



AFRICA HEALTH  
ORGANISATION



# HIV & AIDS

The burden of HIV in Nigeria

## **Title: The burden of HIV on Nigeria**

### **Introduction**

Human Immunodeficiency virus (HIV) is a zoonotic virus that can destroy components of the immune system that results in weakened response to infections throughout the lifespan of the infected individual. Although there is no cure, HIV can be treated to avoid the development of acquired immune deficiency syndrome (AIDS) which causes the lifespan of the affected persons to drop to an average of just three years. Treatment is mostly by antiretroviral treatment (ART) which is given to HIV-positive individuals to suppress viral loads.<sup>[1]</sup> Viral load is the number of viruses in a unit of blood and with treatment the viral load decreases to a point where transmission is undetectable.<sup>[2]</sup>

The burden of HIV was especially apparent across the Sub-Saharan countries, accounting for over 70% of cases.<sup>[3]</sup> There has been a significant decrease since the involvement of international organisations such as WHO and the establishment of newer aid organisations such as UNAIDs and AHO. In 2015, US\$ 27.3 billion was spent globally on HIV treatment<sup>[4]</sup> and the Nigerian government spent US\$10, 500,000 in 2019, indicating the cost of HIV globally and nationally.<sup>[5]</sup>

### **Nature and Magnitude**

As of 2019, there are 1.9 million cases of HIV in Nigeria with a prevalence rate of 1.4%. This is lower than previous estimates of 2.8%; the significant difference can be attributed to the introduction of more expansive surveillance system by the national government and other institutions e.g. the United States President's Emergency Plan for AIDS Relief.<sup>[6]</sup> However, efforts to mediate HIV incidence have to continue to reach that UNAIDS' target that by 2020, 90% of individuals with HIV know that they are HIV-positive, 90% of people who know they are HIV-positive have access to treatment and 90% of individuals with treatment have suppressed viral loads; thereby known as the 90-90-90.<sup>[5]</sup> However, the incidence is still too high and has to be dealt with efficiently by prevention methods and access to ART treatment has to be expanded in order to reduce AIDS-related deaths.

Majority of the factors that influence HIV elsewhere are also observed in Nigeria, with other factors such as insurgency affecting aid coverage.<sup>[4][7]</sup> These will be explored individually in the following points:

#### *- Age Gap*

There is a disproportionate number of infected cases between men and women above the age of 15; 1.9% of HIV cases in women vs 0.9% of cases in men.<sup>[6]</sup> Furthermore, prevalence is greater in 25-29-year olds than other age groups.<sup>[5][8]</sup> One proposed reason for these trends is that young women contract infection from older men and transmit it onto men of their own age group, hence explaining the difference in incidence across the different age groups. Moreover, knowledge about prevention is still limited among younger people as only 28.86% of the population aged 15-24 years correctly identified various ways of HIV prevention.<sup>[5]</sup>

#### *- Gender Gap*

The difference in gender is strongly linked to the power imbalances between men and women that is ingrained into the local/national culture. Heterosexual sex (low risk factor) has been the major driving force for the transmission of HIV across the country. Women face many barriers when it comes to the use of contraception, number of offspring and even being subjected to being in polygamous relationships. There are also many cases where women are subject to intimate partner

violence. These factors lead to an increased risk for HIV incidence and transmission in women. Although 58% of HIV-positive individuals in Nigeria are women, only 1% of the expenditure is aimed towards women. Therefore greater, regulated actions have to be carried out in order to decrease prevalence and incidence in this population.<sup>[7]</sup>

- *Susceptible populations: Female sex workers (FSW); males having sex with males (MSM); injecting drug users (IDUs); children*

These populations have an increased risk of HIV infection, due to biological or social reasons, and have an important role in the still-high incidence rate in Nigeria.

