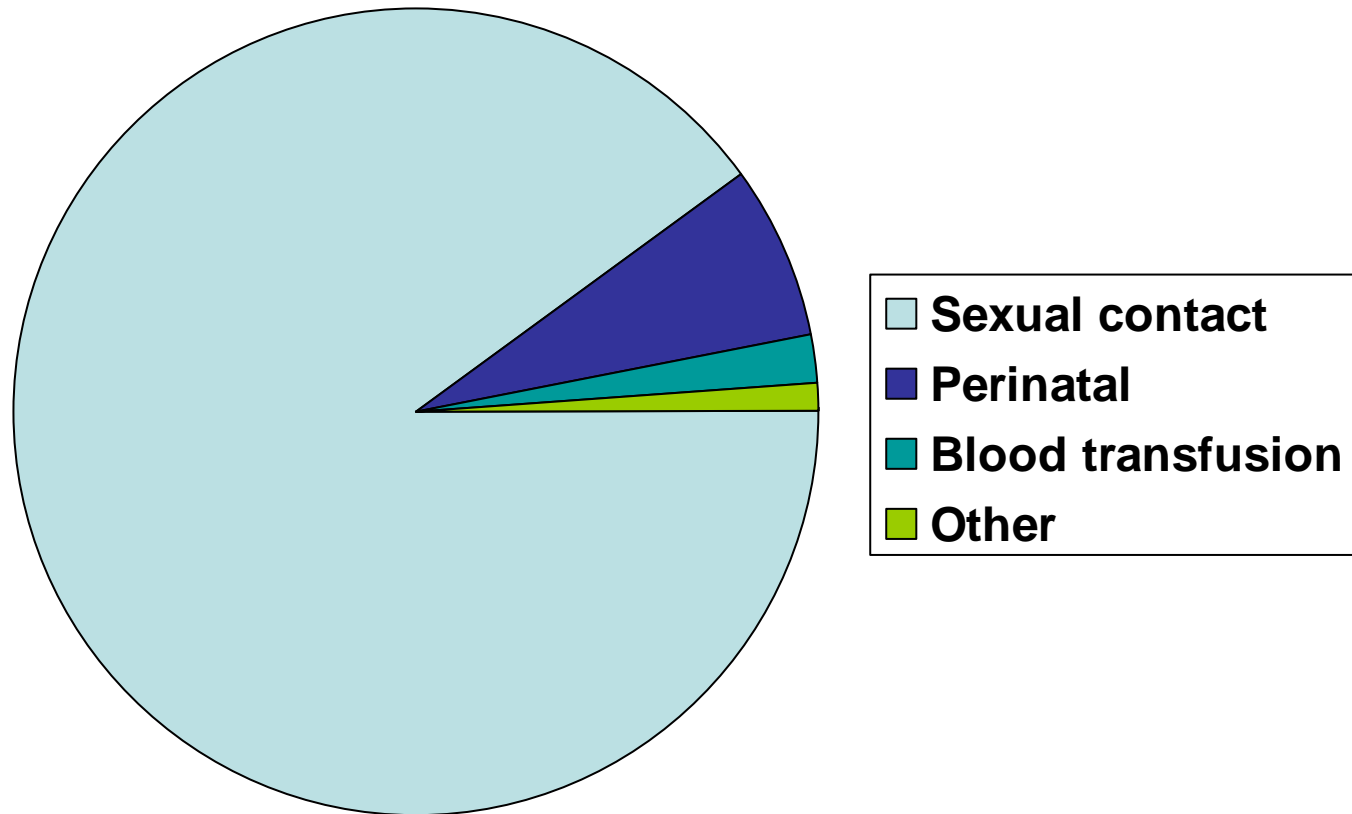


HIV/AIDS IN NIGERIA TODAY.

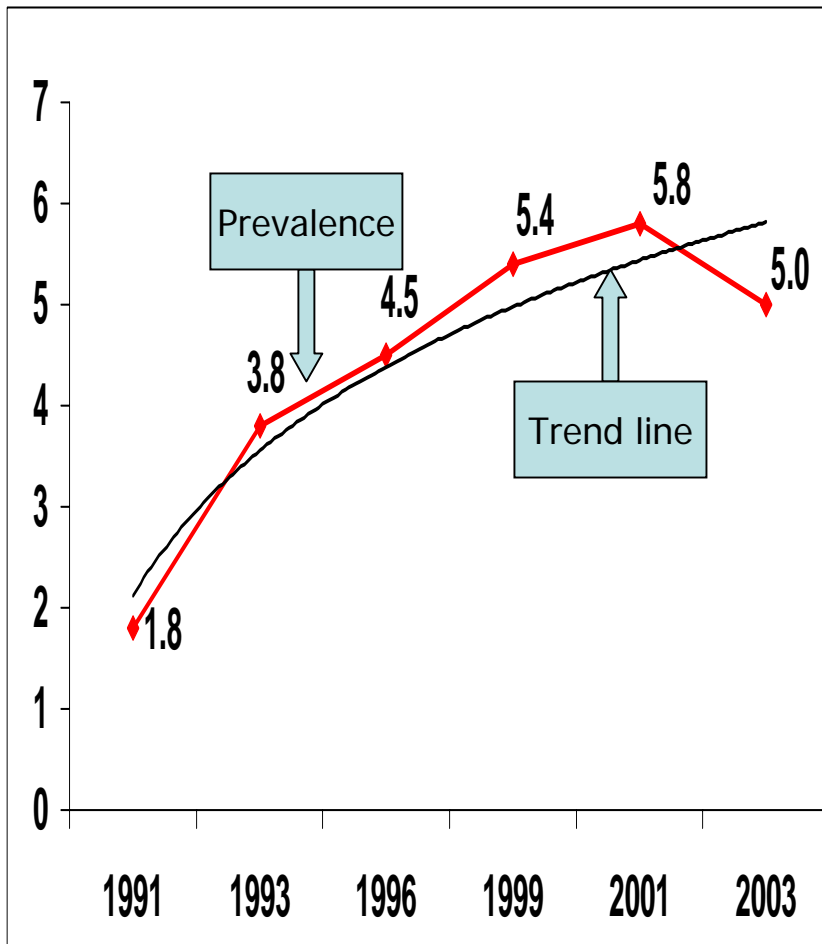
Babatunde Osotimehin
National Action Committee on
AIDS, Abuja, NIGERIA.

BACKGROUND.

