

HIV/AIDS in Nigeria

A USAID Brief

Nigeria's epidemic is characterized by one of the most rapidly increasing rates of new HIV/AIDS cases in West Africa. Adult HIV prevalence increased from 1.8 percent in 1991 to 5.8 percent in 2001. This infection rate, although lower than that of neighboring African countries, should be considered in the context of Nigeria's relatively large population of approximately 117 million; the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 3.5 million Nigerian adults and children were living with HIV/AIDS by the end of 2001. HIV prevalence among women attending antenatal clinics in 1999 ranged from less than 1 percent to 21 percent. Among sex workers in Lagos, HIV prevalence rose from 2 percent in 1988–89 to 12 percent in 1990–91. By 1995–96, up to 70 percent of sex workers tested positive.

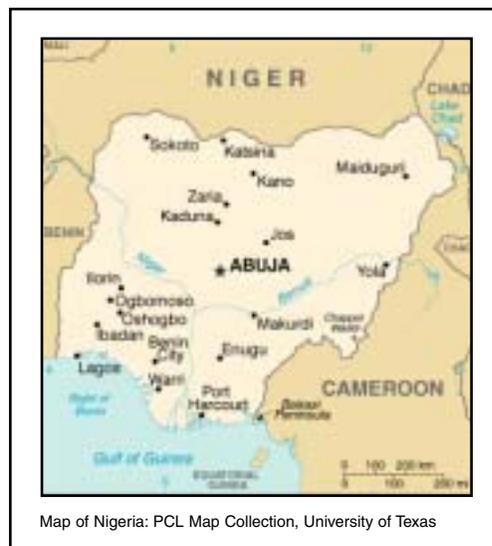
Current projections show an increase in the number of new AIDS cases from 250,000 in 2000 to 360,000 by 2010. As a result of the epidemic, the crude death rate in Nigeria was about 20 percent higher in 2000 than in 1990. In 2001 alone, 170,000 adults and children died of AIDS. At the end of 2001, UNAIDS estimated that 1 million children orphaned by AIDS were living in Nigeria.

Several factors have contributed to the rapid spread of HIV in Nigeria. These include sexual networking practices such as polygamy, a high prevalence of untreated sexually transmitted infections (STIs), low condom use, poverty, low literacy, poor health status, low status of women, stigmatization, and denial of HIV infection risk among vulnerable groups. Nigeria is a complex mixture of diverse ethnic groups, languages, cultures, religions, and regional political groupings, all of which are major challenges for HIV prevention programs.

NATIONAL RESPONSE

The restoration of democracy in Nigeria 1999 brought the first signs of a strengthened 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 (PCA). PCA is comprised of ministers from all sectors, with the President serving as Chairperson.

In early 2000, the President formed the National Action Committee on AIDS (NACA), which emphasizes a multisectoral approach to AIDS. Membership includes representatives from Ministries, the private sector, nongovernmental organizations (NGOs) and networks of persons living with HIV/AIDS. State and Local Action Committees on AIDS (SACA and



LACA) are also being formed to spearhead the local multisectoral response to HIV/AIDS.

Nigeria's first HIV/AIDS Emergency Action Plan, prepared by the National Action Committee on AIDS, was approved in 2001 for a 3-year period. The Plan's objectives include:

- Increasing awareness and sensitization of general population and key stakeholders;
- 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 in care and support for people living with HIV/AIDS;
- Mitigating the effect of the disease on people living with HIV/AIDS, orphans and other affected groups;
- Creating networks of people living with HIV/AIDS and others affected by AIDS;
- Establishing an effective HIV/AIDS surveillance system; and
- Stimulating research on HIV/AIDS.

USAID SUPPORT

HIV/AIDS funding for Nigeria was \$12.8 million in FY 2001, up from \$6.7 million in FY 2000. Prior to the election of the new civilian government in Nigeria, the entirety of USAID's HIV/AIDS assistance was given to NGOs. In FY 1999, USAID began to examine ways to support the military HIV/AIDS program and the NACA.

