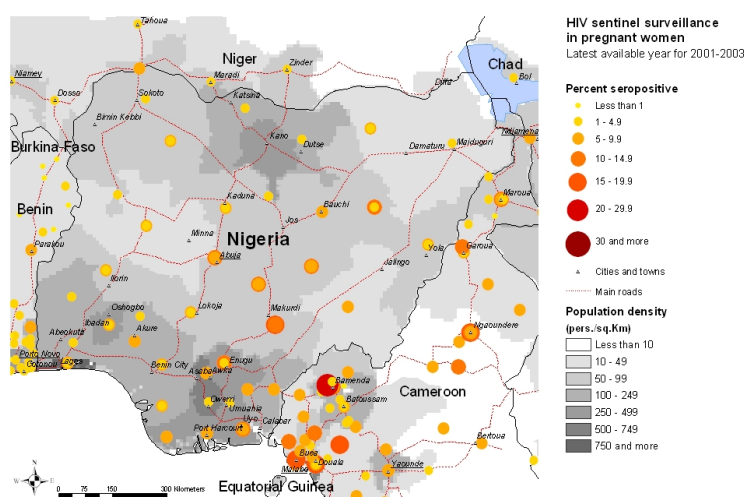


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 636 000  
 Antiretroviral therapy target declared by country: 100 000 by the end of 2005

636 000



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	127.1	United Nations
Population in urban areas (%)	2005	48.3	United Nations
Life expectancy at birth (years)	2003	45	WHO
Gross domestic product per capita (US\$)	2002	407	World Bank
Government budget spent on health care (%)	2002	2.9	WHO
Per capita expenditure on health (US\$)	2002	14	WHO
Human Development Index	2003	0.453	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

\*\*=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* Demographic And Health Surveys

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	3.6 - 8.0%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	2 400 000 - 5 400 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Sep 2005	31 694	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	636 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		NA	
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°	2003	18	DHS*
Knowledge of HIV prevention methods (15-24 years)% - male°	2003	21	DHS*
Reported condom use at last higher risk sex (15-24 years)% - female**	2003	24	DHS*
Reported condom use at last higher risk sex (15-24 years)% - male**	2003	46	DHS*

## 3. Situation analysis

### Epidemic level and trend and gender data

Nigeria has a severe and rapidly growing HIV/AIDS epidemic, characterized by an adult prevalence rate in the range of 3.6%-8.0%. The epidemic is generalized and driven primarily by heterosexual transmission. Since the first cases of AIDS were diagnosed in Nigeria in 1986, adult HIV prevalence increased from 1.8% in 1991 to 5.8% in 2001 and declined to 5.0% in 2003. Women are believed to be more severely affected than men.

### Major vulnerable and affected groups

Young people, especially women 20-24 years old, are increasingly vulnerable. Other affected groups include sex workers and people with tuberculosis. Low levels of condom use, especially among mobile populations, a high prevalence of untreated sexually transmitted infections, poverty, stigma and discrimination, low rates of literacy, poor health status, low status of women, prevalence of polygamy and low perceptions of risk among vulnerable groups have contributed to the rapid spread of the epidemic.

### Policy on HIV testing and treatment

The government is committed to establishing a wide network of voluntary and confidential counselling and testing services to provide access to affordable and accessible high-quality testing and counselling. All screening facilities must apply the prescribed national protocol for HIV testing provided by the Federal Ministry of Health and be certified by the government according to Federal Ministry of Health protocols. The government is committed to offering testing and counselling services at all antenatal clinics. National guidelines and training materials for voluntary counselling and testing have been developed and are being revised in accordance with international standards. In 2001, the government announced a programme to provide antiretroviral therapy at subsidized rates to 10 000 adults and 5000 children living with HIV/AIDS, within the context of the National HIV/AIDS Emergency Action Plan and the National Health Sector Plan for HIV/AIDS. Under the National Health Sector Plan for HIV/AIDS, the government will commit to ensuring that everyone has access to quality health care and adequate treatment or management of their conditions, including the provision of antiretroviral therapy. Antiretroviral therapy must be medically supervised and governed by established effective guidelines that are regularly updated with findings from research. Lists of cost-effective drugs will be developed and incorporated into Nigeria's Essential Drugs List. Antiretroviral drugs must be sold under strict medical supervision.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

The first-line drug regimen for adults and adolescents in Nigeria is lamivudine + stavudine + nevirapine. For children, the first-line drug regimen is lamivudine + stavudine + nevirapine or efavirenz. Under the government programme, the cost of the first-line drug regimen is US\$ 368 per person per year, 15% of which is the cost of logistics management. In the private sector, the cost of the first-line regimen is estimated to be US\$ 3000 per person per year. In 2004, Nigeria unveiled plans for local manufacturing of affordable generic antiretroviral drugs.