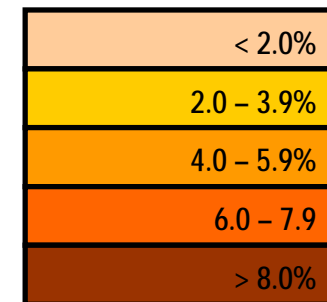
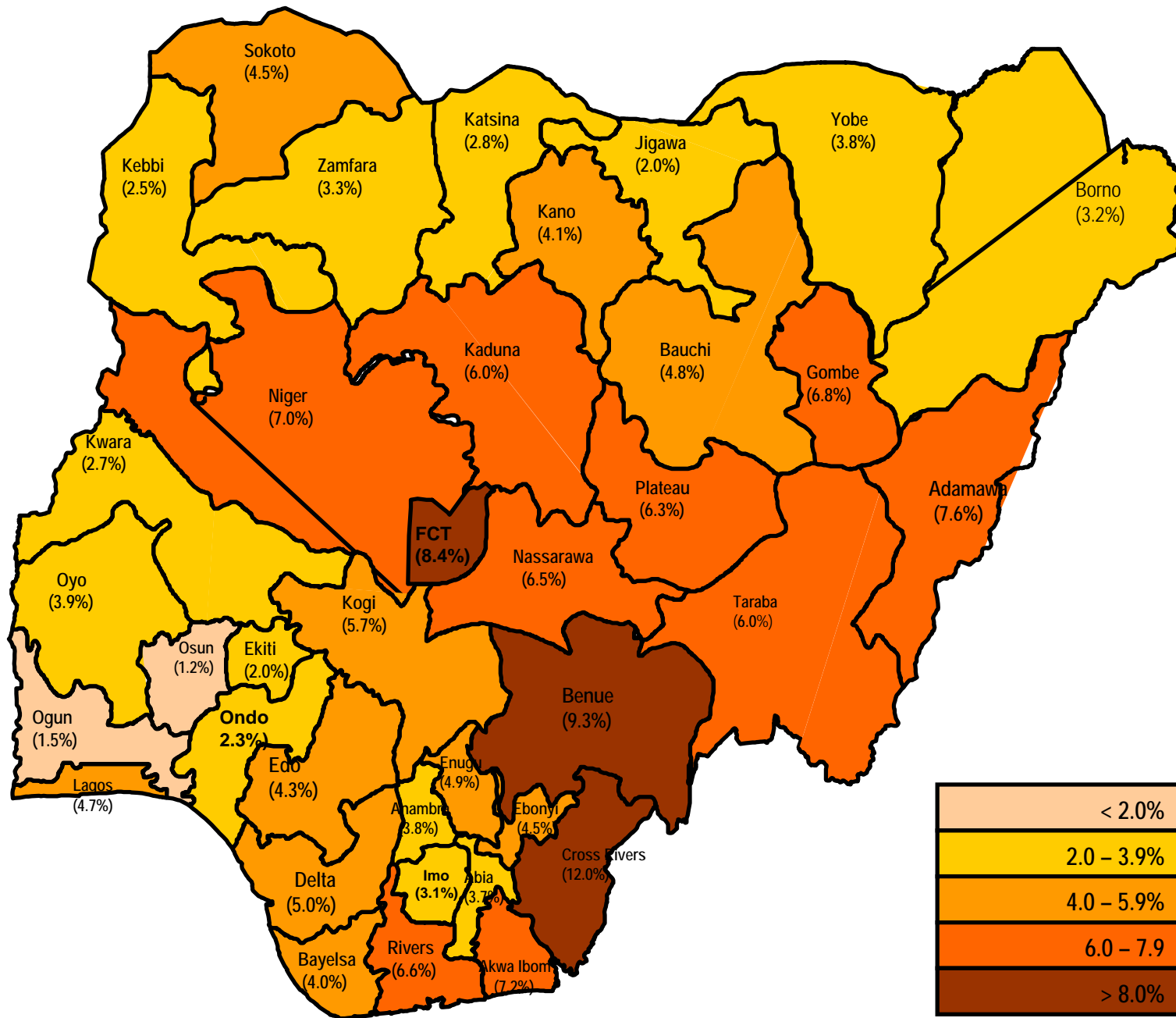
HIV Transmission Modes in Nigeria



Nigerian HIV Prevalence Trend

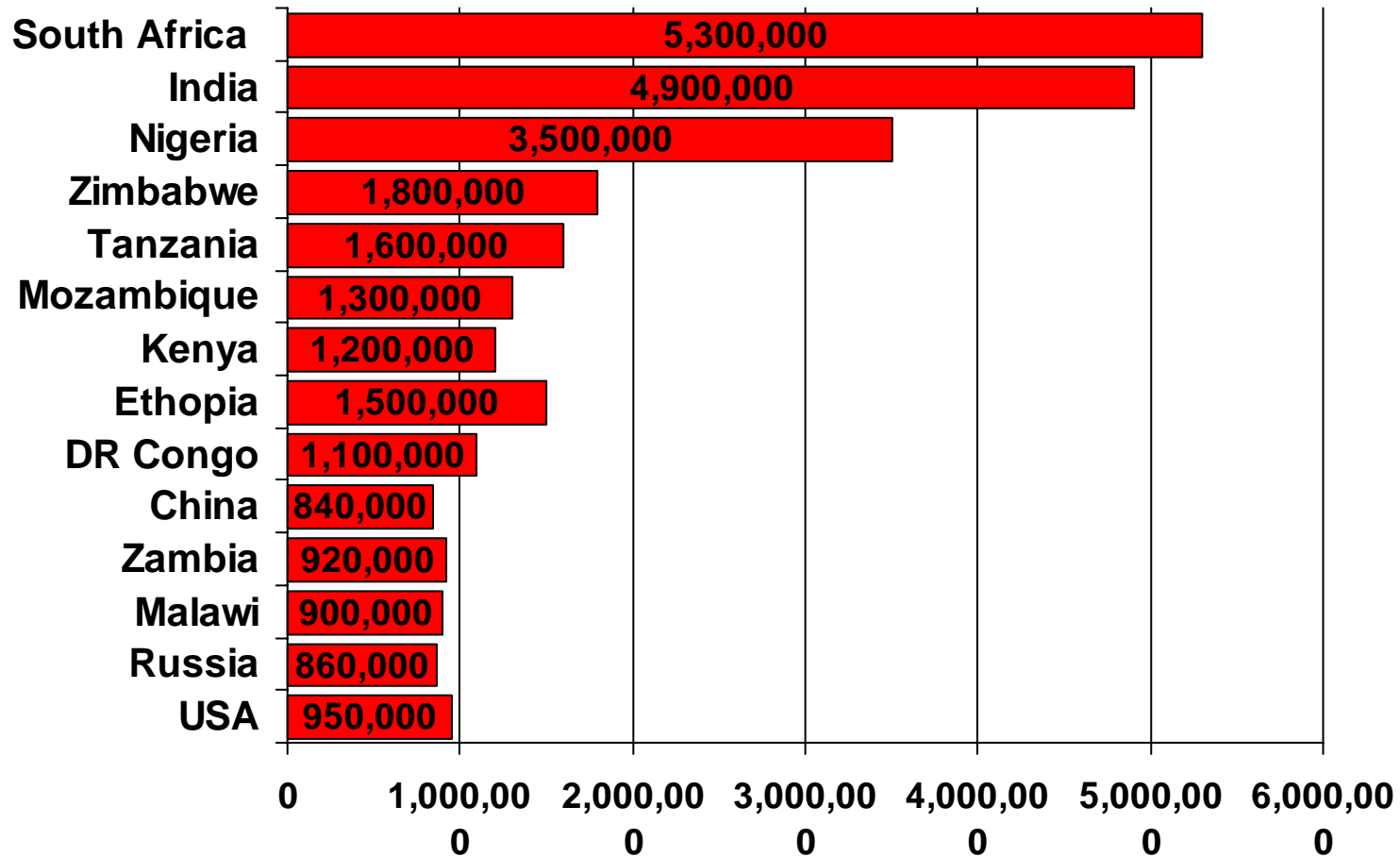


- Prevalence rose consistently till 2003 when it slightly decreased
- No real sign of fall in prevalence as shown by trendline