Female sex workers were causative for the initial cases of HIV in Nigeria and prevalence rates in this group remain significant today (24.5%).<sup>[7]</sup> There have been vast improvements over the years in their susceptibility; it is reported that as of 2017, 87% use condoms and 97.1% were tested for HIV over the last 12 months. However, sex work is illegal in Nigeria and has made them more vulnerable to abuse from law enforcers, who may have sex with them without protection. Access to HIV treatments is non-discriminatory by law, but the criminalising laws has caused hesitance in using healthcare services.<sup>[7]</sup>

Men having sex with men have the highest prevalence in people with increased risk; higher than in FSW (23%) with incidence rates increasing over time. Homosexuality is also illegal in Nigeria; similar to FSW, despite no laws preventing treatment access, there is a reluctance from men in seeking treatment as it might lead to disclosing themselves. Nigeria has increased punishment for homosexuality to 14 years and it even extends to persons that 'assist' them which explains this particular aversion. With the introduction of harsher punishments, more men are pushed underground, increasing their vulnerability to HIV and other diseases.<sup>[7][10]</sup>

People using injections to use drugs can easily transmit HIV if used needles are being shared among recipients and if there is a lack of safe space where injections can take place. Prevalence of injecting drugs is particularly high in female sex workers at 43%. It is estimated that 9% of new HIV infections are in this group of persons injecting drugs. There is a lack of therapeutic services in Nigeria for opioid users and exchange of clean needles resulting in limited control in the spread of HIV.<sup>[7][11]</sup>

Children are affected by HIV by mother to child transmission (via breast milk) or by the death of one or more parents/guardians due to AIDS. Only 26% of children are prescribed to ART and around 1.8 million children have been orphaned as a result of AIDS. 20% of children don't attend school regularly and 18% are sexually abused. Children may also have to take care of their guardians/parents who have HIV, especially girls, resulting in discrepancies in school attendance.<sup>[7]</sup>

- *Social stigma*

Although there are strong anti-discriminatory laws for HIV-positive individuals, the social stigma against it are still damaging. In a survey in 2016, 46.8% of people were reported that they would not buy vegetables from a grocer that was HIV-positive. Despite anti-discriminatory laws protecting HIV-positive individuals from compulsory HIV-testing and dismissal, 21% individuals reported to be denied healthcare services and reproductive health services in 2016.<sup>[7][11]</sup> There are also cultural practices such as female genital mutilation that increase risks and it is important to tackle such practices appropriately.<sup>[7][8]</sup>

- *Insurgency*

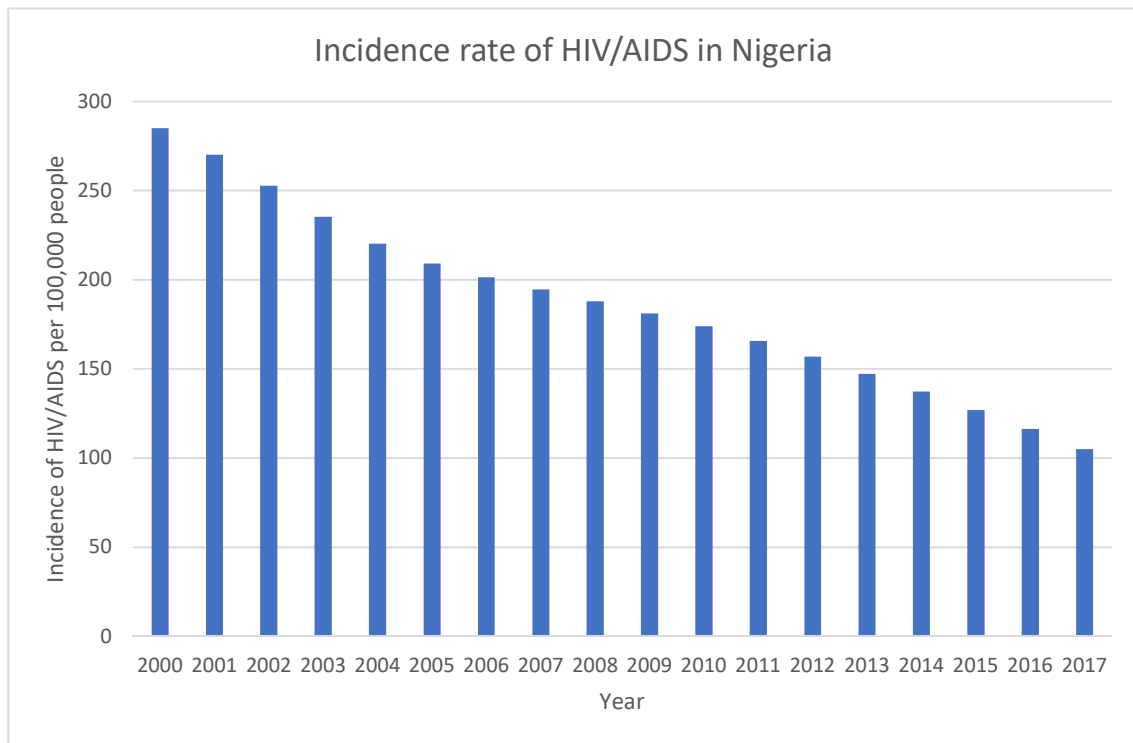
The country has faced the Boko Haram insurgency since 2009, over large areas of north-western Nigeria and the violence peaked in 2014 with ~10,850 deaths. This is particularly relevant in the context of HIV incidence due to the displacement of aid in these areas. Moreover, there were many cases of gendered violence.<sup>[13][14]</sup> It also further widened the gap in socioeconomic development between the North and the South which translates in lack of access to resources.<sup>[15]</sup> During these times ART coverage decreased by 18% over 3 years.<sup>[7]</sup> Surprisingly, HIV prevalence is reported to be lower than other areas in the country.<sup>[6]</sup>

