

# Country progress report - Nigeria

Global AIDS Monitoring 2019





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- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

# Overall

## Fast-track targets

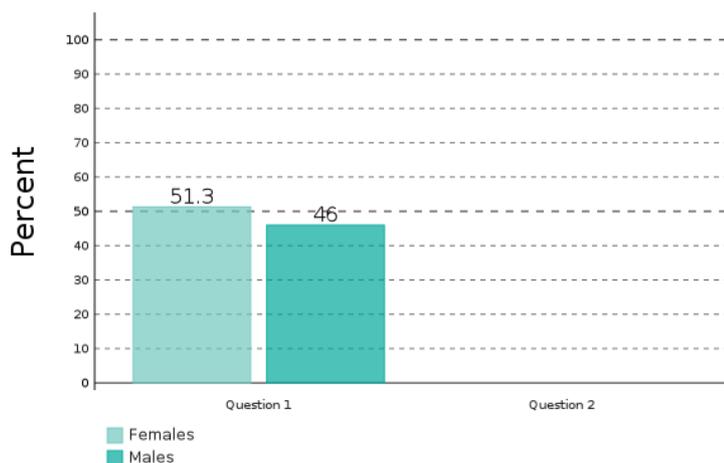
### Progress summary

Nigeria has the one of the highest burden of Human Immunodeficiency Virus (HIV) infection in the world, with about 1.9 million people infected and a prevalence rate 1.4%. The HIV prevalence remains higher among Females adults age 15-64 with a prevalence of 1.9% than Males with a prevalence of 1.1%. To address her high HIV burden, Nigeria needs to institute a sustained and effective national response to prevent new infections and ensure the health and well-being of those infected and affected by HIV. The revised National HIV/AIDS Strategic Framework and Plan 2019-2021 provides the backbone of such national response; they serve as a crucial platform for uniting stakeholders towards achieving the national HIV control goals, and tools for mobilizing the required resources to that end. Our vision remains an AIDS-free Nigeria, with zero new infections, zero AIDS-related discrimination and stigma. The vision can be achieved by fast-tracking the national response towards ending AIDS in Nigeria by 2030.

The National HIV and AIDS Strategic Framework (NSF) 2017-2021 succeeds the National HIV and AIDS Strategic Framework 2010-2015 and the National HIV and AIDS Strategic Plan 2010-2015. The country in 2019, revised its NSF because of the availability of new data from the National AIDS Impact and Indicator Survey which has implications for HIV programming. The rNSF was developed through a highly participatory and consultative process that involved a wide cross-section of stakeholders. The thematic areas of the rNSF are programmatic foci that aim to directly reduce the risk and transmission of HIV, incidence of new HIV infection, and HIV and AIDS-related morbidity and mortality.

## 4.1 Discriminatory attitudes towards people living with HIV, Nigeria (2015)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

Out of the estimated 1.9 million, the country has placed a little about 1 million persons on treatment that about 52% of the national burden. The rNSF 2019-2021 reiterates Government commitment to drive Nigeria's efforts at providing effective, quality, gender-responsive and rights-based ART services to all persons who test positive for HIV in an equitable and sustainable manner over the next three years. The rNSF also recognizes and embraces the use of ARV for prevention in the context of PrEP and PEP for eligible individuals. Overall, the strategic interventions will help to ensure that the Nigeria meets the 90-90-90 goals by 2020. The overall objective is that 90% of diagnosed PLHIV receive quality HIV treatment services, and at least 90% of those on ARV achieve sustained virological suppression

## **Policy questions (2018)**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is mandatory before marriage**

No

**b) Is mandatory to obtain a work or residence permit**

No

**c) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

-; Implemented countrywide (>95% of treatment sites)

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

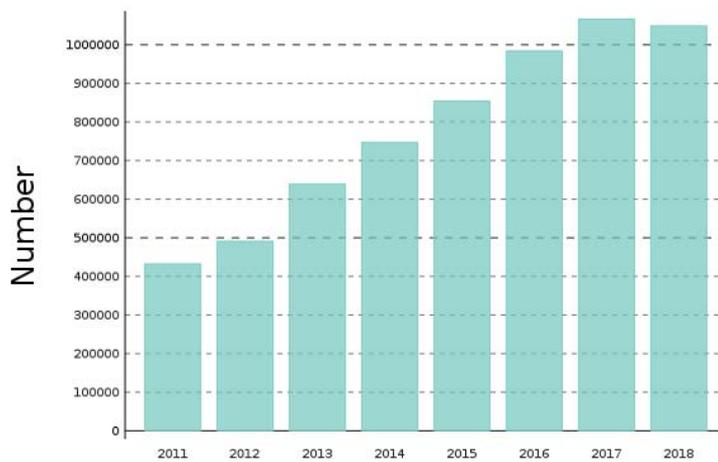
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**b) For children**