Source: FMOH 2004 Report on the HIV Sentinel Survey

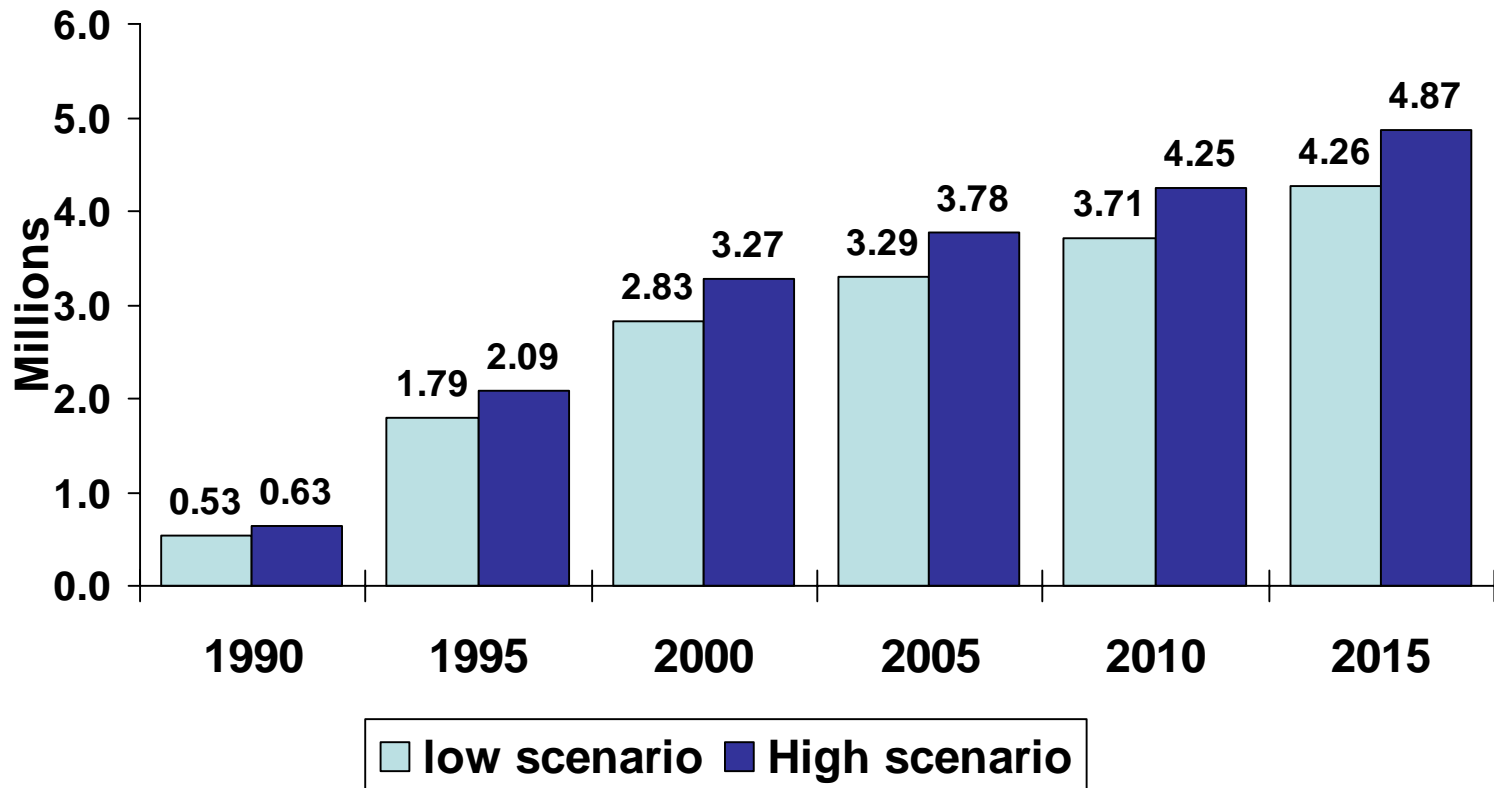
Countries Burden Of HIV



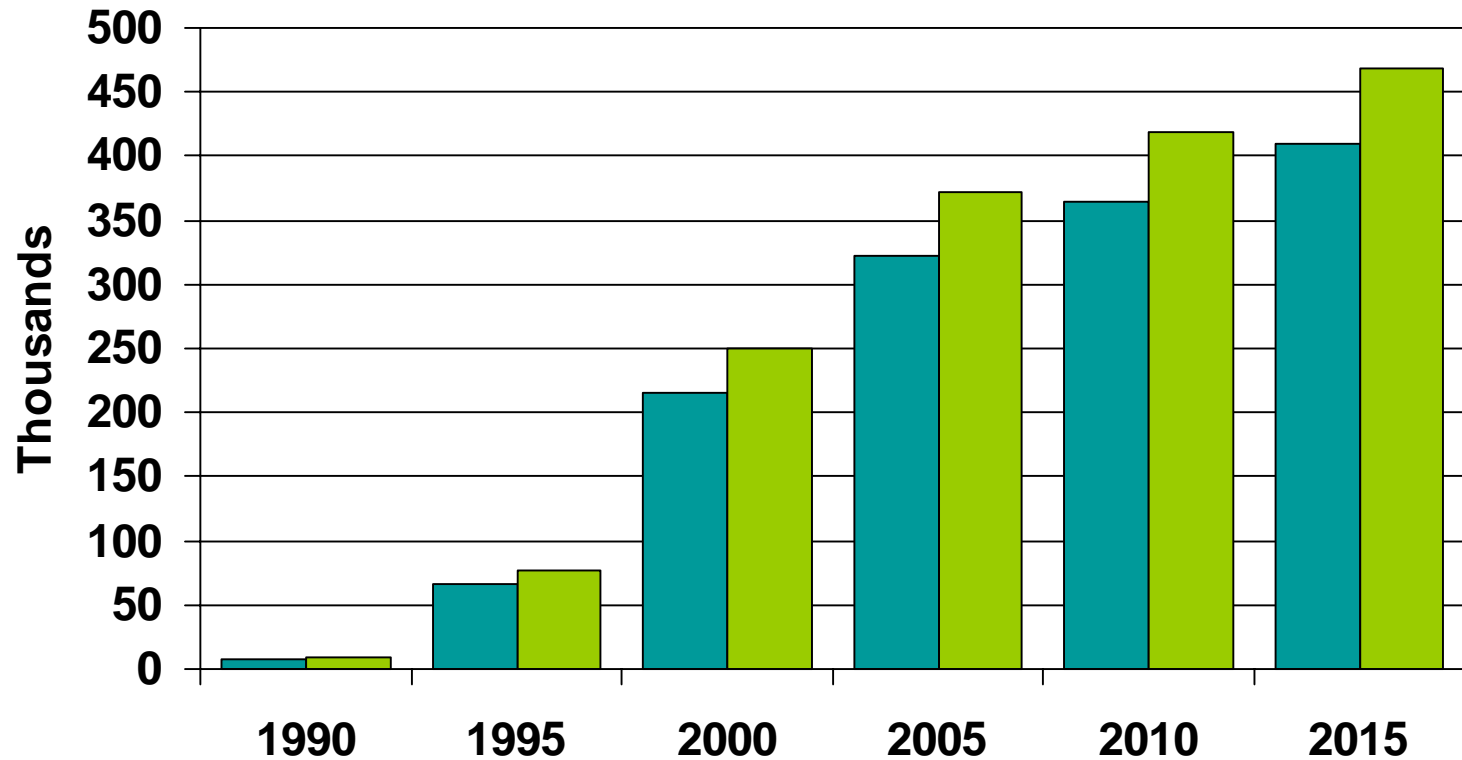
Data from Vulnerable Groups.

