



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

NIGERIA

HIV/AIDS was first reported in Nigeria in 1986. Nigeria now has the highest number of HIV/AIDS-infected adults in West Africa, and accounts for 11 percent of all infections worldwide. The epidemic is growing rapidly; adult HIV prevalence increased from 1.8 percent in 1991 to 5.8 percent in 2001. Although Nigeria's infection rate is lower than those of neighboring countries, this translates into a higher number of infections, given the large population. By the end of 2001, UNAIDS estimated that 3.5 million Nigerians were living with HIV/AIDS. In 2002 alone, more than 200,000 AIDS-related deaths occurred, and it was estimated that Nigeria had one million children who had been orphaned by AIDS.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	3,500,000
Total Population (2001)	130 million
Adult HIV Prevalence (end 2001)	5.8%
HIV-1 Seroprevalence in Urban Areas	
Population at high risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	30.5%
Population at low risk (i.e., pregnant women, blood donors, or others with no known risk factors)	3.5%

Sources: UNAIDS, U.S. Census Bureau

In 2001, HIV prevalence ranged from 0.8 percent to 16.4 percent at 85 sites throughout the country. The two sites with the highest prevalence in the 2001 sentinel survey were both in rural areas. Among women who attended antenatal clinics in major urban areas, prevalence increased from 1 percent in 1991-92 to 5 percent in 1999, with prevalence ranging from 1 percent to 20 percent.

Surveillance studies indicate that prevalence has steadily increased in several at-risk groups. For example, 2 percent of sex workers in Lagos in 1988-89 tested positive for HIV; this number increased to 12 percent by 1990-91, and to 30 percent by 1993-94. In 2000, median HIV prevalence among patients seeking treatment for a sexually transmitted infection in a survey covering ten states was 11.5 percent, with a range of 5.6 to 23 percent. Among patients with tuberculosis who were tested in 2000, median HIV prevalence was 17 percent, ranging from 4.2 to 35.1 percent.



Map of Nigeria: PCL Map Collection, University of Texas

Several factors have contributed to the rapid spread of HIV in Nigeria. Among these are polygamy, poverty, a high prevalence of untreated sexually transmitted infections, low condom use, low literacy, poor health, disenfranchised women, stigma against people with HIV/AIDS, and denial of HIV infection risk among vulnerable groups. Nigeria's population is a complex mixture of diverse ethnic groups, languages, cultures, religions, and regional political groupings, all of which pose major challenges for HIV-prevention programs.

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National Response

The restoration of democracy in Nigeria in 1999 brought the first signs of a strong national response to the growing HIV/AIDS epidemic. Data from the 1999 seroprevalence survey were presented to President Obasanjo, who immediately formed a Presidential Commission on AIDS. The commission consists of ministers from all sectors, with the President serving as chairperson.

In early 2000, the President formed the National Action Committee on AIDS, which emphasizes a multisectoral approach to the disease. Membership includes representatives from ministries, the private sector, nongovernmental organizations, and associations of people living with HIV/AIDS. State and local action committees on AIDS are also being formed to spearhead a local multisectoral response to the epidemic. Only one-third of the states have thus far formed state action committees.

Nigeria's first HIV/AIDS Emergency Action Plan, prepared by the National Action Committee on AIDS, was approved in 2001 for a three-year period. The plan's objectives include:

- Increasing awareness and making the general population and key stakeholders more aware of the epidemic;
- Promoting behavior change in both low-risk and high-risk populations;
- Ensuring that communities and individuals are empowered to design and initiate community-specific action plans;
- Ensuring that laws and policies encourage the mitigation of HIV/AIDS;
- Institutionalizing best practices to provide care and support for people living with HIV/AIDS;
- Mitigating the effects of the disease on orphans, people living with HIV/AIDS, and other affected groups;
- Creating networks for people living with HIV/AIDS and others affected by the disease;
- Establishing an effective HIV/AIDS surveillance system; and
- Stimulating research on HIV/AIDS.

USAID Support

The United States Agency for International Development (USAID) allocated \$14.5 million for HIV/AIDS activities in 2002, and \$24.6 million in 2003. USAID/Nigeria is one of the few donors with an HIV/AIDS program, and presently ranks as the second-largest HIV/AIDS donor after the United Kingdom. Prior to the election of the new civilian government in Nigeria, the entirety of USAID's HIV/AIDS assistance was given to nongovernmental organizations. In 1999, USAID began to examine ways to support the military HIV/AIDS program and the National Action Committee on AIDS. The primary goal of the USAID Mission in Nigeria is to increase access to HIV/AIDS prevention and mitigation services.