-

## **1.2 People living with HIV on antiretroviral therapy, Nigeria (2011-2018)**

**Number of people on antiretroviral therapy at the end of the reporting period**



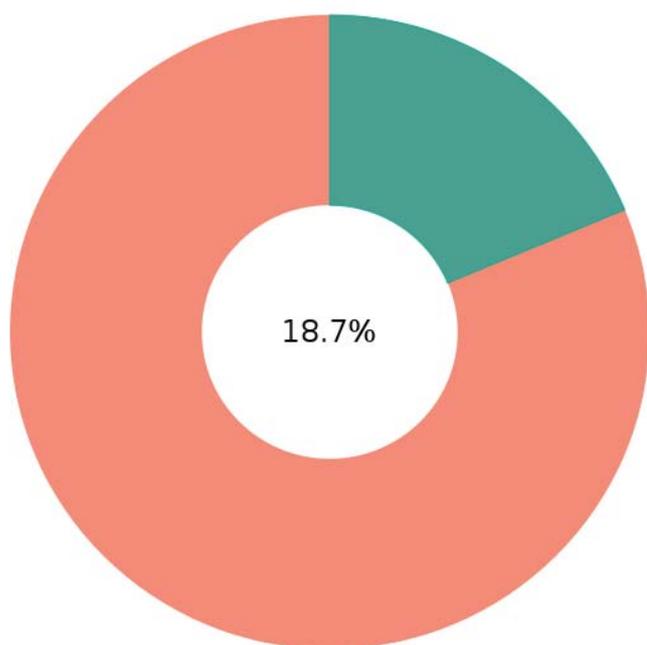
### 1.3 Retention on antiretroviral therapy at 12 months, Nigeria (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting



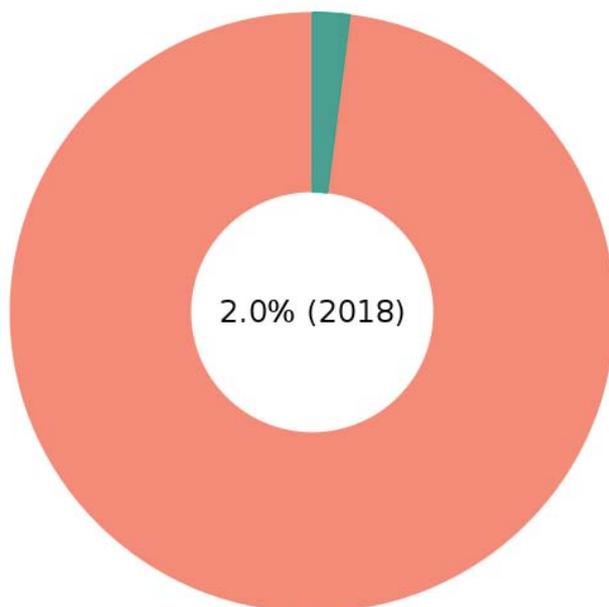
### 1.5 Late HIV diagnosis, Nigeria (2018)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm3 during the reporting period



## 1.8 HIV testing volume and positivity, Nigeria

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 9 777 267

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

This Framework embraces the Family Planning Blueprint (Scale-Up Plan), for Nigeria and its target of increasing the contraceptive prevalence rate to 36% by 2018, as fundamental to preventing unintended pregnancies in HIV-infected women. The current national test and treat programme shall enhance the achievement of the goal of eliminating new HIV infections in infants. This framework aims at providing an effective platform for the country's efforts to eliminate new HIV infection in children born to mothers who are HIV positive. The eMTCT interventions aim to prevent the transmission of HIV from infected mothers to their children; and ensure that all HIV negative infants born to HIV positive mothers remain so throughout infancy and ensure that all positive infants are placed on treatment for HIV