- Transactional Sex Workers vary between 35% and 66% (2004).
- Long distance truck drivers - 20% to 25% (2003).
- Patients with other sexually transmitted infections – 11.5% - 13%.
- Pulmonary TB cases – average of 17%.
- Injection drug users – 8.9%

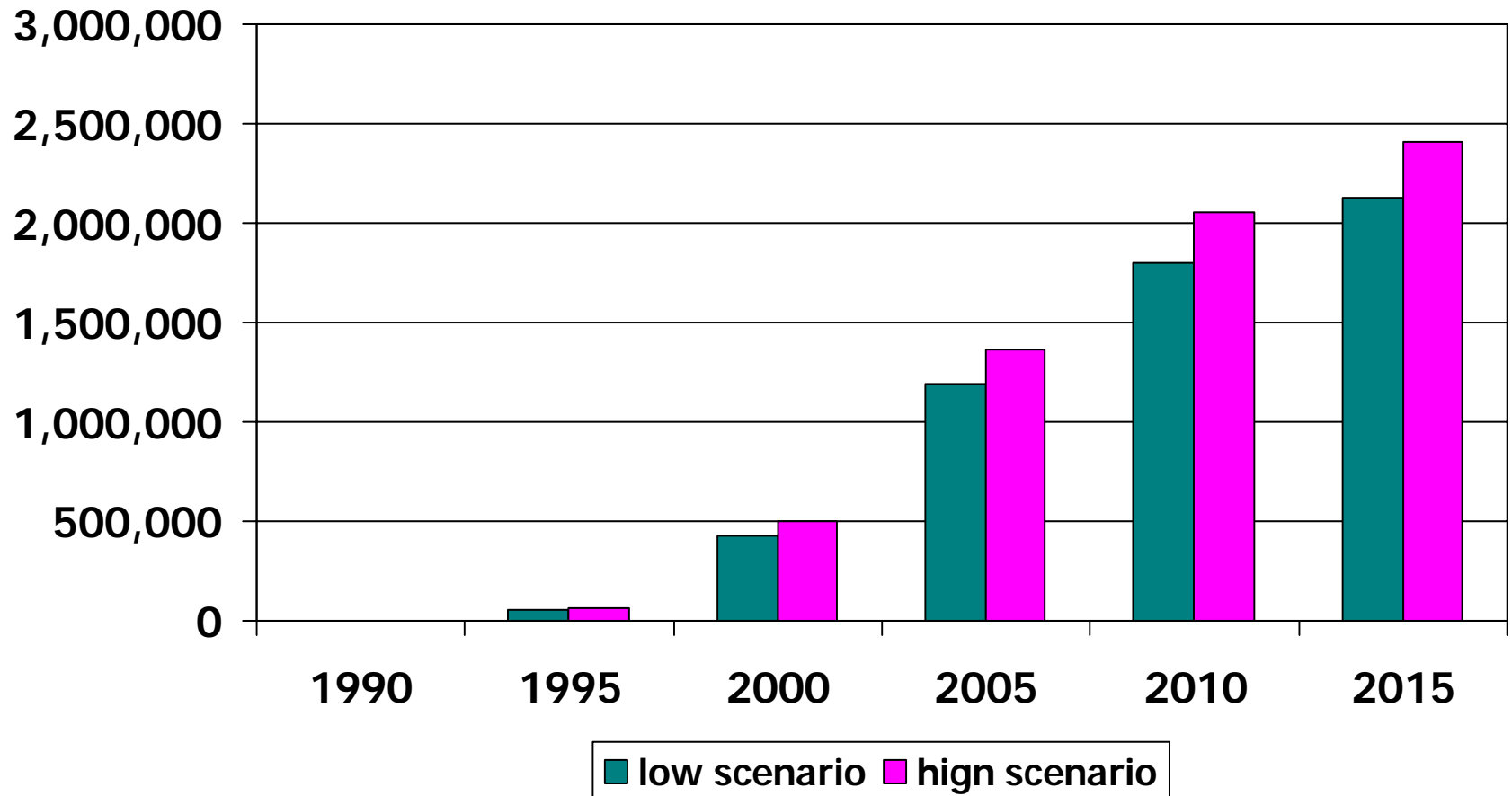
Projected Number Of People Infected With HIV