### Assessment of overall health sector response and capacity

In early 2000, the President established the National Action Committee on AIDS, which emphasizes a multisectoral approach to AIDS. Membership includes representatives from Ministries, the private sector, nongovernmental organizations and networks of people living with HIV/AIDS. State and local action committees on AIDS have also been established to spearhead the local multisectoral response to HIV/AIDS. The overall national response to HIV/AIDS is decentralized and multisectoral and has focused on increasing awareness about the epidemic, promoting behaviour change, providing care and support for people living with HIV/AIDS and establishing an effective surveillance system. Until recently, the health sector response to HIV/AIDS was integrated in the multisectoral response to HIV/AIDS, implemented within the framework of the HIV Emergency Action Plan 2000-2004. The government recently finalized the Health Sector Strategic Plan on HIV/AIDS 2006-2010. In addition, a new HIV Emergency Action Plan is also being developed to guide the multisectoral response. The government programme to provide antiretroviral therapy began in 2002 with the purchase of drugs and test kits for 10 000 people. The National Antiretroviral Scale-up Plan was launched in December 2004. Health facilities are being prepared to provide antiretroviral therapy services. The Health Sector Strategic Plan on HIV/AIDS 2006-2010 has been endorsed. The Nigeria National Response Information Management System is being rolled out in many states. Nigeria has a vast network of health facilities in the public sector at the federal, state and local levels. The private sector also plays an important role in health service delivery in Nigeria, comprising both private clinics and hospitals as well as those managed by faith-based organizations. Services are available for condom distribution, preventing mother-to-child transmission and voluntary counselling and testing as well as for treatment, care and support for people living with HIV/AIDS, although coverage is limited. The primary health care system is being strengthened to support the delivery of quality services, including prevention and treatment for members of the community.

#### Critical issues and major challenges

The national HIV/AIDS response in Nigeria has been constrained by a lack of capacity, essentially at the state level. Efforts need to be made to urgently train a critical mass of health workers. Challenges to scaling up treatment include the high cost, weak processes for procurement and supply chain management, the low availability of and delays in the delivery of antiretroviral drugs and limited access to entry-point services. High user charges for laboratory tests constitute another barrier to treatment access. Prevention efforts need to be strengthened as well as testing and counselling services. There is inadequate information regarding activities being implemented by the private sector. Blood safety, universal precautions and injection safety need to be improved, especially in the private and unregulated sector. The level of community involvement remains low. Coordination needs to be strengthened among the many stakeholders involved in supporting and delivering HIV/AIDS services. Monitoring and evaluation capacity at the federal and state levels needs to be strengthened, focusing on patient tracking, programme implementation and quality control.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 315.4 million and US\$ 318.6 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 260 000 people by the end of 2005.
- Financial resources committed by the federal and state governments for HIV/AIDS interventions are increasing. In addition, funding is available from external sources including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and the World Bank.
- In April 2001, the government announced its decision to invest about US\$ 3.7 million annually for procuring antiretroviral drugs. The total government contribution to the national response is estimated to be around US\$ 10.7 million for 2005.
- Nigeria submitted a successful Round 1 proposal to the Global Fund, with total funding of US\$ 70.7 million. As of December 2005, US\$ 17.9 million has been disbursed. Global Fund financing will allow expansion of access to antiretroviral therapy and will reduce some of the financial barriers to accessing treatment: for example, by offering laboratory testing free of charge. Nigeria also submitted a successful proposal to Round 5 of the Global Fund for a total of US\$ 180.6 million to support scale-up of comprehensive HIV/AIDS treatment, care and support.
- Nigeria is a beneficiary of the United States President's Emergency Plan for AIDS Relief. Under the Emergency Plan, Nigeria received more than US\$ 70.9 million in 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme. In 2005, the United States is committing an additional US\$ 113.4 million to support Nigeria's fight against HIV/AIDS. Support is also available from other bilateral partners, including the Canadian International Development Agency and the United Kingdom Department for International Development.
- Nigeria is a beneficiary of the World Bank Multi-Country HIV/AIDS Program for Africa, with approved funding of US\$ 90.3 million for 2002-2007. Nigeria is also part of the World Bank Multi-Country HIV/AIDS Program for Africa regional project Abidjan-Lagos, covering Benin, Côte d'Ivoire, Ghana, Nigeria and Togo, which was approved for US\$ 16.6 million in 2003. United Nations agencies also provide support.

## 5. Treatment and prevention coverage

- In 2003, WHO estimated Nigeria's total treatment need to be 520 000 people, and the WHO "3 by 5" treatment target was calculated to be 260 000 by the end of 2005 (based on 50% of estimated need).
- The government declared a national treatment target and intends to reach 100 000 people by the end of 2005, scaling up to 250 000 by the end of 2006. The National Antiretroviral Scale-up Plan aims to scale up access to antiretroviral therapy to 1 million people in need of treatment by 2009.
- Treatment was first started in 2002 in 25 tertiary institutions. As of June 2005, 71 sites were delivering antiretroviral therapy services in Nigeria. As of September 2004, 13 579 people were reported to be receiving antiretroviral therapy in Nigeria through the public sector. By September 2005, this figure increased to 31 694. In addition, at least 5000 people are estimated to be receiving antiretroviral therapy through the private sector in 2005.
- Services for preventing mother-to-child transmission started in 2001 with six model centres jointly managed by the Federal Ministry of Health and UNICEF. By June 2005, there were 33 centres. Coverage remains limited in relation to the need.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