### ***Policy Recommendations***

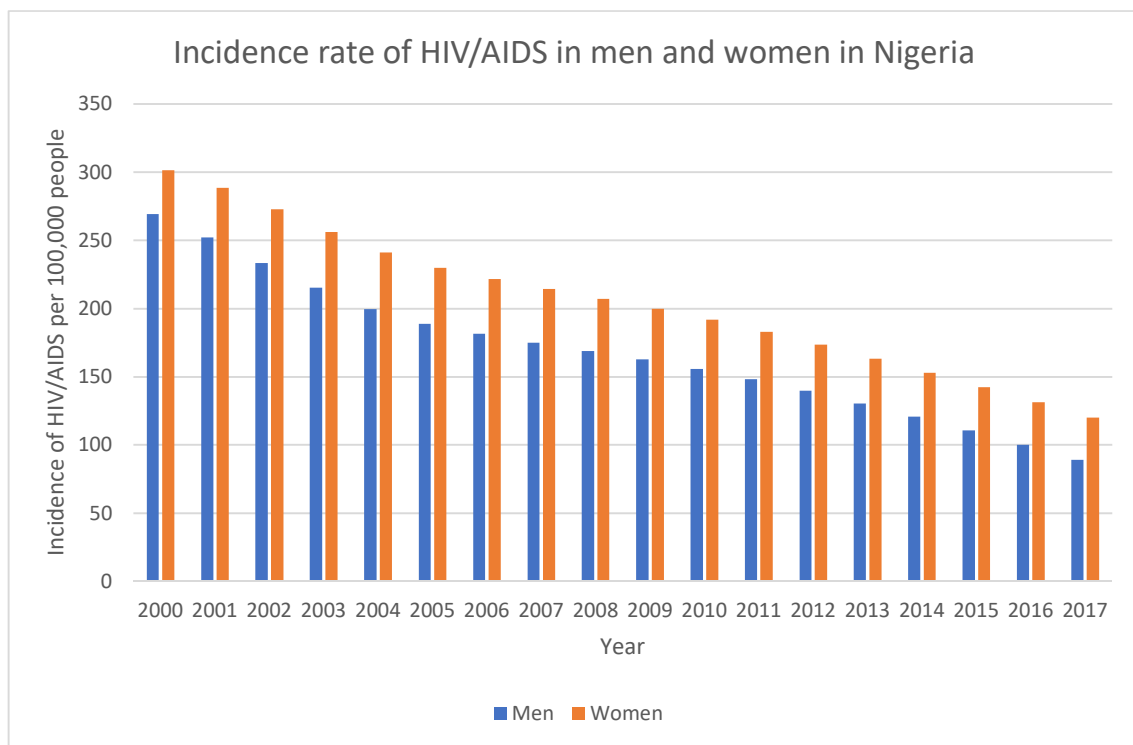
- Focus on populations of higher incidence rates especially MSM by providing safe spaces and anonymising patients when surveying.
- Promote education in schools to remove social stigma of HIV.
- Support young adults 15 and above to educate them regarding contraception and HIV treatment.
- Protect young women and children that are vulnerable to exploitation and violence
- Increase the involvement of the local community in education campaigns along with governmental and international efforts to control HIV incidence and prevalence.
- Increase surveillance sites, especially in poorer areas where there is greater resistance to changing traditional ways. More accurate statistics are important to understand the current trends in transmission of disease and the effect of prevention.
- More studies of HIV transmission in village areas need to be funded since most studies take place in major hospital centres where access to resources is better.
- There is also a need for greater funding to cover the costs of increased surveillance, testing equipment, ART coverage, as life expectancies increase, and workforce.