## **Policy questions (2018)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year: -

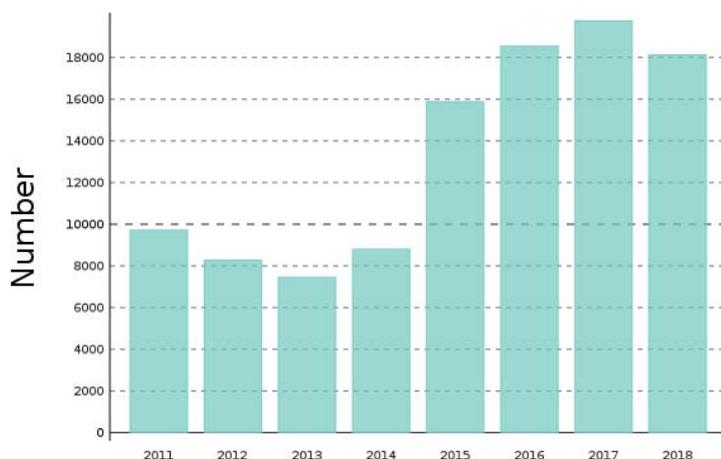
Elimination target(s) (such as the number of cases/population) and year: -

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Treat all, regardless of age; Implemented in many (>50–95%) treatment sites

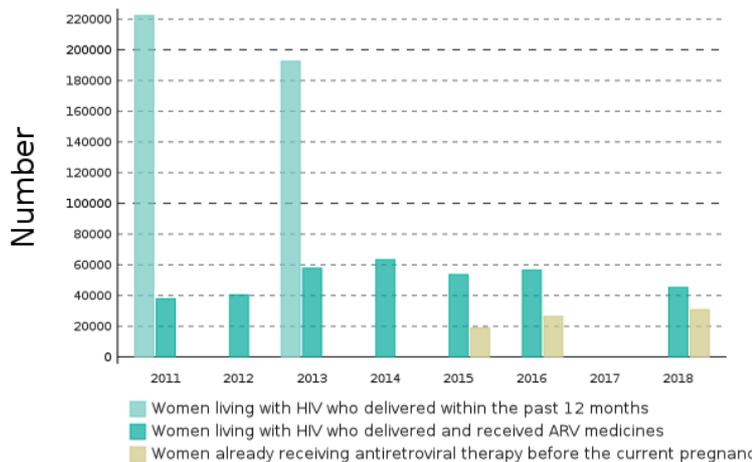
## 2.1 Early infant diagnosis, Nigeria (2011-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



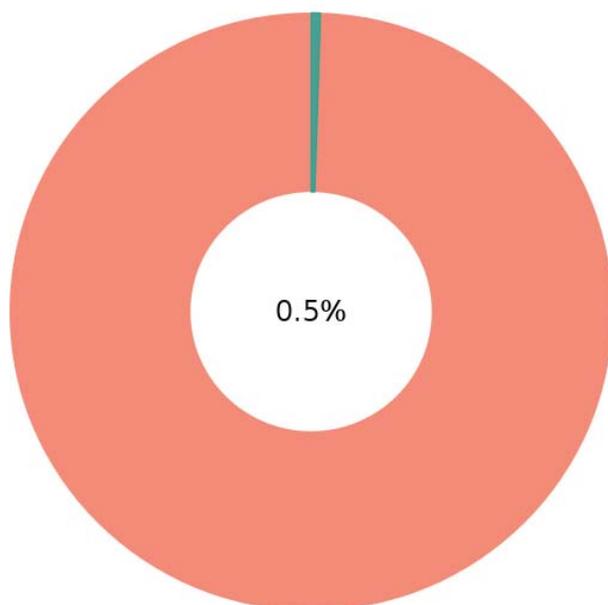
## 2.3 Preventing mother-to-child transmission of HIV, Nigeria (2011-2018)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