Nigeria has strong political commitment to address HIV/AIDS. The National Action Committee on AIDS is responsible for the overall multisectoral coordination of the response to the HIV/AIDS epidemic in Nigeria. The Federal Ministry of Health provides leadership to the health sector response. Partners providing support for developing the National Health Sector Plan for HIV/AIDS include WHO, UNAIDS, UNDP, UNICEF, UNFPA, the United States Agency for International Development, the United States Centers for Disease Control and Prevention, the United States President's Emergency Plan for AIDS Relief, the Society for Family Health, Pathfinder International, the United Kingdom Department for International Development, the Network of People Living with HIV/AIDS in Nigeria, the World Bank, the Civil Society Consultative Group on AIDS in Nigeria and Médecins Sans Frontières.

#### Service delivery

The National AIDS and STI Control Programme in the Ministry of Health coordinates the health sector response. The Federal Ministry of Health provides national leadership in implementing antiretroviral therapy programmes, including developing treatment policies and guidelines, allocating resources and providing technical support to states and implementers. The Centre for Specialist Studies provides antiretroviral drugs free of charge and dispenses them monthly to people at two centres, including treatment for children. The Christian Health Association of Nigeria, which has a network of more than 4000 health facilities of different levels of care across the country, is also involved in providing antiretroviral therapy. The AIDS Prevention Initiative in Nigeria, a project of the Harvard School of Public Health with funding from the Bill & Melinda Gates Foundation, supports preventing mother-to-child transmission, diagnosing HIV/AIDS and monitoring clients on antiretroviral therapy at three sites. WHO provides technical assistance in developing treatment policies, guidelines and strategies. UNICEF's technical role in scaling up antiretroviral therapy includes support for procurement and assisting in obtaining quality antiretroviral drugs at the best prices. UNICEF is also supporting the government in establishing services for preventing mother-to-child transmission. The United States Agency for International Development supports national responses in social marketing, behaviour change and preventing mother-to-child transmission. The Global AIDS Program of the United States Centers for Disease Control and Prevention provides support for capacity development. The United Kingdom Department for International Development is implementing a national behaviour change and social marketing programme over seven years. The United Nations Office on Drugs and Crime supports activities related to injecting drug use and HIV/AIDS control. UNFPA is providing support for voluntary counselling and testing services. The Nigerian Institute of Medical Research conducts training in collaboration with the Harvard School of Public Health.

#### Community mobilization

A wide range of nongovernmental organizations and networks of people living with HIV/AIDS are involved in community-related work. UNDP has collaborated with the United Kingdom Department for International Development to promote the formation of support groups through the Ambassadors of Hope. UNDP focuses on human rights issues and on generating income through microcredits to empower people living with HIV/AIDS. The United Nations Office on Drugs and Crime operates the Partnership against Drug Abuse and HIV/AIDS, both at the national level and in West Africa as a whole. Other partners supporting community mobilization activities include the Civil Society Network on HIV/AIDS in Nigeria, Planned Parenthood of Nigeria, Network of People Living with HIV/AIDS in Nigeria, Gede Foundation and AIDS Prevention Initiative in Nigeria.

#### Strategic information

The Federal Ministry of Health is responsible for overall monitoring and evaluation of programmes and for operational research. The United States Centers for Disease Control and Prevention provides support for implementing HIV/AIDS sentinel surveillance, along with WHO, Family Health International and the Enabling HIV/AIDS, Tuberculosis and Social Sector Environment (ENHANSE) project. The Centre for Right to Health provides voluntary counselling and testing services and is establishing networks for monitoring and data collection through the state AIDS programme coordinators.

## 7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Conducting a scoping mission in January 2004 to assess the status of antiretroviral therapy implementation and to identify opportunities and challenges for scaling up and areas for WHO support
- Providing technical assistance for developing and finalizing the National Antiretroviral Therapy Scale-up Plan
- Providing technical assistance for developing and finalizing the Health Sector Strategic Plan on HIV/AIDS 2006-2010
- Providing assistance for harmonizing state-level surveillance analysis reports into one national surveillance analysis report
- Providing support for developing the procurement and supply management system
- Providing support for bringing partners to a consensus on the Health Sector Strategic Plan on HIV/AIDS 2006-2010
- Supporting national consensus on issues related to tuberculosis and HIV
- Supporting the Federal Ministry of Health in reprogramming the Global Fund Round 1 grant in order to redirect some funds to monitoring and evaluation of antiretroviral therapy within the National AIDS and STI Control Programme and addressing issues related to implementation of the grant
- Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Supporting the review of service delivery guidelines
- Supporting the development of a streamlined monitoring system for the antiretroviral therapy programme
- Providing support for developing human resource capacity through training within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy
- Providing support for HIV/AIDS Service Availability Mapping (SAM)
- Providing technical support for scaling-up voluntary counselling and testing and community- and home-based care services

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include an international HIV/AIDS Country Officer and a National Programme Officer for HIV/AIDS. Additional staffing needs identified include National Programme Officers to be recruited at the state level.