## References

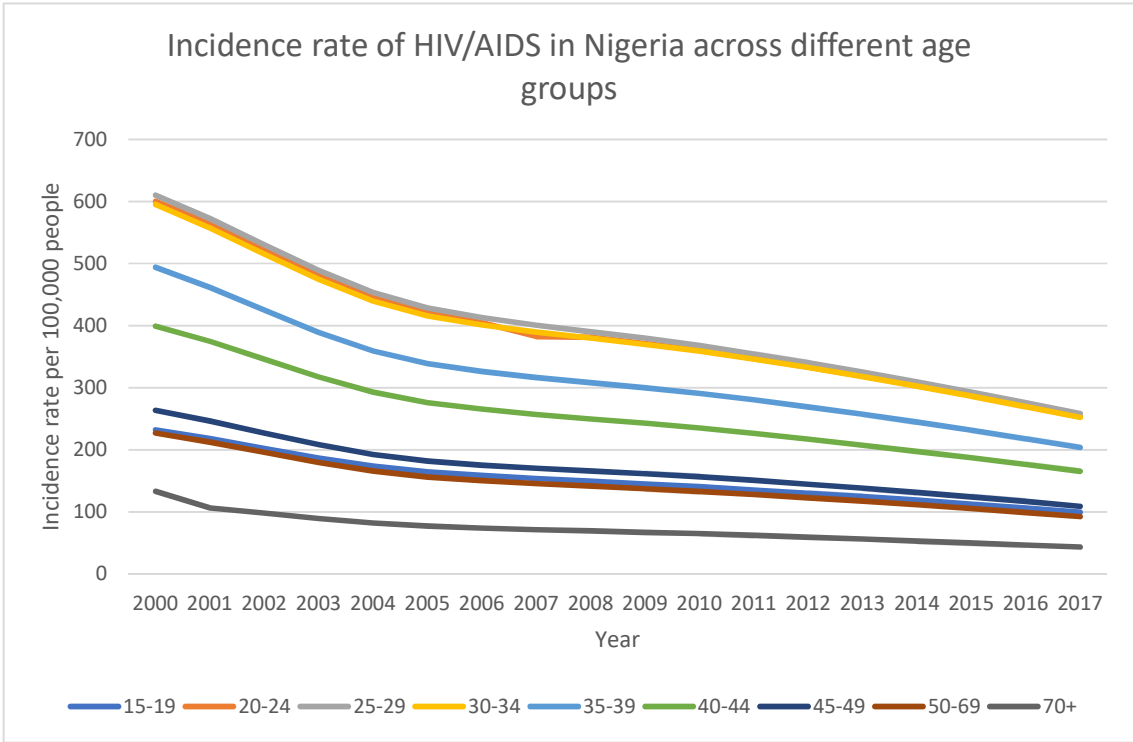
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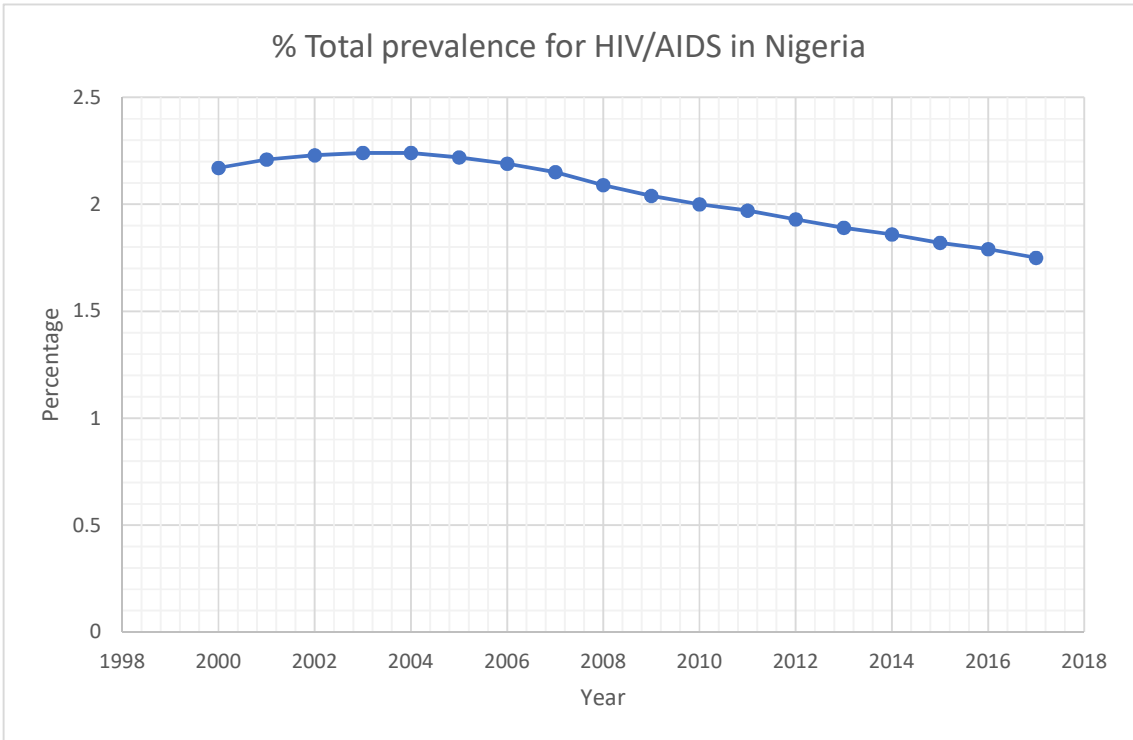
A bar chart showing the HIV incidence rate in Nigeria from 2000-2017 indicating a decrease over time.