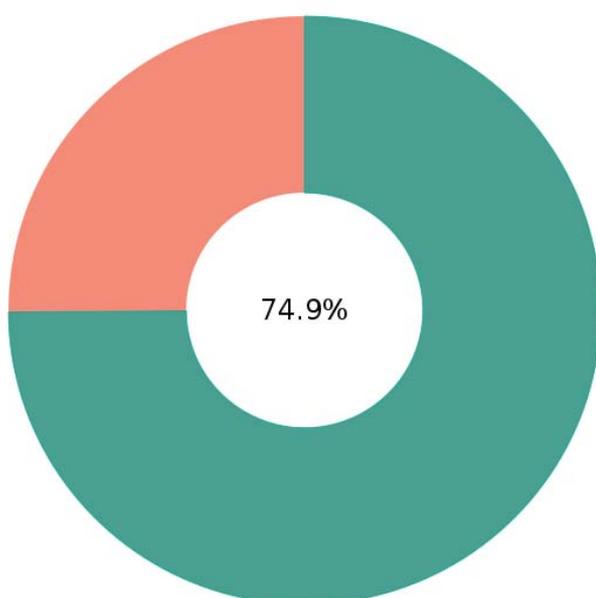
## 2.4 Syphilis among pregnant women, Nigeria (2018)

Percentage of pregnant women tested positive for syphilis



## 2.4 Syphilis among pregnant women, Nigeria (2018)

Percentage of pregnant women on treatment among those who tested positive



# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

The HIV prevention programmes in the rNSF 2019-2021 was developed using an investment approach that facilitates access of those disproportionately affected by HIV transmission to targeted and effective HIV prevention services. The minimum prevention package intervention (MPPI) is an effort to ensure that populations (key populations, general population and vulnerable populations) receive a combination of appropriate interventions at a dose and intensity that can lead to behaviour change. The Framework also acknowledges that implementation of harm reduction strategies for PWID, and promotion of access to pre-exposure prophylaxis (PrEP) for Male Sex workers and their clients, post-exposure prophylaxis (PEP), Treatment as Prevention (TasP) and effective treatment of sexually transmitted infections are critical elements of HIV prevention programmes.

## **Policy questions: Key populations (2018)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

Neither criminalized nor prosecuted

#### **Sex workers**

Other punitive and/or administrative regulation of sex work

#### **Men who have sex with men**

Yes, imprisonment (up to 14 years)

### **Is drug use or possession for personal use an offence in your country?**

-

### **Legal protections for key populations**

#### **Transgender people**

No

#### **Sex workers**

No

#### **Men who have sex with men**

-

#### **People who inject drugs**

No

## **Policy questions: PrEP (2018)**

### **Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

Yes, PrEP guidelines have been developed and are being implemented

# Gender; Stigma and discrimination

**Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

## **Progress summary**

Equitable access to HIV programs can be enhanced through the recognition of gender differences that may serve as barriers to access of programs and commodities or hamper effective programming across the continuum of HIV prevention, testing, treatment, and care and support. The rNSF recognizes the relative powerlessness and unequal socioeconomic status of women compared to men; the risk that gender-based violence poses to the ability of women to negotiate safer sex, prevent HIV or mitigate the impact of AIDS. The rNSF acknowledges that the lower rate of retention in care among males living with HIV is a pertinent gender related issue and responding to the impact on gender dynamics on the HIV response implies that barriers to access of HIV programs by males, females and trans-genders need to be recognized and addressed.

## **Policy questions (2018)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Programmes to address intimate partner violence\*

Programmes to address workplace violence

Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exists and are consistently implemented

# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Evidence derived from 2018 NAHS spectrum estimates, shows that Female incidence is significantly higher than male incidence, both in adolescents and young adults (15-29 years age). Female incidence is lower in adolescents and young adults whereas for men, incidence is higher among adolescents and young adults (7.0 per 10,000 persons vs 3.0 per 10,000 persons).

The 2016 National HIV Strategy for Adolescents and Young People indicated inadequate HIV knowledge among adolescents and young persons in Nigeria, with only 22% of adolescents, and 27% of young people having comprehensive HIV knowledge. This low level of knowledge is linked to social normative barriers that discourage adolescents and young people from seeking information from reliable sources. The rNSF targets demand creation efforts focused on in-school youth, out-of-school youth, adolescents and adults through different mechanisms. It also targets the use of Family Life and HIV Education which is a curriculum-based process of acquiring information about sexual development and reproductive health issues and life skills to enable young people to be better informed and empowered to adopt positive health and social behaviors. It also focusses on specific strategic behavioral change communication messages for Adolescents and young people by adolescents and young people, ensuring they contribute to the programming and managing online interactions which is fundamental to reaching target audiences effectively

## Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

**a) Primary school**

Yes

**b) Secondary school**

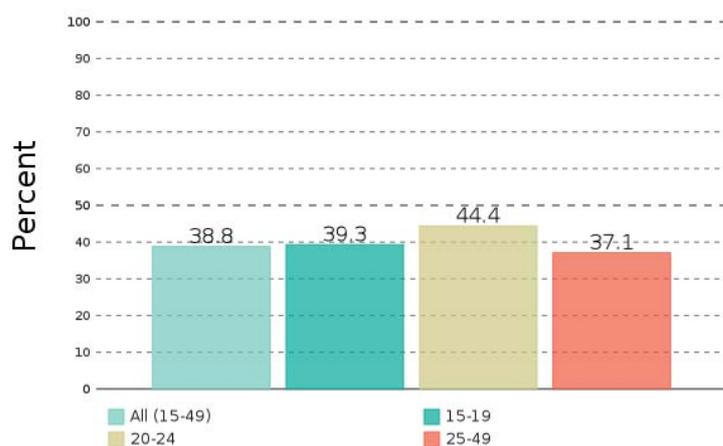
Yes

**c) Teacher training**

Yes

## 5.2 Demand for family planning satisfied by modern methods, Nigeria (2013)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



# Social protection

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Policy questions (2018)**

**Does the country have an approved social protection strategy, policy or framework?**

Yes, and it is being implemented

**a) Does it refer to HIV?**

Yes

**b) Does it recognize people living with HIV as key beneficiaries?**

Yes

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

Yes

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

**e) Does it recognize children affected by HIV as key beneficiaries?**

No

**f) Does it recognize families affected by HIV as key beneficiaries?**

No

**g) Does it address the issue of unpaid care work in the context of HIV?**

No

# Community-led service delivery

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Policy questions (2017)**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

Yes

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

-

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

-

**b) Female condoms:**

-

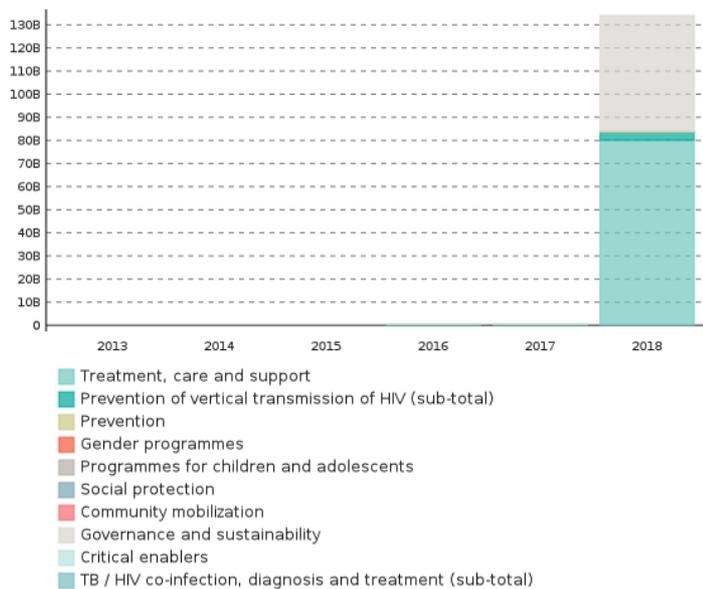
**c) Lubricants:**

-

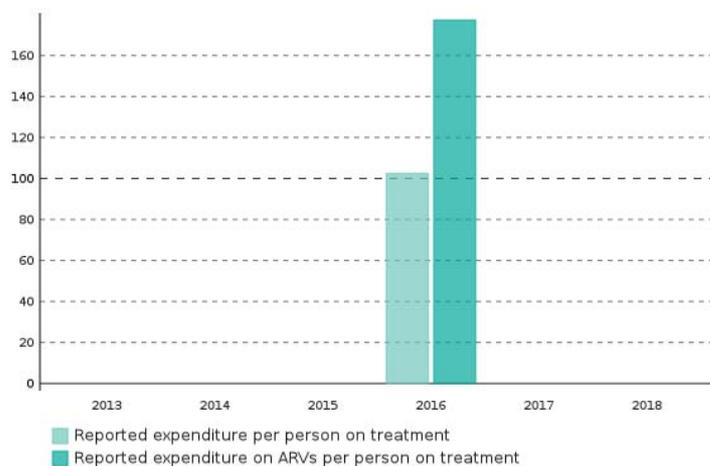
# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