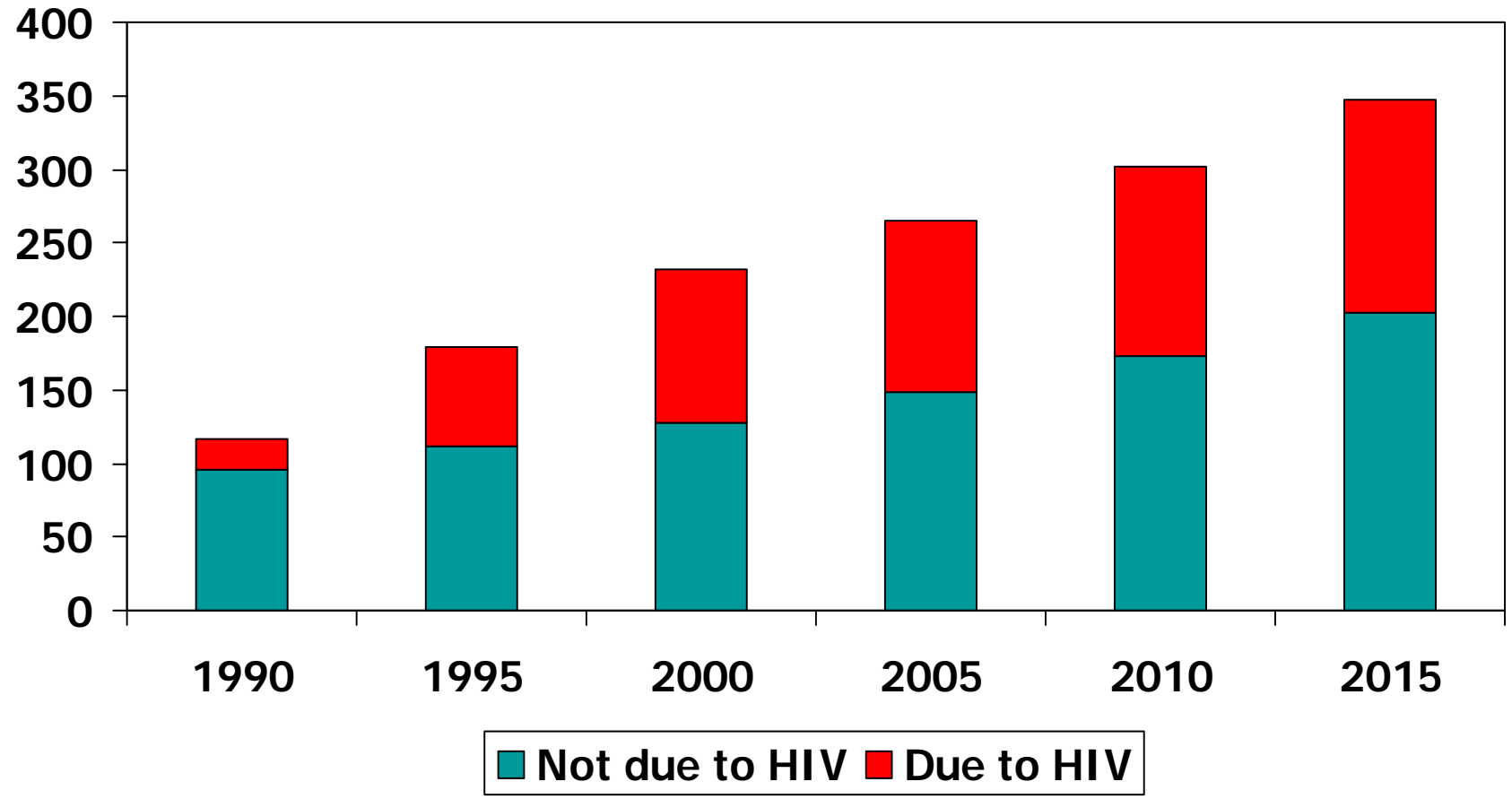
New AIDS Cases By Year



Children Orphaned By AIDS



The HIV Epidemic Is Worsening The TB Situation



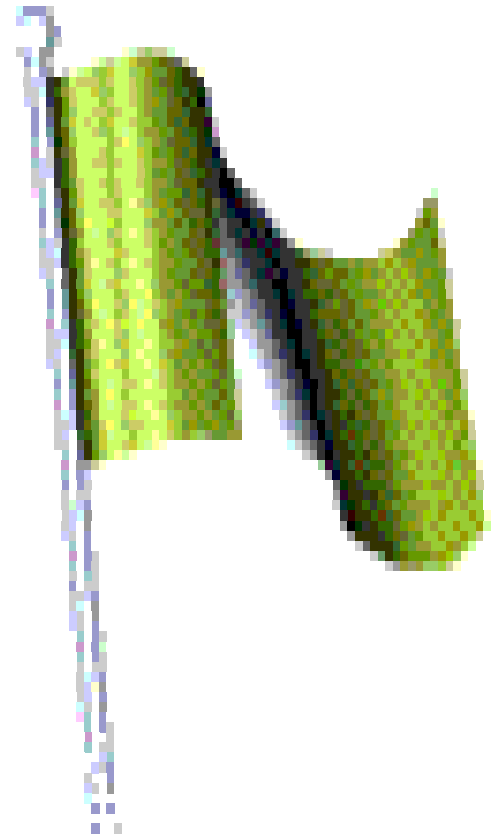
THE RESPONSE.

National Response



We are not powerless in
the face of this
epidemic...

...President Olusegun Obasanjo



What Has Been Done

- **One national strategic framework**
 - **Initially HEAP now ‘NSF’**
- **One national coordinating body**
 - **NACA**
- **One national monitoring - evaluation framework**
 - **NNRIMS**
- **A guiding national HIV/AIDS policy**

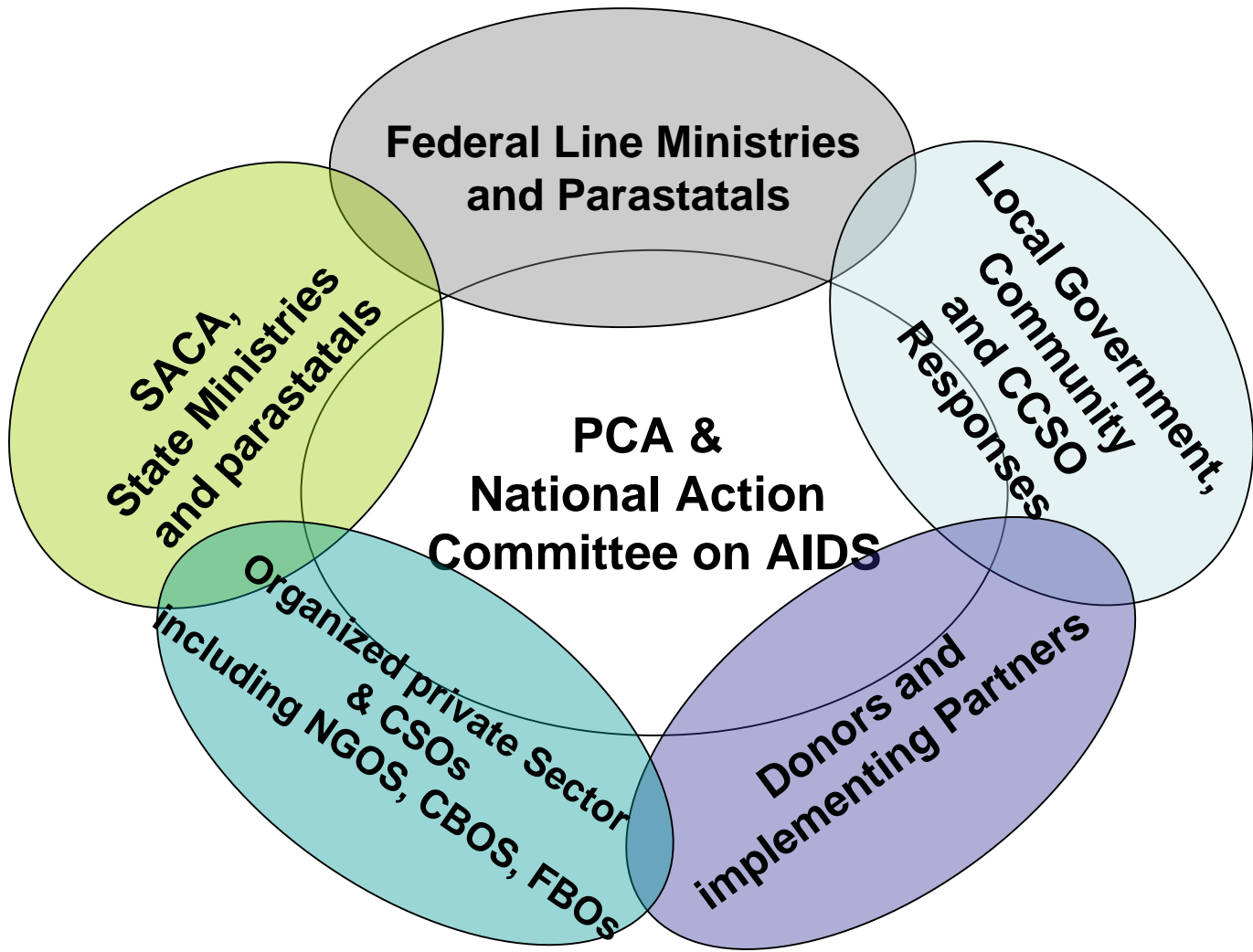
Main Goal Of Policy

The overall goal of the HIV/AIDS POLICY is to **control the spread** of HIV in Nigeria, to **provide equitable care and support** for those infected by HIV and to **mitigate its impact** to the point where it is no longer of public health, social and economic concern, such that all Nigerians will be able to achieve socially and economically productive lives free of the disease and its effects.

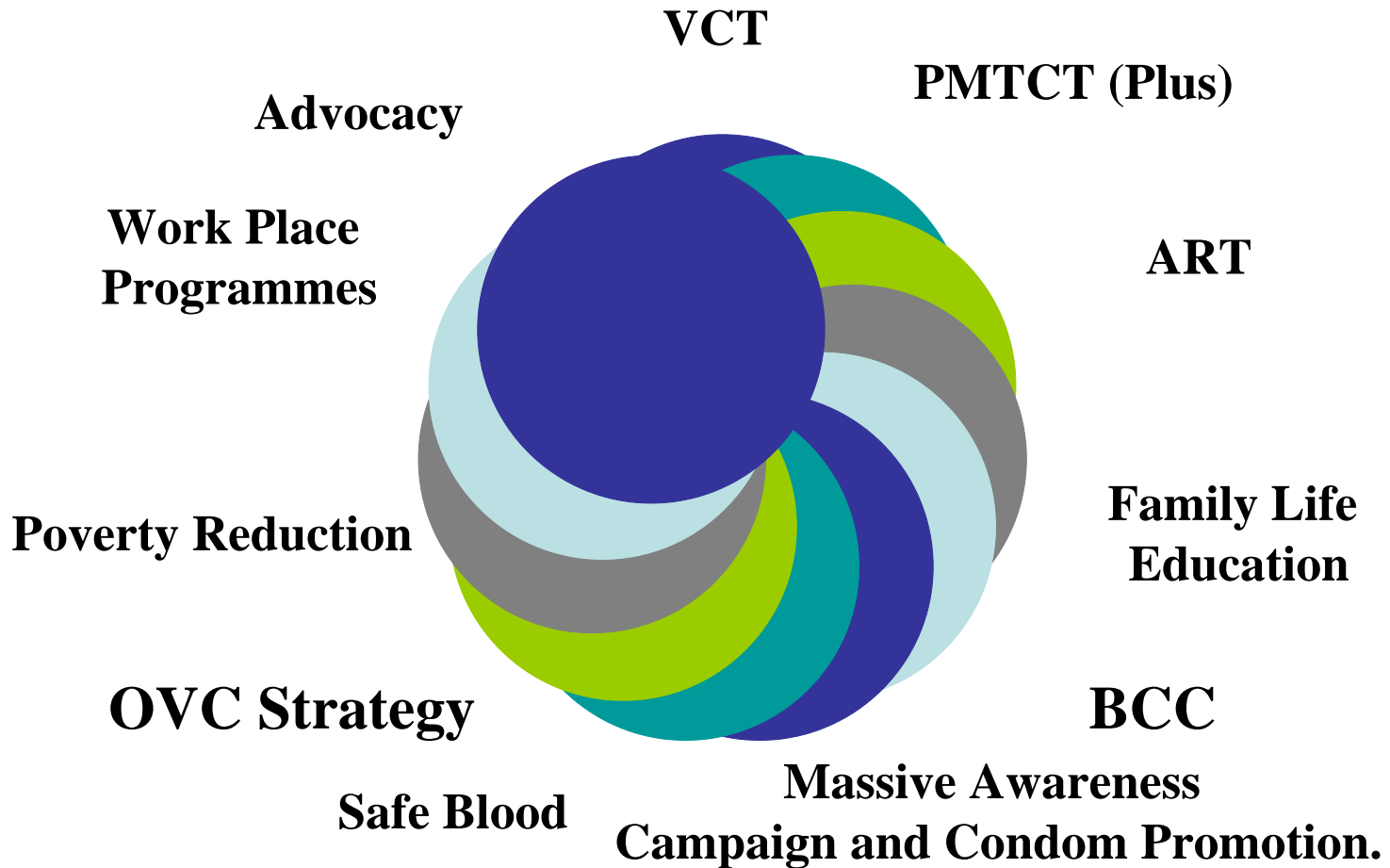
Other Policies and Guidelines.

- The Health Sector Plan.
- Work Place Policy.
- National Policy on Orphans and Vulnerable Children.
- Behaviour Change and Communications Strategy.
- Sectoral guidelines for the participating sectors in the multisectoral platform.

A Large Multisectoral Response



Comprehensive Programming



The Solution

- The solution lies, not in just doing something, but doing everything
- The solution lies in comprehensive programming for prevention and care services
- The solution lies in everybody, everywhere, doing something – we all have a role to play



Resources and Resource Mobilisation.

- The Government of the Federal Republic of Nigeria \$3000 in 1998 to about \$30 million annually now.
- The World Bank Credit provides \$90.3 million for 5 years.
- PEPFAR provides resources in a performance based fashion – for 2005 \$ 58 million of support.
- Global Fund about \$ 8 million annually.
- DFID provides institutional support and direct support to NGOs about \$ 5 million annually.
- The United Nations System provides a lot of technical assistance and some direct funding.

PREVENTION.

Prevention Strategies.

- General Public Education – sensitisation, awareness creation etc.
- The National Family Life and HIV/AIDS Education Programme.
- Creation of a viable Youth Network on HIV/AIDS.
- An active condom promotion and social marketing programme.
- Reintroduction of the female condom.

TREATMENT.

The ARV Treatment Programme.

- In 2001 Nigeria made a political commitment to provide treatment to 10,000 adults and 5,000 children as a pilot to determine the feasibility of the enterprise in the Nigerian environment.
- Today we are treating an estimated 50,000 patients.

