

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^{[1]*}	3.6% [3.3-4.0%]	2009
HIV prevalence - pregnant women (all ages) ^{[2]*}	3.6%	2009
Number of women living with HIV delivering ^[3]	228,600	2011
Est. # children (ages 0-14) living with HIV ^{[1]*}	360,000 [180,000-520,000]	2009
Maternal mortality ratio ^[4]	630/100,000	2010
Est. annual births ^[5]	6,332,000	2010
Infant mortality rate ^[6]	88/1,000	2010
Under-5 mortality rate ^[7]	137/1,000	2010

Adult HIV prevalence (ages 15-49) in Nigeria, estimated at 3.6% in 2009, appears to have stabilized over the past five years. HIV prevalence among pregnant women, 3.6%, is comparable to the general adult population. Maternal mortality was still very high in Nigeria (630/100,000 live births) in 2010 and it is estimated that 230,000 pregnant women and 360,000 children were living with HIV in 2010.

PMTCT programme coverage is still very limited in Nigeria. Only 4.7% of ANC facilities in Nigeria offer PMTCT services^[8]. Although HIV testing among pregnant women increased from 1% in 2005 to 14% in 2010, it is still very low^[9]. In 2011, only 18% of pregnant women living with HIV (PWLHIV) received more effective ARVs for PMTCT^[3]. In 2010, only 11% of children born to PWLHIV received ARVs for PMTCT, and only 4% of infants born to PWLHIV were tested for HIV within 2 months of birth^[9].

Nigeria has developed a national scale up plan towards elimination of mother to child transmission of HIV (2010-2015) and has adopted a combination of WHO 2010 Guidelines Option A and Option B regimens for prophylaxis^[10].

Reaching High Level Targets

Global 2015 Targets

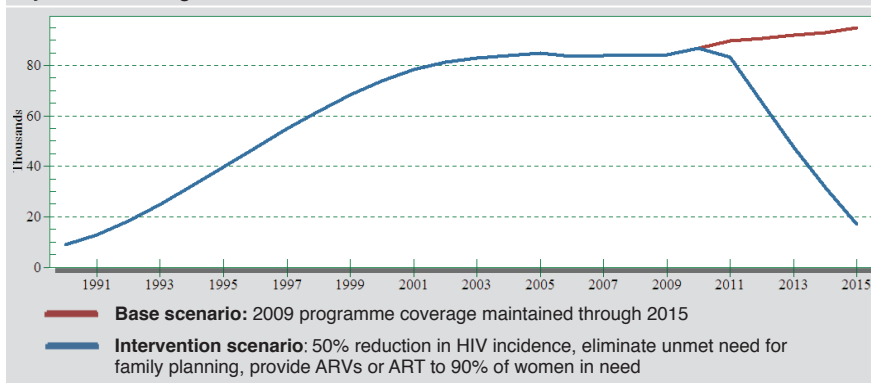
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 84,200 children were newly infected with HIV in 2009. Modeling data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets achieved (see Figure 1), there would be 17,100 new child infections in 2015 -- an 80% decline in the number of new child infections between the 2009 and 2015^[11].

Figure 1: Number of new child HIV infections due to mother to child transmission, by scenario, Nigeria



Source:^[11] Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^[3]	70,900	–	69,300	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	7,400 (2005)	6,600	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	4% ^[12] (2008)	4% ^[7]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	9%	–	13%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	0.47%	–	0.42%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	20% ^[13] (2008)	20% ^[14]	–	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	32%	–	30%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	12% ^a	–	18%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	3%	–	11%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	9%	–	27%	–	–	–	–

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _[11] *	Female: 2.9% [2.3-3.9%]	2009
	Male: 1.2% [0.9-1.6%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[13]	Female: 29%	2008
	Male: 56%	2008
Male partners of pregnant women attending ANC tested in last 12 months _[15] *	Male: 1.8%	2010
Unintended pregnancies (ages 15-49) _[13]	Female: 11%	2008

Key Points

Among young people (15-24 years), HIV prevalence was two times higher among young women (2.9%) than young men (1.2%) in 2009. Condom utilization at last sex among young people (ages 15-24) reporting multiple partners in the last 12 months is much lower among young women (29%) than young men (56%) in 2008, and in 2010, HIV testing coverage among male partners of pregnant women attending ANC was very low (1.8%). In 2011, 19% of women (ages 15-49) in Nigeria had an unmet need for family planning_[14] and 11% reported unintended pregnancies in 2008.

