countries including Nigeria, HIV incidence has fallen by more than 25% between 2001 and 2009. However the number of new infections is still outpacing the number of those placed on treatment |
| 6 | Annual AIDS Death | 215,130 | 1.3million | 1.8million | Globally increased access to treatment has contributed to a 19% decline in deaths among people living with HIV between 2004 and 2009. In Nigeria estimated AIDS related death dropped by 22.1% between 2008 and 2010. |
| 7. | Number of AIDS orphans | 2,229,883 | 14.8million | 16.6million | The global OVC burden due to HIV is 16.6million. Over 9million of this number live in six countries—Kenya, Nigeria, South Africa, Uganda, United Republic of Tanzania, and Zimbabwe—with Nigeria alone accounting for 2.2 million orphans |
| 8. | Number of PLHIV in need of Antiretroviral therapy | 1,512,720 | 10.6million | 14.6million | Globally 36% (about 5.2 million) of the estimated 15 million people in need in low- and middle-income countries were receiving antiretroviral therapy by the end of 2009. Between 2002 and 2010 the number of PLHIV accessing ART increased from 10,000 to about 360,000(almost 50% coverage) using the old WHO treatment guidelines. However with the recent review of treatment guidelines by WHO to start treatment earlier in the disease this percentage has dropped to 23%. |

HIV Response & programme achievements

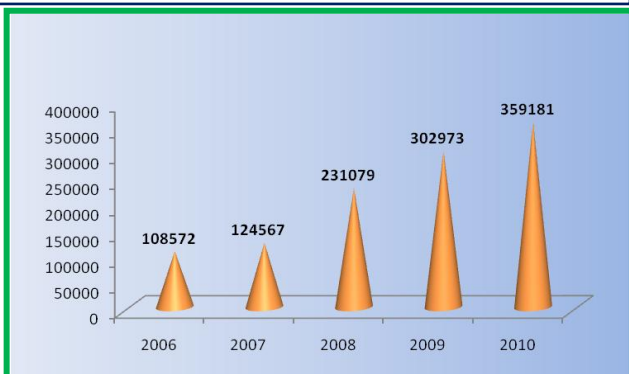
HIV Prevalence Trend 1991-2010



HIV Prevalence trend among key target populations



Number of persons accessing ART 2006 -2010



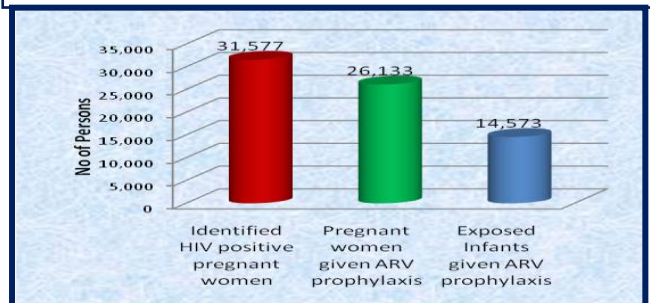
National Response Key Strategies

- Intensify resource mobilization efforts to include mobilization strategies such as cost-sharing mechanisms, grants, private contributions, and increasing national contributions is needed to bridge funding gaps.
- Strengthen participation of communities, women groups, religious bodies, private sector, Local Government Council and state participation in the HIV response
- Decentralize HIV service provision to the primary health care level and strengthen referral systems.

Key Programme Statistics

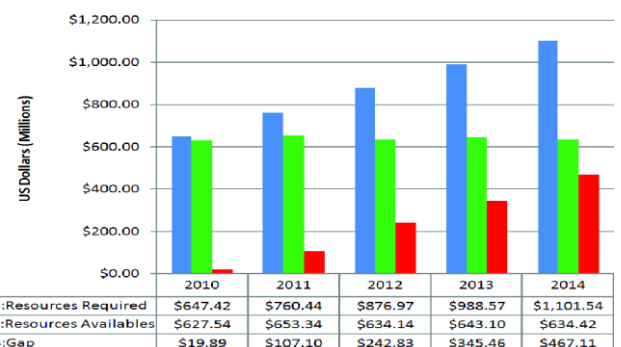
| | |
|--|---------|
| Number of sites providing antiretroviral therapy(ART) | 446 |
| Number currently enrolled in HIV care | 852,846 |
| Number of people currently on ART | 359,181 |
| Number of sites providing PMTCT | 675 |
| Number of pregnant women counseled and tested for HIV | 907,387 |
| Number of pregnant women who tested positive | 31,577 |
| Number of HIV positive pregnant women who received ARV prophylaxis | 26,133 |
| Number of infants born to HIV infected women that received ARV prophylaxis | 14,573 |

PMTCT Interventions in 2010



Gaps and Challenges

- Persistence of HIV & AIDS related stigma and discrimination against Key Populations at Higher Risk and the general population fuel the spread of HIV.
- Gender inequality making females more vulnerable to HIV infection.
- Funding Gaps.
- Inadequate referral systems and linkages between the different levels of health care and between facilities and community services



For further information contact: **Director General NACA, Plot 823 Ralph Shodeinde Street Central Business District Abuja - Nigeria Tel: 09 461 3717 or The National Coordinator, HIV/AIDS Division FMOH: Plot 75 Ralph Shodeinde Street Central Business District Abuja - Nigeria**