Access To ART Is Still Low

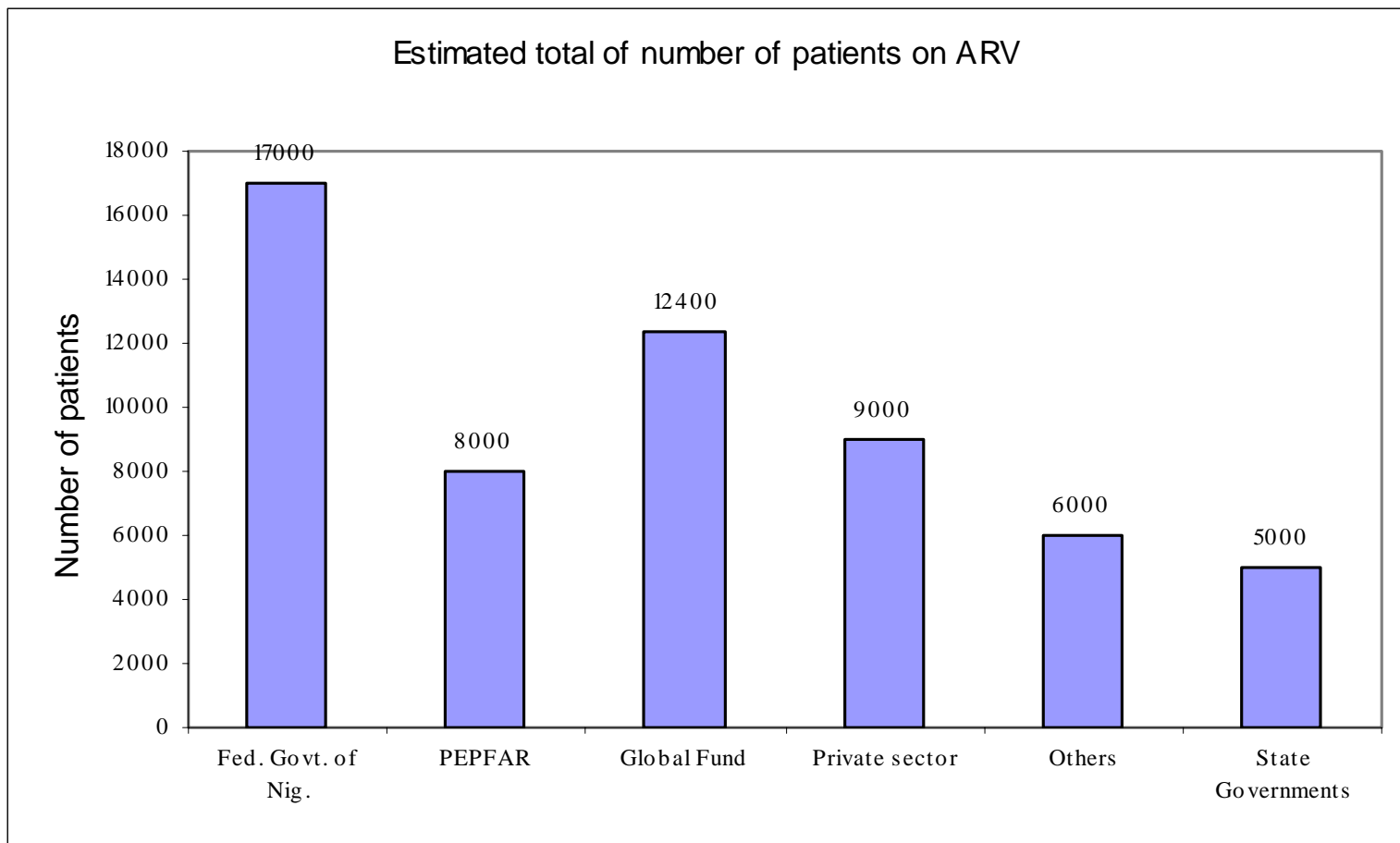


- FGN ART program provides ART for 17000 people
- Total number on ART 50,000
- Number of persons who require ART is about 600000 and is rising daily
- Number is beyond capability of any single institution

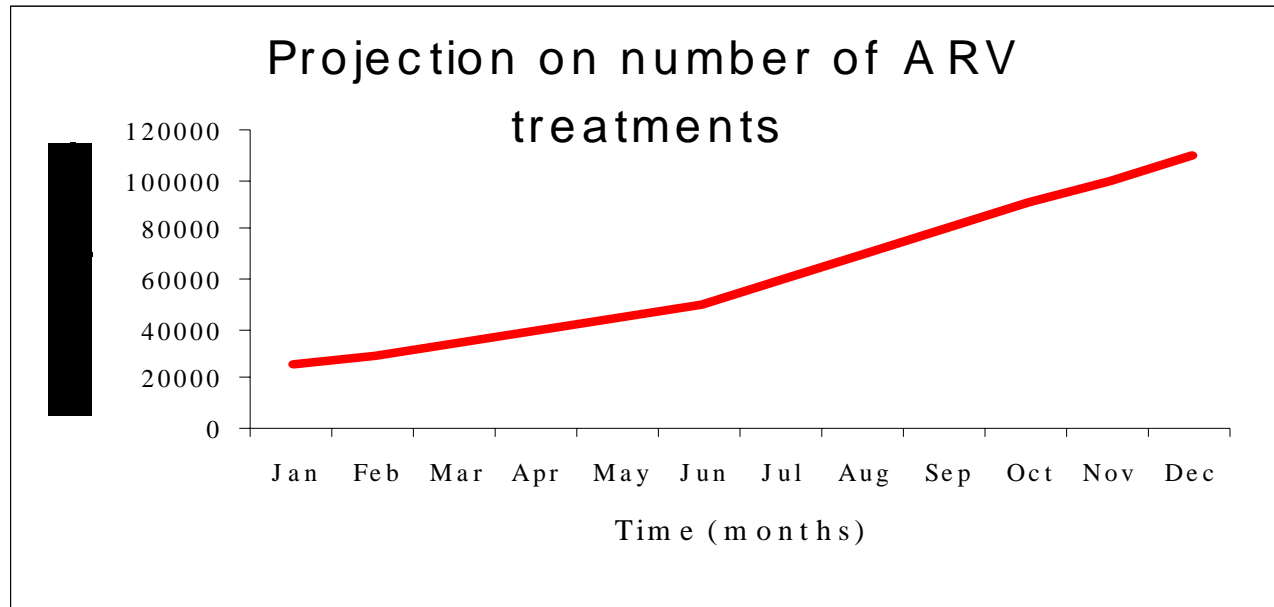
ANTIRETROVIRAL THERAPY UPDATE

- About 4 million Nigerians are living with HIV.
- About 520,000 requires ART.
- Less than 5% are currently on treatment.
- GON and Partners are committed to treat 50,000 patients in 2005.
- High possibility of treating 100,000 patients by the end of 2005
- Majority of those on treatment were older female.

