



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	127.1	United Nations
Population in urban areas (%)	2003	46.2	United Nations
Life expectancy at birth (years)	2002	48.8	WHO
Gross domestic product per capita (US\$)	2001	435	IMF
Government budget spent on health care (%)	2001	1.9	WHO
Per capita expenditure on health (US\$)	2001	15	WHO
Human Development Index	2001	0.463	UNDP

3. Situation analysis

- Epidemic level and trend and gender data.** Nigeria has one of the largest HIV/AIDS epidemics in the world, characterized by an adult prevalence rate in the range of 3.6–8.0%. The epidemic is growing rapidly, and national estimates indicate that the prevalence rate has risen steadily since 1991. Women are more affected than men, with a female-male ratio of 1.38:1.
- 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 contribute to the rapid spread of the epidemic.
- Policy on HIV testing and treatment.** The government is committed to establishing a 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. In 2001, the government announced a programme to provide antiretroviral treatment to 10 000 adults and 5000 children living with HIV/AIDS at subsidized rates, within the context of the National HIV/AIDS Emergency Action Plan and the National Health Sector Plan for HIV/AIDS, which is still being developed. Under the Health Sector Plan, the government will commit to ensuring that everyone has access to quality health care and adequate treatment or management of their conditions, including

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
Cumulative number of reported AIDS cases	2001	60 564	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	17 000	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	520 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	27%	WHO

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. Cost-effective drug lists 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 drugs include lamivudine, stavudine and nevirapine. Under the government programme, the average annual cost of drugs is US\$ 368, and users pay a subsidized rate of US\$ 86 per person per year.
- Assessment of overall health sector response and capacity.** The national and state levels have a high level of political commitment to scaling up HIV/AIDS care and treatment. The government programme to provide antiretroviral treatment began in 2002 with the purchase of drugs and test kits for 10 000 people. Treatment was first started in 25 tertiary institutions. Preventing mother-to-child transmission started in 2001 with six model centres jointly managed by the Federal Ministry of Health and UNICEF: there are now 11 model and 22 satellite centres. Many treatment centres have exceeded treatment quotas, and about 17 000 people are currently receiving antiretroviral therapy. 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. A National Health Sector Plan for HIV/AIDS is in the process of being developed.

- *Critical issues and major challenges.* A major challenge to treatment scale-up is the low availability of and delays in the delivery of antiretroviral drugs. High user charges for laboratory tests constitute another barrier to treatment access. Coordination of the many stakeholders involved in supporting and delivering antiretroviral therapy is lacking.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding 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 is between US\$ 370 million and US\$ 416 million.
- The government is expected to commit about US\$ 19 million by 2005 for scaling up antiretroviral therapy.
- Nigeria submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, of which an estimated US\$ 4.44 million is anticipated to be available for scaling up antiretroviral therapy.
- Nigeria is also a beneficiary of the United States President's Emergency Plan for AIDS Relief and is expected to receive an estimated US\$ 112 million for scaling up antiretroviral therapy in 2004–2005.
- Nigeria is a beneficiary of the World Bank Multi-Country HIV/AIDS Program for Africa, with funding of US\$ 90.3 million over five years (2002–2007).
- Several other bilateral and multilateral partners have committed about US\$ 15 million for scaling up antiretroviral therapy over 2004–2005.
- Taking into account funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Nigeria to reach 260 000 people by the end of 2005 is between US\$ 218 million and US\$ 265 million.

5. Antiretroviral therapy coverage

- Nigeria's total treatment need for 2005 is estimated to be 520 000 people, and the WHO "3 by 5" treatment target is 260 000 by the end of 2005 (based on 50% of need).
- The government has declared a national treatment target of reaching 15 000 people by the end of 2005.
- An estimated 17 000 people are receiving antiretroviral therapy, of which about 11 435 receive treatment through the government-subsidized programme. Some treatment is also provided by private pharmaceutical companies such as Ranbaxy, which is supplying 3000 person-years of treatment outside the government programme.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* Nigeria has strong political commitment to address HIV/AIDS and expand antiretroviral therapy provision. Government provision of antiretroviral therapy resulted from a Presidential Directive in 2001. The National AIDS Council is responsible for overall multisectoral coordination of the response to HIV/AIDS in Nigeria. 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. Partners providing support for developing the National Health Sector Plan for HIV/AIDS include WHO, UNDP, UNICEF, the United States Agency for International Development, the Society for Family Health, Pathfinder International, the United Kingdom Department for International Development, the Network of People Living with HIV/AIDS, the World Bank, the Civil Society Consultative Group and Médecins Sans Frontières.
- *Antiretroviral therapy service delivery.* The government is the main provider of antiretroviral therapy services. About 27 tertiary government health facilities were identified at the federal level to begin providing antiretroviral therapy. The Centre for Specialist Studies provides antiretroviral drugs free of charge on a monthly basis to people at two centres, in Sagamu and Ife, 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 normative 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 the highest-quality antiretroviral drugs at the best prices.

- *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 of International Development to spearhead 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. UNODC operates the Partnership against Drug Abuse and HIV/AIDS, both at the national level and in West Africa as a whole.
- *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 has supported the National Surveillance Survey and is committed to training, infrastructural development, capacity-building and blood safety issues. 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. WHO support for scaling up antiretroviral therapy

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 to the WHO Country Office and the government to begin planning for scaling up antiretroviral therapy
- Providing technical assistance to begin coordinating the process of developing the Health Sector Plan for HIV/AIDS

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy
- Supporting the Federal Ministry of Health in reprogramming the Round 1 funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to redirect some funds to monitoring and evaluating antiretroviral therapy within the National AIDS and STD Control Programme, and to develop a plan for procuring antiretroviral drugs
- Supporting a review of guidelines on antiretroviral therapy and designing a monitoring system for the federal antiretroviral therapy programme

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and the recruitment of an international "3 by 5" Country Officer is currently underway.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Nigeria and the WHO Regional Office for Africa.