

Nigeria



*Prepared for the Consultative Meeting on Strategies for increasing the engagement of the
Private Sector in the National HIV/AIDS Agenda in MAP countries*

LIVINGSTONE, ZAMBIA
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NIGERIA

Assessment of the Epidemiological Situation and Demographics

Estimated percentage of adults living with HIV/AIDS, end of 2001

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: **5.8%**

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 2001: **170,000**

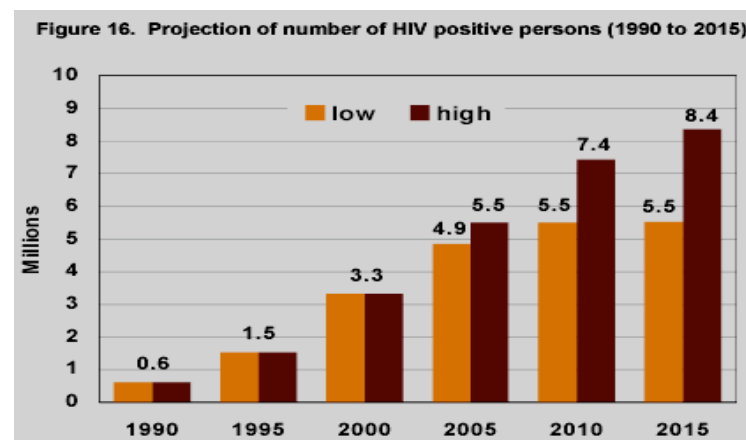
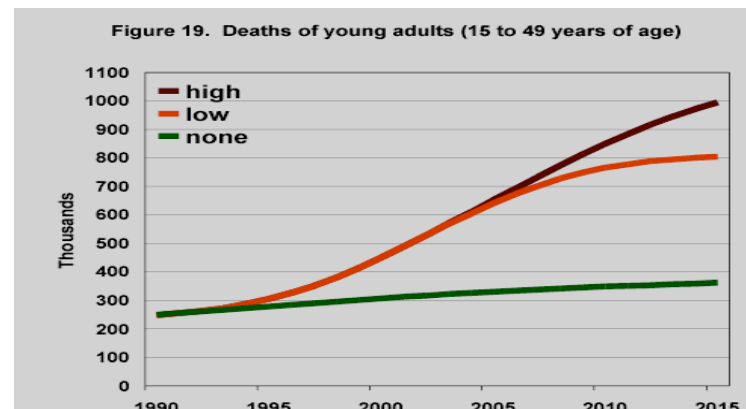
Estimated number of orphans

Estimated number of children who have lost their mother or father or both

Parents to AIDS and who were alive and under age 15 at the end of 2001: **1,000,000**

- In 2001, the range of HIV prevalence from 85 sites across the 36 states and Federal Capital Territory was from 0.8% to 16.4%. Twenty-one out of the 86 sites were rural, where HIV prevalence ranged from 2.2% to 16%; the sites with the highest prevalence in the 2001 sentinel survey were both rural. In the major urban areas, HIV prevalence among ANC clinic attendees has increased from 1% in 1991 to nearly 5% in 1999;
- Two percent of sex workers tested in Lagos in 1988-89 were HIV positive, increasing to 12% in 1990-91; by 1993-94, 30% of sex workers tested were HIV positive. In 1991-92, sex workers tested in 7 sites outside of the major urban centers had a median HIV prevalence of 13% with a range of 0% to 44%. By 1995-96, 15 sites were reporting a range of prevalence among sex workers of 7% to nearly 70% of sex workers tested.
- In 1994, 5% of STI clinic patients tested in the major urban areas were HIV positive. HIV prevalence among STI clinic patients tested from 21 sites outside of the major urban areas increased from 7% in 1993-94 to 12% in 1995-96; in 1995-96, HIV prevalence ranged from 1% to 70%. In 2000, median HIV prevalence among STI patients tested in a survey covering 10 states was 11.5%, with a range of 5.6% to 23%.
- In 1993-94, 4% of long distance truck drivers tested in Anambra State were HIV-1 infected.
- Among the TB patients tested in the 2000 survey, median HIV prevalence was 17% , ranging from 4.2% to 35.1%. In 2000, HIV prevalence among IV drug users surveyed was 8.9%; among non-injection drug users the rate was 10%.