USAID's current HIV/AIDS program consists of 12 behavior change communication (preventative) activities, eight activities that focus on care and support of people living with HIV/AIDS, two activities that focus on care and support of children orphaned by HIV/AIDS, and one activity on AIDS impact modeling and advocacy. The Mission has begun to consolidate its HIV/AIDS activities in four states: Anambra, Lagos, Taraba, and Kano.

USAID-supported country programs include the following:

Behavior change

Through Population Services International (PSI)/Society for Family Health (SFH), USAID and the U.K. Department for International Development (DFID) jointly support the Promoting Sexual and Reproductive Health for HIV/AIDS program. The program is comprised of a behavior change strategy aimed at high-risk populations (commercial sex workers, long distance drivers, youth), social marketing, research, and community-based work to con-

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	3.5 million
Total Population (2001)	116.9 million
Adult HIV Prevalence (end 2001)	5.8 %
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, 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)	6.7 %

Sources: UNAIDS, U.S. Census Bureau

tribute toward a 25 percent reduction in HIV prevalence, especially among 15-24 year olds, by 2015.

PSI/SFH has a large research and evaluation unit that conducts studies and surveys, through which various behavior change and advocacy strategies can be tested, and impact can be measured.

Care and support

Family Health International (FHI)/Impact implements a limited number of care and support programs to address issues faced by persons living with HIV/AIDS. These include home-based care, counseling, and conducting sensitization training to reduce stigma and discrimination.

Through the Centre for Development and Population Activities (CEDPA), support for orphans and vulnerable children is provided in Benue and Rivers States.

Policy/advocacy

Through the Policy Project, assistance is provided to the NACA to increase political support to improve planning for and financing of HIV/AIDS activities, and the National AIDS and STD Program for data management and analysis of HIV prevalence data. The Policy Project also assists with development of HIV/AIDS policies both nationally and with specific groups such as the military and the Catholic Church; and promotes use of accurate data for advocacy and planning.

FHI/Impact supports the LACAs to increase political will and commitment of policy makers.

Prevention/education

Through FHI/Impact, USAID targets high-risk populations such as commercial sex workers, long distance drivers, military, police, and in- and out-of school youth with activities to raise HIV/AIDS awareness, increase knowledge, and achieve behavior change. Activities include training of peer educators, focus group discussions, condom promotion, and outreach programs channeled through the workplace, religious groups, unions, and community-based organizations.

Through the Johns Hopkins University Center for Communication Programs, USAID supports an

HIV/AIDS telephone hotline for youth in Lagos area, and the “Caring and Understanding Partners” media campaign, which uses prominent football players to convey HIV/AIDS prevention messages through commercials and personal testimonials.

Through CEDPA, assistance is provided to several community (women’s and church-based) organizations to raise awareness and increase use of reproductive health services, including family planning, maternal/child health, and HIV/AIDS services.

Surveillance

Through the Measure Program, USAID supports HIV/AIDS survey work and indicator development.

CHALLENGES

According to an August 2000 *Situation Assessment of HIV/AIDS in Nigeria* by FHI/IMPACT, constraints to a national response to HIV/AIDS include:

- Insufficient funding given the scale and complexity of Nigeria’s epidemic;
- Over-dependence on donor support;
- Lack of political will and commitment from policymakers;
- Insufficient number of trained personnel to implement the national AIDS program;
- Need for increased coordination and/or support to local NGOs;
- Low perception of risk among policymakers and the general population;
- Weak STI interventions and surveillance systems;
- Absence of a reliable national database on HIV/AIDS programs;
- Lack of supportive legislation for HIV/AIDS programming;
- Conservative social values, and regional religious and cultural differences; and
- Poverty and low status of women

SELECTED LINKS AND CONTACTS

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3. Journalists Against AIDS Nigeria Web site: www.nigeria-aids.org

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.*

Please direct comments on this profile to: info@synergyaids.com.

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