

Nigeria

HIV/AIDS epidemiological summary

HIV prevalence information among antenatal clinic attendees has been available since the mid-1980s; however, reporting from more than one or two sites per year did not begin until 1991-92. By 1993-94, 10 major urban sites reported HIV prevalence among antenatal clinic women, though it remained low for many years. But, by 1988-90, 1% of antenatal women in the major urban areas tested positive for HIV; by 1993-94, a median of nearly 4% in major urban areas tested positive; in 1999, nearly 5% did so. Among the 10 major urban sites in 1999, HIV prevalence ranged from 3% to 8% of antenatal women tested.

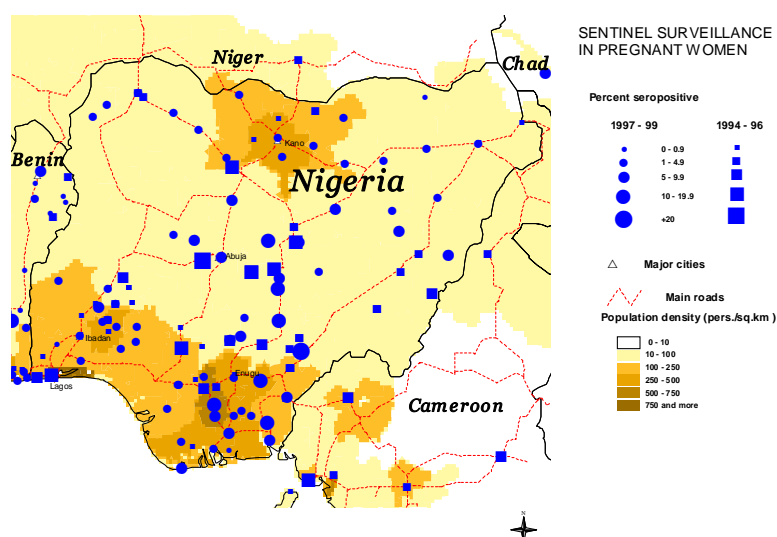
By 1991-92, 20 sites from 10 states outside major urban areas reported HIV prevalence from sentinel surveillance of antenatal women. This rose to 63 sites in 1999. Median HIV prevalence among antenatal women tested at these sites increased from less than 1% in 1991-92 to 5% in 1999. The range of HIV prevalence rates in 1999 went from less than 1% to 21% of antenatal women tested. HIV prevalence among antenatal women by age is available for the six regions. In 1999, peak infection occurred among women under 25, of whom 6% tested HIV-positive.

There is some limited information available on HIV prevalence among sex workers, from the mid-1980s. Testing of sex workers in Lagos began in 1988-89. Two per cent of sex workers tested at that time were HIV-positive, rising to 12% in 1990-91. By 1993-94, 30% of sex workers tested were HIV-positive.

In 1986, less than 1% of sex workers in Borno State tested HIV-positive; by 1989-90, 4% did so. In 1991-92, seven sites outside the major urban centres were reporting information on HIV prevalence among sex workers. At that time, a median of 13% of sex workers tested HIV-positive, the prevalence among these sites ranging from no evidence of HIV infection to 44%. By 1995-96, 15 sites were reporting a range of prevalence among tested sex workers of 7% to nearly 70%.

By 1994, 5% of STI clinic patients tested in the major urban areas were HIV-positive. HIV prevalence from 21 sites outside of the major urban areas increased from 7% of STI clinic patients tested in 1993-94 to 12% in 1995-96. HIV prevalence ranged from 1% to 70% of STI patients tested in 1995-96. In 1993-94, 4% of long-distance truck drivers tested in Anambra State were HIV-1-infected.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	2 700 000	2 600 000	5.06	1 400 000	120 000
Demographic impact of HIV/AIDS		Year	Estimate	Source	
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic		1999	1 400,000	UNAIDS/WHO, June 2000	
Estimated AIDS deaths		1999	250 000	UNAIDS/WHO, June 2000	
Behavioural indicators		Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)		-	-	-	-
Reported non-regular sexual partnership over a 12-month period (%)		-	-	-	-
Measured HIV prevalence		Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)		1999	4.5	2.7	8



Economic impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

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. Of the sectors explored here, the 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\$ 2–3 per capita or approximately 0.8% of GDP. In education, a model developed by UNAIDS and UNICEF shows how increasing mortality rates have led to discontinuity, with many pupils losing or having a change in their teachers. The potential impact on other sectors, including agriculture, households and firms, shown in other African nations to lead to increased costs and expenditure, labour losses, reductions in savings and shifting productivity patterns, needs to be carefully monitored in future studies.

Macroeconomic impact

Preliminary results of a model developed in 2000 estimates the annual loss in GDP growth per capita as a result of AIDS to be 0.95% by 2010 (1).

Economic impact of HIV/AIDS on households

Not available

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 14.8 million primary school students, 85 000 would have lost a teacher to AIDS in 1999 (2).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: 1-2% of teaching hospital beds are occupied by AIDS patients (3).

Resource gap: The annual cost of scaling-up HIV/AIDS programmes is estimated to be between US\$ 229 million and US\$ 329 million (4).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of national HIV/AIDS policy (either a written document or part of one)

Yes	No
X	

Comments/Key elements:

Source: CPA

Date: 26 June 2000.

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		X
Education		X
Health	X	
Military	X	
Workplace		X
Sports		X
Others		X

Comments/Key elements: Some private sectors have policy document (e.g. petroleum companies).

Source: CPA

Date: 26 June 2000.

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: CPA

Date: 26 June 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
X	

Comments/Key elements: A Presidential Commission on AIDS composed of representatives of technical ministries.

Source: CPA

Date: 26 June 2000.

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
	X

Comments/Key elements: National Strategic Plan under development. Situation and response analysis done. Interim action plan under elaboration.

Source: CPA

Date: 26 June 2000.

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No

Comments/Key elements: NA

Source: Not available

Date: Not available

Existence of budget for implementation of the national strategic plan

Yes	No

Comments/Key elements: NA

Source: CPA

Date: 26 June 2000

General demographic and socioeconomic indicators

Demographic indicators	Year	Estimate	Source
Total population (thousands)	1999	106 945	UNPOP
Population aged 15–49 (thousands)	1999	50 555	UNPOP
Annual population growth (%)	1990–1998	2.5	UNPOP
% of population urbanized	1998	41	UNPOP
Average annual growth rate of urban population (%)	1990–1998	4.4	UNPOP

Economic Indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	280	World Bank
GNP per capita average annual growth rate (%)	1996–1997	2.1	World Bank
Human Development Index rank (HDI)	2000	151	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education Indicators	Year	Estimate	Source
Total adult literacy rate	1995	57	UNESCO
Adult male literacy rate	1995	67	UNESCO
Adult female literacy rate	1995	47	UNESCO
Male secondary school enrolment ratio	1996	37.0	UNESCO
Female secondary school enrolment ratio	1996	31.1	UNESCO
Health Indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	36	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	15	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	1000	WHO
Life expectancy at birth	1998	50	UNPOP
Total fertility rate	1998	5.1	UNPOP
Infant mortality rate (per 1000 live births)	1999	80	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	6	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	31	UNICEF
% of one-year-old children fully immunized-DPT	1995–1998	21	UNICEF

References

- (1) Bonnel, R. *What Makes an Economy HIV-Resistant?* Draft report presented during the International AIDS Economic Network Symposium, Durban, South Africa, 7-8 July 2000.
- (2) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (3) Special Report, THISDAY. *The Sunday Newspaper* 1999; 31.
- (4) UNAIDS and World Bank. *Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa*. Draft report, April 2000.