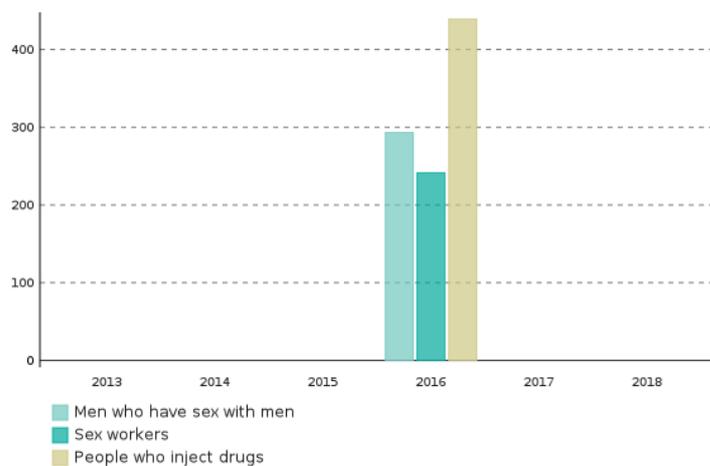
## **8.1 Domestic and international HIV expenditure by programme categories and financing sources, Nigeria (2013-2018)**



## Expenditure per person on treatment, Nigeria (2013-2018)



## Expenditure per person reached by key population services, Nigeria (2013-2018)



# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Policy questions (2018)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale at the sub-national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

Reports are made to the Human Rights Commission

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

-

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Policy questions (2018)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

Yes

**b) The national strategic plan governing the AIDS response**

Yes

**c) National HIV-treatment guidelines**

Yes

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

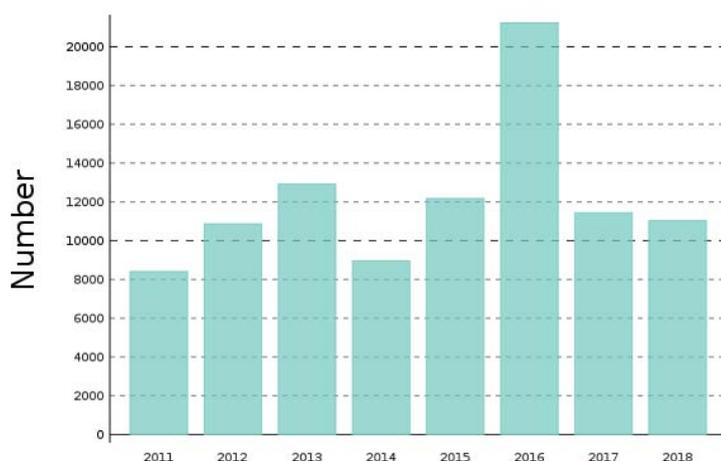
Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis C screening and management in antiretroviral therapy clinics

Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

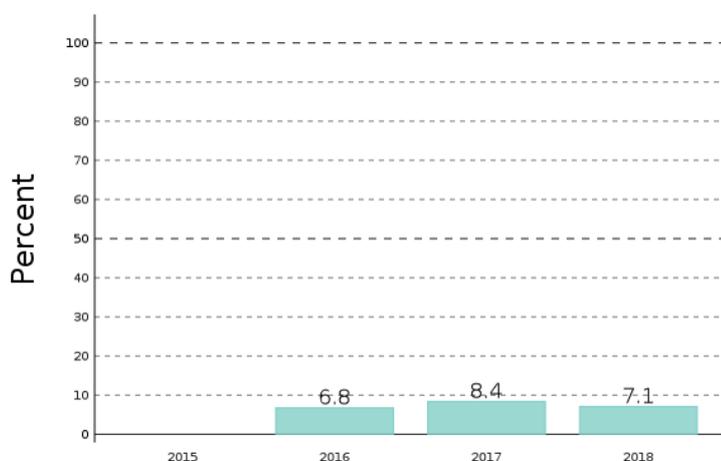
## 10.1 Co-managing TB and HIV treatment, Nigeria (2011-2018)

Percentage of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV



## 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Nigeria (2015-2018)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



### 10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Nigeria (2015-2018)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period