In 2003, USAID/Nigeria began to develop its new HIV/AIDS strategy, incorporating the Presidential Emergency Plan for AIDS Relief.

The current program includes the following:

President's international mother and child HIV/AIDS prevention initiative

USAID and the Centers for Disease Control and Prevention will support Nigeria's national prevention-of-mother-to-child-transmission strategy and plan to provide expansion of prevention of mother-to-child transmission services nationwide. A phased approach will be used, and both U.S. agencies will work in collaboration with key stakeholders and partners.

For the first phase, the Centers for Disease Control and Prevention and USAID will work together with the Nigerian government to implement Prevention of Mother-to-Child Transmission Plus programs at four Centers of Excellence (tertiary care facilities) identified by the Nigerian government as strategically important for the country. These four Centers of Excellence are part of the 25 national centers currently providing antiretroviral therapy for treatment and are located in four distinct geographical areas of the central, northern, and southern region. Additionally, the U.S. government will provide ongoing community mobilizations and care and support activities to support these services.

For the second phase, the U.S. government will support each center to serve as a regional resource center to build capacity at nearby secondary and primary health care facilities to provide prevention-of-mother-to-child-transmission services, expanding to more peripheral sites as part of scaling up to a national program.

Behavior change communication

Behavior change communication programs target at-risk, high-prevalence groups, including youth, commercial sex workers, and the uniformed services with activities to raise HIV/AIDS awareness, increase knowledge, and achieve behavior change. Activities include training for peer educators, focus group discussions, condom promotion, and outreach programs channeled through the workplace, religious groups, unions, and community-based organizations. For example, in 2002, the Armed Forces AIDS Control Program trained 1,800 armed forces personnel as peer educators and reached more than 50,000 at-risk service personnel with HIV/AIDS information and counseling.

USAID has assisted churches and other faith-based groups to develop HIV/AIDS policies consistent with their beliefs and to incorporate effective HIV/AIDS prevention messages. Future activities include an expansion of efforts to reduce stigma and discrimination against people living with HIV/AIDS.

Children affected by HIV/AIDS

With USAID assistance, 3,000 orphans have received education and vocational training services in addition to basic subsistence assistance through the USAID Mission's HIV/AIDS program, and nearly 500 caregivers have received support to care for those orphans.

Community-based organizations

USAID grants to more than 120 local nongovernmental organizations and associations will equip them with skills and knowledge to promote prevention of HIV infection in their communities and to provide care for orphans and people living with HIV/AIDS. In addition, coalition-building and public-private alliances to leverage resources and build capacity and advocacy at all levels of society will be expanded.

Condoms

USAID will continue to implement and expand a condom social marketing program in collaboration with the United Kingdom. Information, education, and communication activities to educate the public and increase the demand for condoms have contributed to a significant increase in the use of condoms during high-risk sex (60 percent in 2001, compared with 40 percent in 1998), as well as a general increase in condom sales (up 50 percent in 2000).

Policy and advocacy

A high priority is educating Nigeria's leadership about the seriousness of the HIV/AIDS epidemic through technical assistance and institutional support, particularly to national, state, and local action committees on HIV/AIDS. Efforts to educate religious and other leaders will help garner their support and that of their constituencies. In addition, promising new initiatives to implement HIV/AIDS workplace policies and programs in business organizations and labor unions will be expanded.

Sexually transmitted infections

USAID's engagement with key public sector policy makers has resulted in the development and promulgation of national guidelines on the management of sexually transmitted infections. These guidelines are a prerequisite for the planned introduction of a new prepackaged therapy, now being developed, which targets treatment for sexually transmitted infections in men. USAID will also support training for service providers and capacity building to increase the supply of and access to treatment services for sexually transmitted infections.

Voluntary counseling and testing

USAID/Nigeria will continue to support activities that enable individuals to determine their HIV status and to protect themselves and others from infection. The program will support improved training and knowledge for service providers and will increase the public's access to voluntary counseling and testing services. During 2002, the first two HIV/AIDS voluntary counseling and testing centers in Nigeria became operational as a direct result of USAID support. The Mission plans to expand these services to an additional 40 sites.

For More Information

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USAID HIV/AIDS Website for Nigeria:
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For more information, see www.usaid.gov/pop_health/aids or www.synergyaids.com.

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