Source: UNAIDS/WHO Epidemiological fact sheet – 2002 Update



Source: "HIV/AIDS: What It Means for Nigeria", Federal Ministry of Health and NACA, December, 2002

HIV/AIDS Impact on the Macroeconomic level	National Response
<ul style="list-style-type: none"> Data on the economic impact on Nigeria are limited. A recently developed model has predicted that the impact on economic growth is potentially larger than the average rate in Sub-Saharan Africa. Studies in health demonstrate that there is a large gap in funding to meet the full needs of a scaled-up care and prevention programme. This would cost approximately US\$2 to US\$3 per capita or approximately 0.8% of GDP. As HIV prevalence increases, more people will look to the government for health care, which will increase the amount the federal Government spends on health. Projections show that if HIV prevalence continues to grow, the cost of providing for AIDS patients will soon consume a large part of the health budget. By 2015, the amount spent on AIDS alone could reach 35 to 45% of the health budget <p><i>Source: "HIV/AIDS: What It Means for Nigeria", Federal Ministry of Health and NACA, December, 2002</i></p>	<p>β A Presidential Commission on AIDS (PCA) was formed in 1999 by President Obasanjo. 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.</p> <p>β 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 objective include:</p> <ul style="list-style-type: none"> ○ 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.
HIV/AIDS Impact on the Private Sector	
<ul style="list-style-type: none"> The case study of the Ashaka Cement Company can also be utilized to infer some of the economic impact of HIV/AIDS for the firm. At the beginning of the study of 25 households, 18 of the male and 5 of the female employees were AIDS patients; of these, 7 males and 2 females had died by the end of the period. Over 18 months, most of them were either hospitalized, sick at home, or at outpatient clinics while they were being paid for work not done. Costs to the company included lost hours of work due to illness; caring for other ill family members; and funeral attendance time. Workers at Ashaka factory come from different parts of Nigeria; therefore, when staff died it was expensive to repatriate the corpse for burial and to resettle family members to their villages. In addition, large sums were spent on medical needs of sick staff and their relatives, including expenditures on retroviral drugs <p><i>Source: L. Bollinger, J. Stover, O. Nwaorgu "The Economic Impact of AIDS in Nigeria" (September 1999) The Futures Group International in collaboration with: Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA)</i></p>	<p><i>Source: USAID, HIV/AIDS in Nigeria</i></p> <ul style="list-style-type: none"> The Nigerian government and the private sector have come together to recently launch a business coalition which is expected to help raise the consciousness of corporate Nigeria on the devastating impact of HIV/AIDS. <p><i>Source: allAfrica.com, 25 Feb2003 http://allafrica.com/stories/200302250378.html)</i></p>

Multisectoral Response	List of Contacts
<p>B USAID: HIV/AIDS funding for Nigeria was \$12.8 million in FY 2001, up from \$6.7 million in FY 2000. 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.</p> <ul style="list-style-type: none"> • 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 contribute 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. • 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. High-risk populations are also targeted with activities to raise HIV/AIDS awareness, increase knowledge and achieve behavior change. • The Policy Project provides assistance 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 • 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. • The World Bank supports Nigeria's HIV/AIDS Response Project with \$90.3 million under its Multicountry HIV/AIDS Program. 	<ul style="list-style-type: none"> • National Action Committee on HIV/AIDS, HIV/AIDS Programme Development Project, Plot 795a Rudolph Close, Maitama, Abuja. Contact person: Prof. Babatunde Osotimehin, Chairman, NACA Tel : 234-9-4131795/6, Email: osotimehin2000@yahoo.co.uk, nptnigeria.map@linkserve.com • USAID/Nigeria, Thomas Hobgood, Mission Director, 7 Mambilla Street, Off Aso Drive, Maitama District, Abuja. Tel: 234-1-614-412, Fax: 234-1-261-3825 • UNAIDS Intercountry Team for West and Central Africa, Immeuble Avodire, 1st Floor, Rue des Jardins, II Plateaux Vallons, 04 BP 1900, Abidjan 04, Cote d'Ivoire. Tel.: (225) 22 40 44 01, Fax: (225) 22 40 44 09, E-mail: eip.onusida@aviso.ci, Web site: http://www.onusida-aoc.org/ • Journalists Against AIDS Nigeria Web site: www.nigeria-aids.org •

Nigeria – List of Potential Direct Partners

<u>Source</u>	<u>URL/Contact Info</u>	<u>What to find</u>	<u>Comments</u>
Name of organization	Contact person: Address: Telephone: Fax numbers: Email address: Website:		