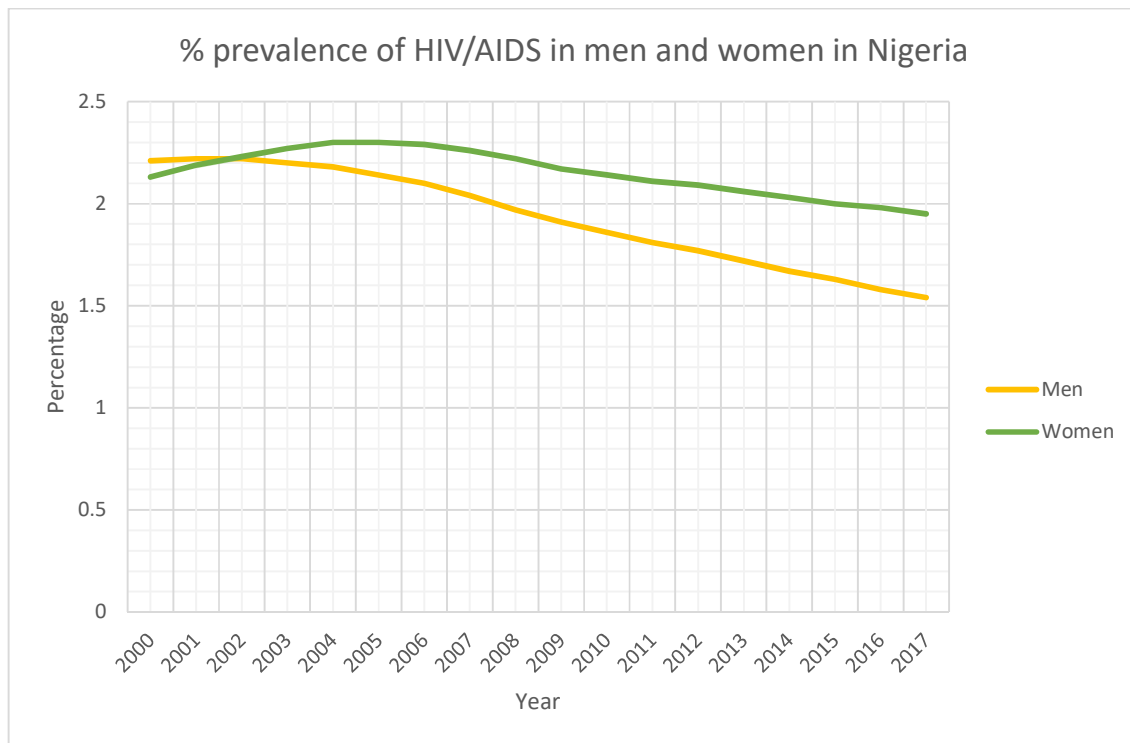
A bar chart showing HIV incidence rates in both men and women from 2000-2017. Although the overall trend shows a decrease, incidence rates in women remain much higher than in men.



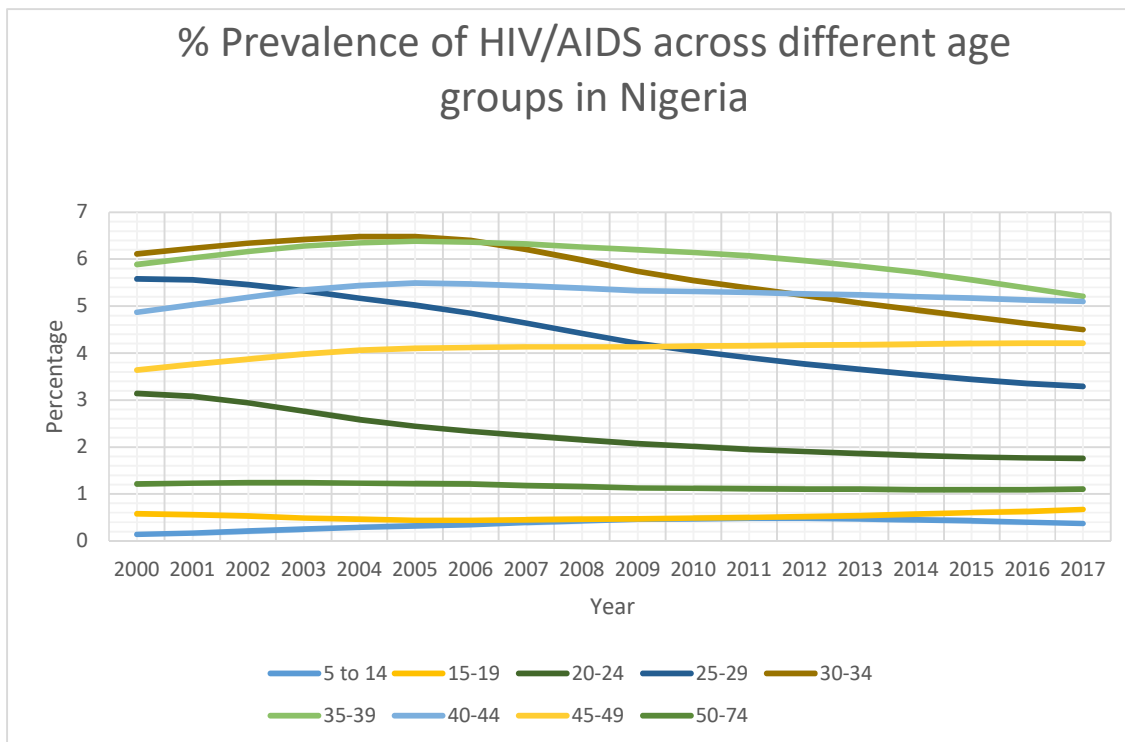
A line graph showing incidence rates across different age groups. A strong decrease is indicated however incidence rates are highest the age range 20-34.



Line graph showing prevalence rate of HIV in Nigeria showing decrease in percentage prevalence from 2000-2017.

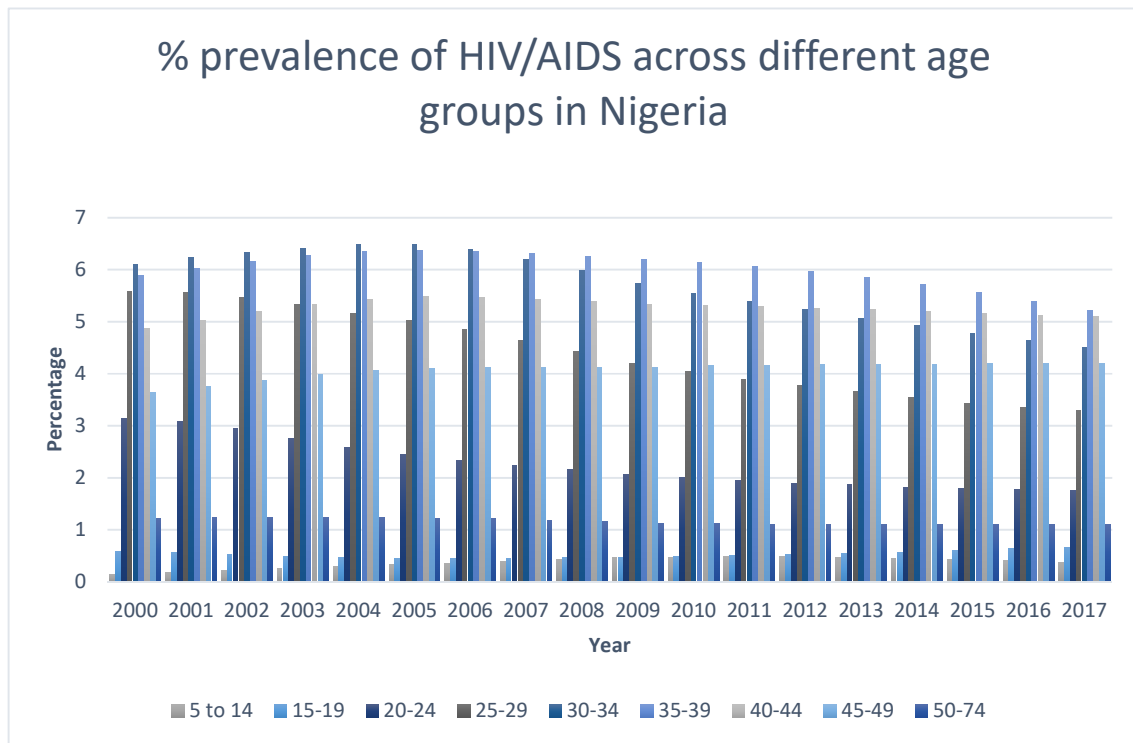


Line graph showing the decrease in prevalence percentage in both genders. It can be seen that despite the decrease, the gap between men and women HIV prevalence has increased.



Line graph showing the percentage prevalence of HIV for different age groups in Nigeria. Older age groups tend to have a higher prevalence of HIV than younger age groups (around 25 and lower).





A bar chart showing the percentage prevalence of HIV across age groups from 2000-2017. It can be inferred that older age groups have higher prevalence.

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Source: Institute of Health Metrics and Evaluation (IHME), Global Burden of Disease (GBD)