ESTIMATED TOTAL NUMBER OF PATIENT ON TREATMENT



PROJECTION ON NUMBER OF ARV TREATMENT



**SOME FEEDBACK FROM THE
TREATMENT SITES.**

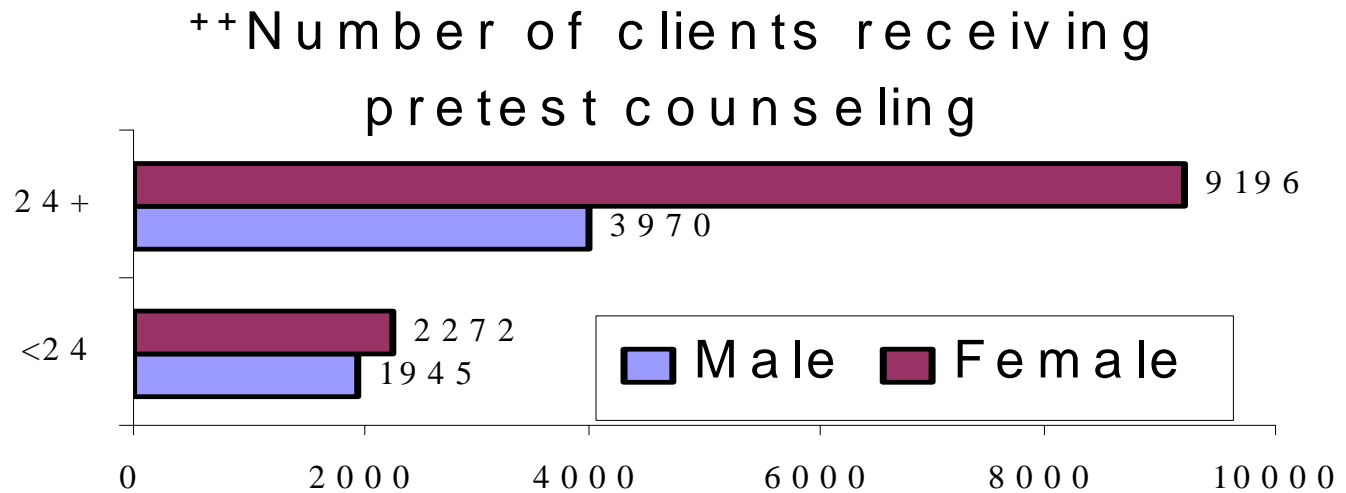
TOTAL NUMBER OF CLIENTS ON ARV TREATMENT BY SEX



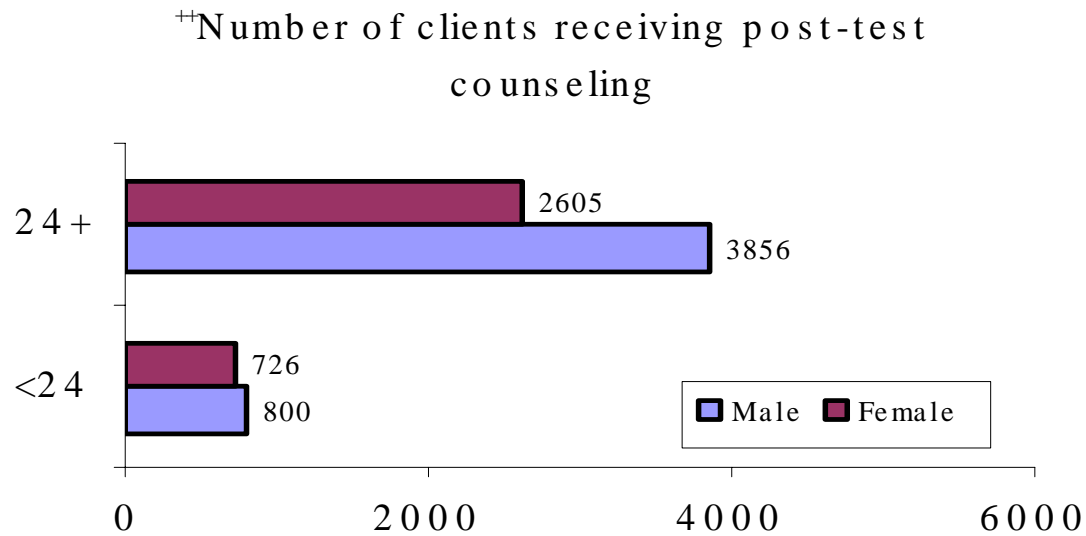
VOLUNTARY COUNSELLING & TESTING UPDATE

- Between January and March 2005, 17,328 clients participated in various VCT activities.
- An average of 4346 clients were tested every month.
- About thrice as many older clients than younger clients received pre-test counselling.
- More women attended pre-test counseling sessions than men which results in higher proportion of them accepting HIV testing.
- More younger female client agreed to HIV testing than older women.
- Higher proportion of men than women were reported to have received post-test counselling.
- While more clients attended pre-test counseling session (17382) and accepted HIV testing (14213), very few clients received post-test counselling & their test result (7987).

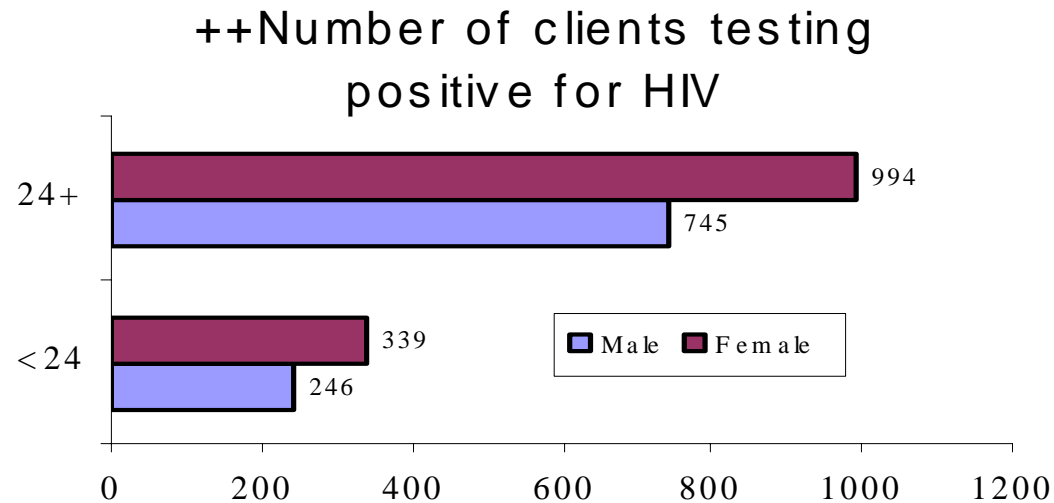
Number of Clients receiving pre-test counseling



Number of clients receiving post-test counseling



Number of clients testing positive for HIV



CHALLENGES.

Challenge from Mr. President.



“I want us in Nigeria to be able to treat 250,000 PLWAs by June 2006.”

President Olusegun Obasanjo

SCALING UP OF TREATMENT PROGRAMME.

- Issues of the health sector capacity to absorb this new push.
- Human capacity requirements.
- Innovative ways of reaching the most affected – i.e. the community based approach.
- Issues of sustainability of treatment programme.

SCALING UP 2.

- The issue of generic versus branded drugs for the national programme.
- The issue of supply chain management.
- The need for alignment and harmonisation of all partners to a national response programme.
- The need for strategic information management and the strengthening of the NNRIMS our robust monitoring and evaluation instrument.

Treatment Programme – Matters arising.

- Strengthen the continuum of care model as the investment in the treatment of opportunistic infections is not adequate.
- There is the need to coalesce the efforts for the treatment of AIDS and TB.
- Local production of ARVs – Ranbaxy, Archy Pharmaceutical, Cipla – Evans Medical and public sector production with Brazilian technical assistance.

A WIDER CONCERN !

- The prevention versus the treatment paradigm – issue of resource allocation and sustainability.

Enduring Challenges

- The awareness of the epidemic is high but the risk perception is low thus
- High Risk sex continues unabated
- Stigma and discrimination quite high
- Rural areas still not adequately reached
- Girls and young women very vulnerable
- Youth are still not adequately targeted
- So many orphans requiring care & support

Challenges 2.

- The management of the epidemic in a complex country like Nigeria.
- The harmonisation and alignment of efforts by all partners.
- Monitoring and evaluation and the management of strategic information.
- Research for programme development and improvement.
- Capacity development in a coordinated fashion.

THANK YOU !

- For further information about the Nigerian National Response please visit our website www.naca.gov.ng