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

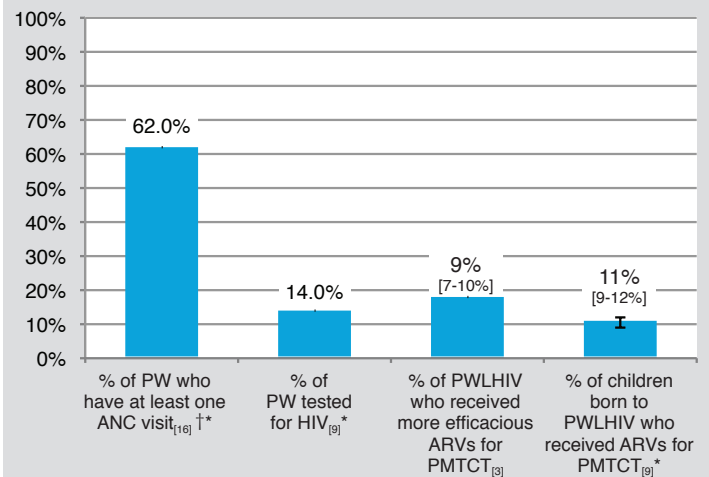
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[13]	No ANC: 36%	2008
	<4 months: 16%	
	4-5 months: 29%	
	6-7 months: 15%	
	8+ months: 2%	
	DK: 2%	
Percentage of women attending at least 4 ANC visits during pregnancy _[13]	Total: 45%	2008
	Urban: 69%	
	Rural: 34%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[9] *	14%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[9] *	11% [9-12%]	2010
Skilled attendant at delivery (%) _[13]	39%	2008
Exclusive breastfeeding for infants <6 months _[13]	13%	2008

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

According to health facility data, ANC coverage (at least one visit) among pregnant women in Nigeria was moderate (62%) in 2010. However, as of 2008, surveys indicate that only 39% of women accessed skilled attendance at delivery. In 2010, only 14% of pregnant women were tested for HIV and, in 2011, only 18% of pregnant women with HIV received more efficacious ARVs for PMTCT. In 2010, only 11% of children born to PWLHIV received ARVs for PMTCT, indicating multiple missed opportunities across the continuum of care.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing ^[15] *	62%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth ^[9] *	2% [2-3%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth ^[9] *	4% [3-4%]	2010

Key Points

In 2010, 62% of pregnant women identified as living with HIV were assessed with CD4 testing to determine if they were in need of treatment for their own health. However, coverage of early infant diagnosis (4%), CTX prophylaxis (2%), and pediatric ART (13%) are still very low. Among pregnant women living with HIV who received ARVs for PMTCT in 2010, 25% received ART for their own health, 49% received more efficacious ARV regimens, and 24% still received single dose nevirapine, a regimen no longer recommended by WHO (See Figure 3). In 2011, only 13% of children (ages 0-15) with HIV received ART, up from 9% in 2009.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010^[15]*

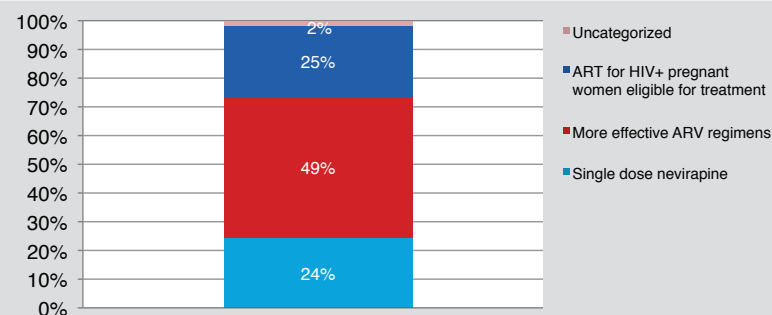
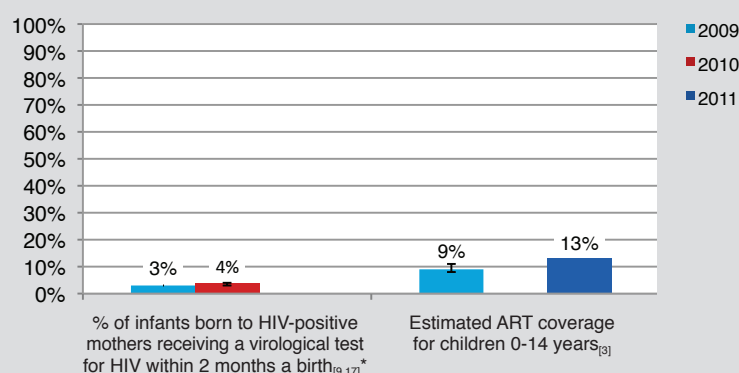


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

Limited access to PMTCT services

Low rates of ANC and institutional delivery.

High unmet need for family planning

Very few infants born to HIV+ mothers receive ARVs for PMTCT, CTX prophylaxis, or are tested for HIV within two months of birth. Few HIV+ children receive ART.

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets

The Bottom Line

If national EMTCT targets for Nigeria are to be met by 2015, the following actions should be considered:

Expansion of PMTCT service coverage needs urgent acceleration to improve access to testing and efficacious ARVs including treatment.

Interventions are needed to strengthen and improve quality of MCH services, including ANC coverage and delivery by a skilled birth attendant

Expand access to family planning and strengthen linkages between PMTCT and FP/SRH services

Expand the provision of CTX prophylaxis, EID, ARVs for PMTCT and ART for children living with HIV

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

References:

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- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
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- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
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- 8 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 10 Government of Nigeria, Federal Ministry of Health, National Strategic Plan for HIV/AIDS 2009-2013
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- 13 Nigeria Demographic and Health Survey 2008, Final Report
- 14 United Nations Statistics Division, Millennium Development Goals Indicator portal, <http://mdgs.un.org/unsd/mdg/Data.aspx>
- 15 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011
- 16 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 17 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2010*

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ^a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization