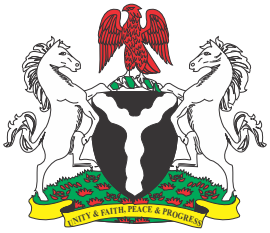
NATIONAL AIDS & STIs CONTROL PROGRAMME

FEDERAL MINISTRY OF HEALTH

2014 ANNUAL REPORT

ON HIV/AIDS HEALTH SECTOR RESPONSE IN NIGERIA



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PREFACE

The need to have a Country level report for the three core thematic areas of HIV Counseling and Testing (HCT), Prevention of Mother to Child Transmission (PMTCT) and Anti-Retroviral therapy have severally been discussed at technical meetings at national and state levels. In 2014, this need was made a priority by Government of Nigeria to showcase the achievements of the comprehensive HIV programme to a cross section of stakeholders. In line with 2004 UN General Assembly Special Session on HIV/AIDS (UNGASS) resolution, members states were expected to provide annual reports that will show data on the scale up of selected interventions and progress in overcoming health system barriers to achieving Universal Access.

As Nigeria scales up her National HIV/AIDS programmes towards achieving Universal Access (UA) to prevention, treatment, care and support, it becomes important to monitor and disseminate progress of the national response. Annually, the National AIDS & STIs Control Programme (NASCP), Federal Ministry of Health in collaboration with NACA, UNICEF, WHO and UNAIDS produces report on progress in scaling up the health sector response to HIV & AIDS.

This report covers the health sector response to HIV/AIDS for the year 2014 and some trend analysis. Major thematic areas covered include the HIV Counselling and Testing (HCT), Prevention of Mother to Child Transmission of HIV (PMTCT) and Anti-retroviral Therapy (ART).

I therefore, present this document as the 2014 annual report on the health sector response to HIV/AIDS, towards contributing to the pool of information on the control of the epidemic in Nigeria and around the world.

It is believed that all stakeholders will find this document very useful to their work.

Dr. Evelyn Ngige
National Coordinator
National AIDS & STIs Control Programme

ACKNOWLEDGEMENT

The National AIDS/STIs Control Programme of the Federal Ministry of Health acknowledges the dedication and commitment of all the individuals and organizations that participated in the development of the 2014 Annual Report on HIV & AIDS Health Sector Response in Nigeria.

We commend the efforts of the National Agency for the Control of AIDS (NACA), State Ministries of Health, UNICEF, other UN Agencies and Implementing Partners, for their collaboration and support towards the success of the 2014 health sector data validation which was the first step in generating this report.

We hope that the partnership we have enjoyed through the years will continue towards attainment of an improved HIV/AIDS service delivery and monitoring and evaluation in Nigeria.

Abatta Emmanuel O.
Head Strategic Information
National AIDS & STIs Control Programme

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
CTR	Counselled, Tested and Received Result
CTX	Cotrimoxazole
DNA	Deoxyribonucleic Acid
EBF	Exclusive Breast Feeding
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother to Child Transmission of HIV/AIDS
FCT	Federal Capital Territory
GARP	Global AIDS Response Programme
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
INH	Isoniazid Prophylaxis?
MNCH	Maternal Newborn and Child Health
MTCT	Mother to Child Transmission of HIV/AIDS
NACA	National Agency for the Control of AIDS
NASCP	National AIDS & STIs Control Programme
NDHS	Nigeria Demographic and Health Survey
NGOs	Non-Governmental Organizations
NPHCDA	National Primary Health Care Development Agency
NSP	National Strategic Plan
NVP	Nevirapine
OIs	Opportunistic Infections
PCR	Polymerase Chain Reaction
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
SACA	State AIDS Control Agency
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UA	Universal Access
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children´s Fund
USG	United States Government
WHO	World Health Organization

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INTRODUCTION

2014 ANNUAL HIV/AIDS REPORT

SECTION ONE:
INTRODUCTION

1.1 BACKGROUND

There are an estimated 24.7 million [23.5–26.1 million] people living with HIV in sub-Saharan Africa, nearly 71% of the global total. Ten countries— Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe—account for 81% of all people living with HIV in the region and half of those are in only two countries—Nigeria and South Africa. In spite of improvement in the area of treatment, it is estimated that 19% of AIDS–related deaths in Sub-Saharan Africa occurred in Nigeria. Nigeria is among the 3 countries contributing 48% of the new HIV burden in the SSA, others include South Africa and Uganda.

Nigeria contributes about one third of new HIV infections among children in the 21 HIV priority countries in sub-Saharan Africa: the largest number from any country. It also has the highest number of children acquiring HIV infection – nearly 60 000 in 2012, a number that has remained largely unchanged since 2009.

In order to ensure that Nigeria achieves the global target for elimination of MTCT in 2015, government and its stakeholders have taken bold steps to develop strategies targeted to ensuring access to prevention and treatment programmes. In the last few years, there has been an increase in coverage of both the numbers of service delivery points and number of people accessing services. This increase is a reflection of government's commitment to the global mandate.

The main target of the revised Nigerian National Policy on HIV and AIDS (2009) is "To halt and begin to reverse the spread of HIV, provide quality treatment for people living with HIV, and offer care and support to people infected and affected by HIV/AIDS by 2015 as Nigeria moves towards fulfilling its Universal Access commitment".

Annually, Nigeria among other countries, reports on a number of indicators on the health sector response to HIV for the Global AIDS Response Progress Report (GARPR). The GARPR report is used to determine countries' progress and challenges towards providing appropriate interventions for prevention, treatment, care and support services for HIV and AIDS. The information submitted is also used for the spectrum estimates for countries.

The National AIDS/STIs Control Programme of the Federal Ministry of Health anchors the preparation and submission of the report of the health sector response to HIV/AIDS on behalf of the country. The reports are generated mostly from the routine data submitted by the states to NASCP.

The 2014 GARPR online report was submitted to UNAIDS in April 2015. The importance of this National report is to make the same information that was submitted available to all stakeholders.

1.2 METHODOLOGY

Consultative meetings

The preparation of the report commenced with various consultative meetings with key stakeholders. It was during these meetings that timelines and budgets for various activities were developed. The core teams were identified and roles and responsibilities were also shared.

State level data collation and validation

Prior to the National collation, the states minisyt rof health and SACA coordinated meetings with implementing partners to harmonize all health sector data. The final harmonized data was sent to NASCP for further review. Where applicable, NASCP sent queries to the states for clarification or ratification.

National Health Sector Data Validation Meetings

Data validation meetings were carried out in three zones (North Central/South West zone, North East/North West zone and South East/South South zone). These meetings involved states MOH, SACA, Implementing Partners, UN Agencies and NMOD. The aim was to harmonize and validate all the data submitted to NASCP by the states for 2014. The output of the meeting was a consolidated report for the country.

Report writing workshop

A five day workshop was held with key stakeholders including NACA, UN Agencies, States Ministry of Health and Implementing Partners to produce the annual National HIV/AIDS health sector response report andfa ctsheets. The process involved desk review of published and unpublished documents including NSP, NOP, national eMTCT plans, Programme data, UA/GARP reports, WHO TB/HIV estimates, NDHS 2013 report, National/States Spectrum estimates and projections. The final report was developed by consensus of participants' opinions on all issues raised.

Endorsements and Authorizations

The report was endorsed by the Federal Ministry of Health.

NATIONAL AIDS & STIs CONTROL PROGRAMME
FEDERAL MINISTRY OF HEALTH

SECTION TWO:

HIV COUNSELLING AND TESTING (HCT)

2014 ANNUAL HIV/AIDS REPORT

SECTION TWO:

HIV COUNSELLING AND TESTING (HCT)

2.1 BACKGROUND

HIV Counselling and Testing (HCT) is the entry point to prevention, treatment, care and support services of the HIV/AIDS control programme. It is a strategy aimed at identifying new HIV cases, and reducing the spread of the HIV virus through adequate counselling services.

The goal is "To make HCT services available, accessible, and affordable to all Nigerians to know their HIV status and have prompt access to appropriate treatment, care and support services".

This section presents key HCT findings from the 2014 annual data and previous reports for Nigeria.

Table 2.1 Key HIV Counselling and Testing Indicators (2012, 2013 and 2014)

	Achievement		
INDICATORS	**2012**	**2013**	**2014**
Number of people CTR (excluding testing in PMTCT settings)			
Males < 15	80,268	203,427	397,851
Males 15 +	1,199,533	1,698,672	2,795,116
Females < 15	83,536	191,262	375,138
Females 15 +	1,429,274	1,923,840	3,148,377
Total	**2,792,611**	**4,017,201**	**6,716,482**
Number of people tested positive (excluding testing in PMTCT settings)			
Males < 15	8,467	10,391	17,258
Males > 15	119,166	108,694	111,866
Females < 15	8,706	9,384	16,241
Females 15 +	175,177	139,365	208,176
Total	**311,516**	**278,358**	**353,541**
Number of couples CTR	32,899	157,429	123,069
Number of couples with discordant results	3,231	8,838	12,776
% of discordant couples	**10%**	**6%**	**10%**
Number of TB Patients tested Negative	18,392	64,674	42,397
Number of TB Patients tested positive	16,809	28,631	45,189
Number of TB Patients CTR	**35,201**	**93,305**	**87,586**

Table 2.2: Targets versus Achievement of Adult (15 + years) Counselled, Tested and Received Result

Year	Cumulative Target	Cumulative Achievement	% NSP Target (cumulative)	% Achievement (cumulative)
2010	4,574,418	2,287,805	20%	19%
2011	13,966,441	4,344,383	30%	23%
2012	28,429,630	7,136,994	45%	28%
2013	43,277,858	10,997,855	60%	36%
2014	53,440,513	16,259,111	70%	45%

Table 2.2 shows the National HCT targets from 2010 - 2015 as was proposed in the NSP and the actual achievements. According to the NSP, 80% of adult population (15 years and above) will be reached with HCT services by 2015 from a baseline of 15% in 2009. As at the end of 2014, program data showed an achievement of 45% of the set cumulative target for those counseled, tested and received result (CTR).

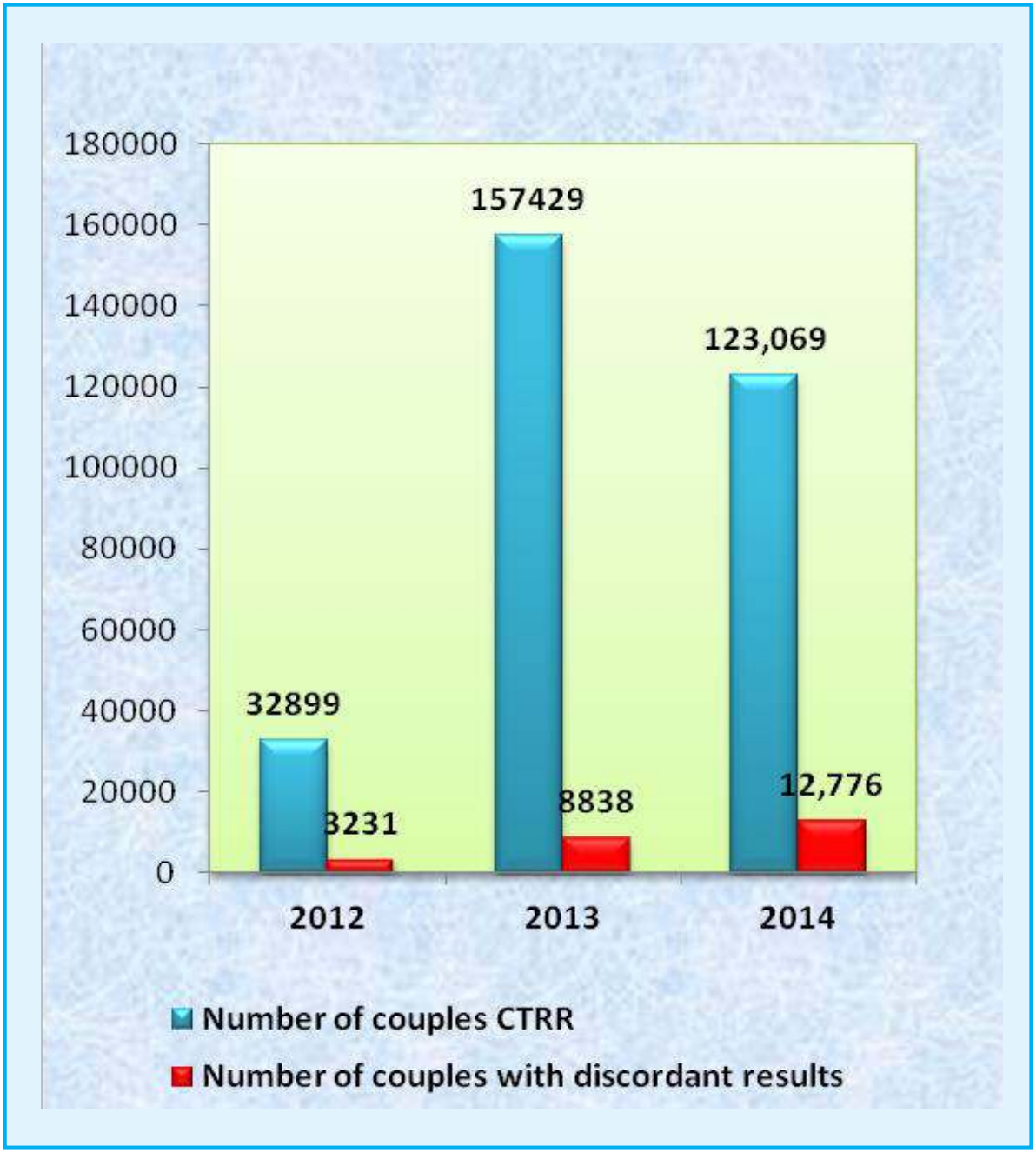
Table 2.3. Positivity rate among persons tested for HIV (All ages) by States

State	2013			State	2014		
	Number CTR	Number HIV Positive	Positivity Rate (%)		Number CTR	Number HIV Positive	Positivity Rate (%)
Sokoto	15,008	2,824	18.8	Edo	119,067	****	****
Ebonyi	20,935	3,935	18.8	Lagos	100,523	15,464	15.4
Benue	172,974	28,818	16.7	Borno	19,504	2,892	14.8
Nasarawa	84,702	12,576	14.8	Niger	177,950	19,396	10.9
Plateau	66,466	9,805	14.8	Kaduna	78,440	7,362	9.4
Kano	138,524	17,239	12.4	Akwa-Ibom	181,960	16,499	9.1
Akwa-Ibom	64,777	7,962	12.3	Benue	411,525	36,591	8.9
Lagos	156,345	15,379	9.8	Abia	99,726	8,348	8.4
Abia	52,773	5,105	9.7	Plateau	93,203	6,372	6.8
Adamawa	68,042	6,246	9.2	Kano	46,379	3,148	6.8
Taraba	104,591	9,517	9.1	FCT	155,389	10,518	6.8
Borno	10,198	898	8.8	Jigawa	236,671	13,770	5.8
Delta	104,800	8,634	8.2	Kebbi	21,805	1,250	5.7
Cross-river	128,627	10,292	8.0	Taraba	102,370	5,464	5.3
Yobe	40,394	3,093	7.7	Delta	132,496	6,500	4.9
Niger	42,545	3,238	7.6	Nasarawa	286,608	13,770	4.8
Rivers	62,925	4,566	7.3	Rivers	147,228	6,646	4.5
Jigawa	55,603	4,016	7.2	Katsina	91,892	4,141	4.5
FCT	228,331	16,463	7.2	Yobe	58,595	2,565	4.4
Edo	88,641	6,111	6.9	Adamawa	157,074	6,601	4.2
Kaduna	156,034	10,188	6.5	Kogi	97,185	4,070	4.2
Enugu	108,007	6,389	5.9	Ondo	85,816	3,352	3.9
Osun	47,130	2,591	5.5	Anambra	239,181	9,153	3.8
Gombe	101,136	5,390	5.3	Ogun	122,523	4,605	3.8
Ogun	95,625	5,096	5.3	Gombe	155,519	5,431	3.5
Kogi	96,064	5,115	5.3	Bayelsa	59,765	1,895	3.2
Bayelsa	66,108	3,368	5.1	Cross-river	460,473	11,971	2.6
Anambra	151,120	7,651	5.1	Enugu	288,466	7,210	2.5
Bauchi	77,285	3,890	5.0	Sokoto	64,337	1,574	2.4
Kebbi	58,961	2,953	5.0	Imo	262,617	6,272	2.4
Ondo	98,927	4,936	5.0	Osun	79,869	1,907	2.4
Katsina	88,010	4,148	4.7	Zamfara	323,760	7,408	2.3
Imo	133,770	5,974	4.5	Kwara	115,760	2,552	2.2
Kwara	60,463	2,587	4.3	Oyo	355,429	7,707	2.2
Zamfara	94,110	3,501	3.7	Bauchi	243,892	4,573	1.9
Ekiti	67,316	2,369	3.5	Ekiti	97,870	1,657	1.7
Oyo	337,487	7,159	2.1	Ebonyi	192,193	3,095	1.6

*** Needs further data validation

Table 2.3 shows 2013 and 2014 distribution of testing and positivity among those tested for HIV by states.

Fig. 2.1 Number of Couple CTR versus Number of Discordant Couples



There was a decrease in the number of couples that were counselled and tested from 157,429 in 2013 to 123,069 in 2014. However, there was an increase in the number of couples with discordant results from 8,838 in 2013 to 12,776 in 2014. The proportion of discordant couples has risen from 6% in 2013 to 10% in 2014. This implies that targeted intervention to increase demand for couples counseling and testing should be put in place.

Fig. 2.2 shows the number of individuals counselled tested and received result in 2014 by state. Cross Rivers State had the highest number with 460,473 followed by Benue with 411,525 persons.

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SECTION THREE:

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

2014 ANNUAL HIV/AIDS REPORT

SECTION THREE:

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

3. 1 BACKGROUND

Prevention of Mother to Child Transmission (PMTCT of HIV aims at eliminating transmission of HIV from mother to child during pregnancy, labour, delivery and breast feeding. MTCT accounts for about 90% of infections in children3, hence the focus is to ensure that no child is born with HIV infection in Nigeria.

PMTCT is an effective and sustainable intervention with a focus on ensuring an HIV-free generation by the strategy of getting to zero and closing the gaps. PMTCT services commenced in Nigeria in 2001 in six tertiary health facilities. At the end of 2014, about 6546 facilities comprising of tertiary, secondary and primary health care centres are providing PMTCT services. Furthermore, there has been a considerable engagement of the private sector in PMTCT service delivery to increase access. The Elimination of Mother to Child Transmission of HIV (eMTCT) Operational Plan (2015-2016) was developed in 2014 to contribute to the elimination of new HIV infections among children and keep their mothers alive by 2020.

3.2 NATIONAL eMTCT TARGETS 2015 – 2016 [2]

The National eMTCT target for 2015-2016 are:

1. 50% of adolescents and young people have access to prevention interventions by 2016
2. 20% of all HIV positive women have access to contraceptive by 2016
3. 70% of all pregnant women receive quality HIV testing and counselling and receive their result by 2016
4. 70% of all HIV positive pregnant women and breastfeeding mothers receive ARVs by 2016

This section presents key PMTCT achievements for 2014 and previous years.

Fig. 3.1. PMTCT Sites from 2010 to 2014

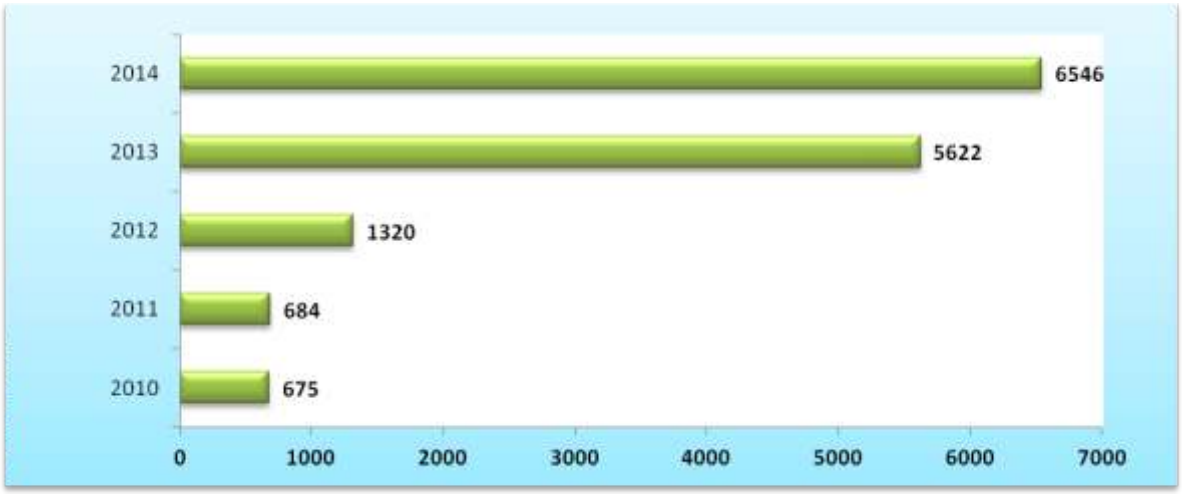


Figure 3.1 shows the number of PMTCT sites from 2010 – 2014. Though there was a very sharp increase in the number of sites providing services between 2013 and 2014.

Table 3.1: Key PMTCT indicators from 2014 year Data

INDICATORS	**Estimated needs/ targets [3]	2014 YEAR Achievements	2014 YEAR COVERAGE (%)
Number of health facilities providing PMTCT services	------	6,546	------
Number of pregnant women attending first ANC visit at a PMTCT site during the reporting period	------	2693788	------
Number of pregnant women who were tested for HIV and received their results including women tested at post-partum period (<72 hours), and those with previously known HIV status	Annual pregnancy *** 6912603	3067514	44.4%
Total Number of pregnant women who tested HIV positive including previously known positive	------	107957	------
Number of HIV-infected pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission (MTCT)	211896	63350	30%
Number of infants born to HIV-infected women receiving ARV prophylaxis (First dose of NVP) for the prevention of mother-to-child transmission (PMTCT) in the first 6 weeks of birth	211896	26566	12.54%

No. of Infants born to HIV+ women whose blood samples were taken for DNA PCR test within 2 months of birth - Total	211896	13059	6%
No. of HIV PCR results received for babies born to HIV+ women whose blood samples were taken within 2 months of birth tested - Total	-----	8802	-----
No. of HIV PCR results received for babies born to HIV+ women whose blood samples were taken within 2 months of birth tested positive - Total	-----	1614	-----

****Calculated from NDHS 2012 crude birth rate and 2006 census population projection for the year 2014.*

Figure 3.2: Number of Pregnant women who were counselled, tested and received their result

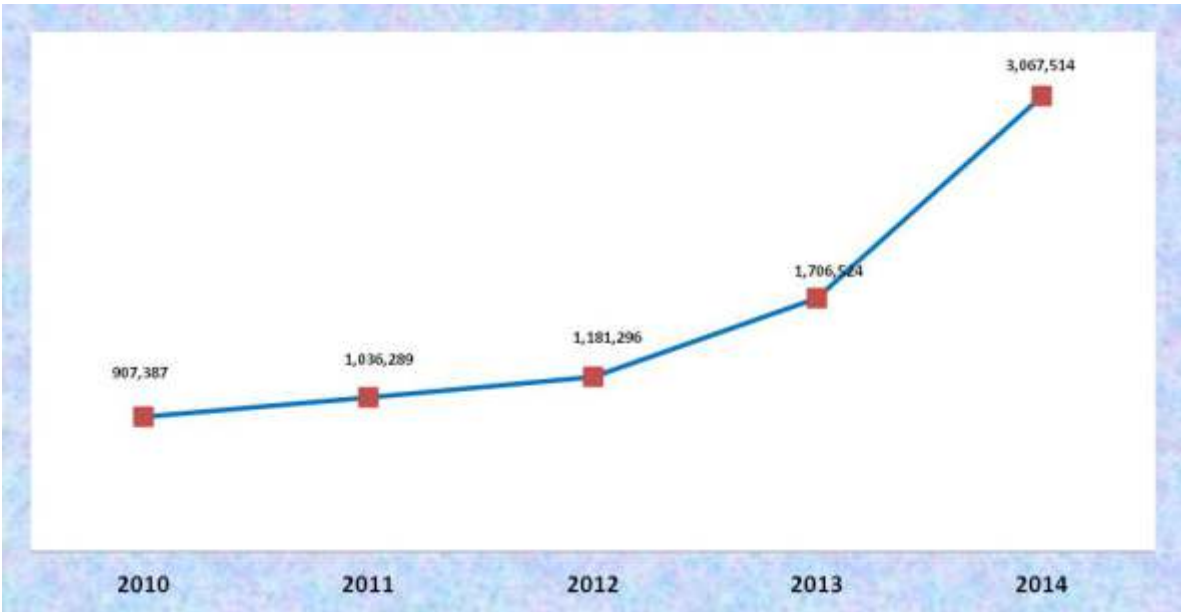


Figure 3.2 shows a progressive increase in the number of pregnant women who received counselling and testing from 2010 to 2014. At the end of year 2014, there was an 80% increase in women CTR as compared to 2013.

Figure 3.3: Number of HIV positive pregnant women who received ARVs to reduce the risk of mother to child transmission of HIV

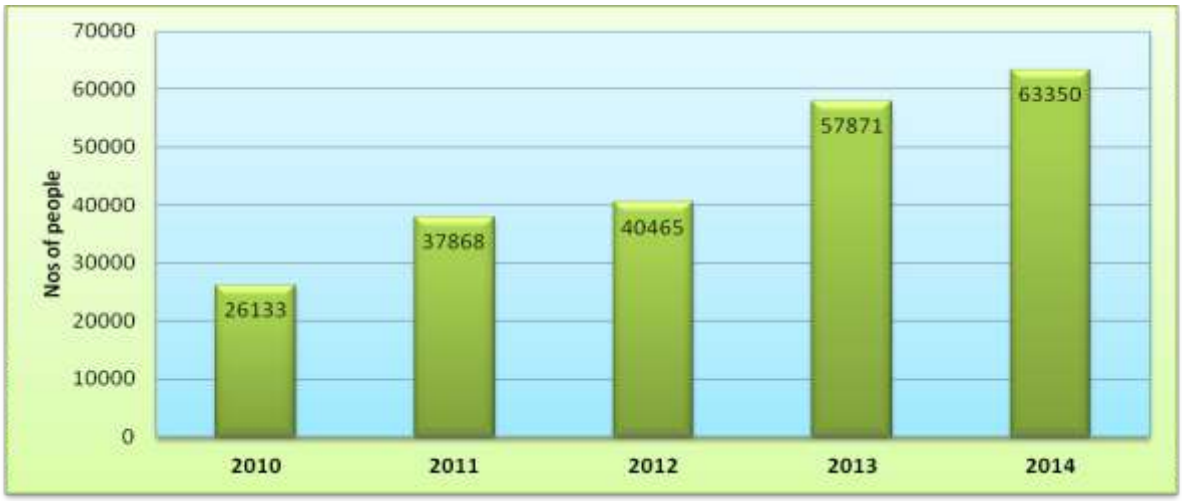
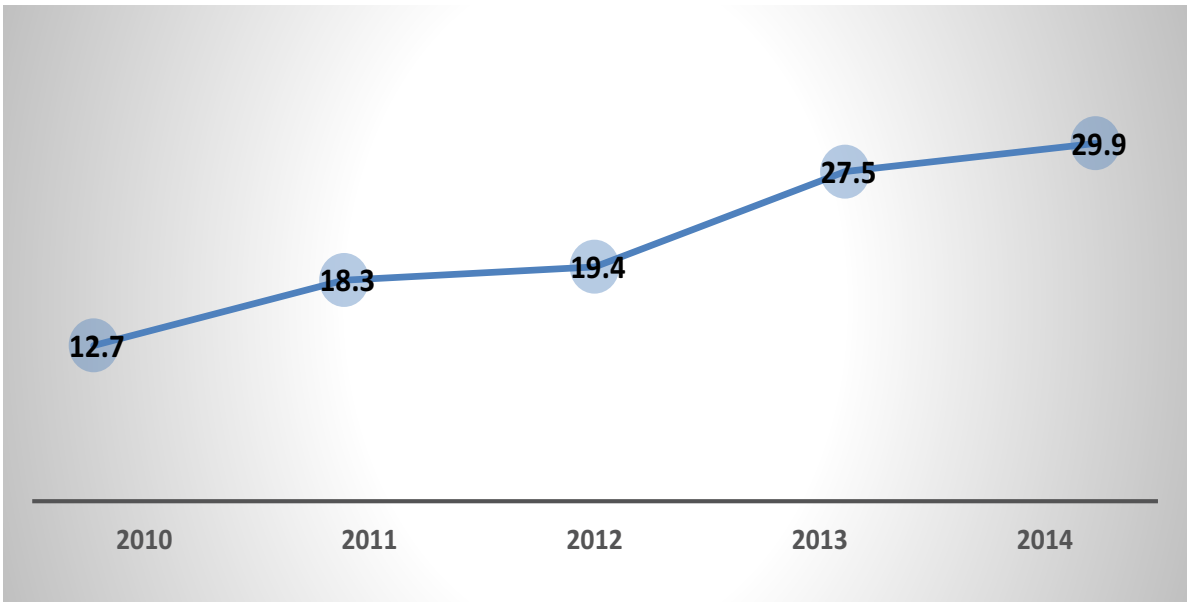


Figure 3.3 above shows an increase in number of positive women placed on ARV to reduce the risk of mother to child transmission from 2010 to 2014.

Figure 3.4: PMTCT Coverage (%) in Nigeria 2010-2014



A figure 3.4 shows the PMTCT coverage from 2010 to 2014 with efficacious ARVS. This coverage excludes women who received single or dual ARVs.

Figure 3.5: The 2014 National PMTCT Cascade

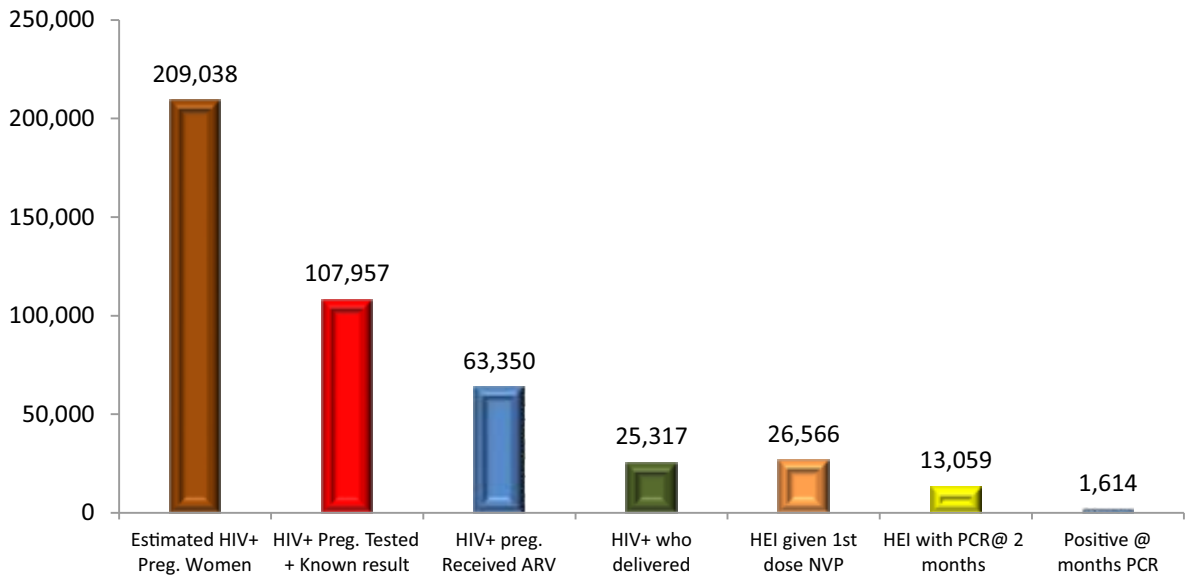


Figure 3.6 New Infant HIV infection (Spectrum estimate

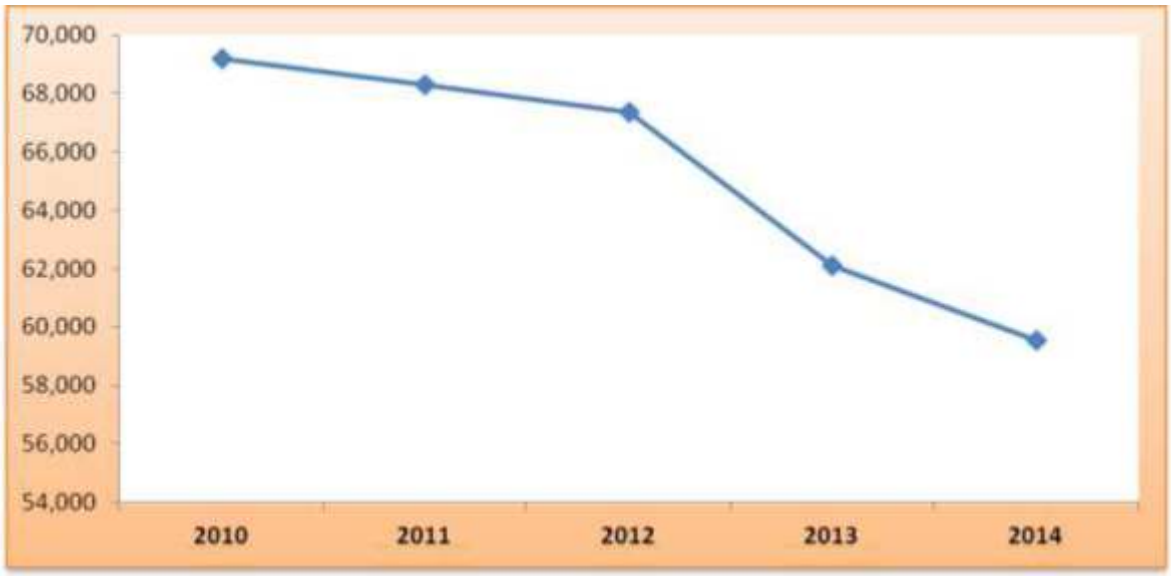


Figure 3.6 shows the estimated new infant HIV infections between 2010 and 2014. It show s that the new infant HIV infection is reducing.

Table 3.2: Coverage of ARV Prophylaxis among HIV Positive pregnant Women by States

State	2013			2014		
	PMTCT Need	Achievement	PMTCT Coverage (%)	PMTCT Need	Achievement	PMTCT Coverage (%)
Edo	1,526	1,304	85%	***	1,668	***
Benue	11,734	7,732	66%	12,628	10,458	83%
Nasarawa	5,176	3,498	68%	5,352	4,279	80%
Anambra	3,197	1,766	55%	3,073	2,370	77%
Enugu	1,824	1,329	73%	1,930	1,424	74%
Plateau	4,107	2,286	56%	4,163	2,898	70%
FCT	4,488	3,423	76%	4,926	2,806	57%
Abia	2,898	1,095	38%	3,312	1,792	54%
Delta	***	2,944	***	2,223	1,025	46%
Imo	3,719	1,022	27%	3,883	1,671	43%
Lagos	8,477	3,460	41%	8,673	3,341	39%
Ebonyi	2,005	806	40%	1,896	723	38%
Akwa Ibom	14,136	2,490	18%	14,730	5,285	36%
Cross River	4,754	1,771	37%	4,991	1,680	34%
Kogi	2,681	1,138	42%	2,917	899	31%
Rivers	6,198	1,728	28%	6,382	1,883	30%
Taraba	9,591	1,874	20%	9,896	2,592	26%
Bayelsa	1,689	222	13%	1,935	474	24%
Bauchi	3,992	847	21%	3,768	878	23%
Niger	8,462	1,193	14%	8,749	1,977	23%
Ondo	4,731	1,852	39%	4,816	945	20%
Adamawa	4,850	648	13%	4,990	965	19%
Osun	2,655	627	24%	2,721	488	18%
Kwara	3,940	575	15%	3,854	643	17%
Gombe	4,294	1,488	35%	4,771	747	16%
Katsina	3,722	823	22%	3,848	565	15%
Ogun	7,358	1,133	15%	7,489	1,022	14%
Kebbi	1,290	314	24%	1,236	159	13%
Zamfara	1,991	339	17%	2,056	247	12%
Ekiti	2,371	697	29%	2,390	287	12%
Kaduna	25,080	3,246	13%	24,203	2,837	12%
Oyo	10,415	1,031	10%	10,682	1,251	12%
Jigawa	4,161	266	6%	4,290	378	9%
Borno	5,199	389	7%	5,655	361	6%
Kano	12,626	1,126	9%	13,832	777	6%
Sokoto	12,003	286	2%	12,329	341	3%
Yobe	5,670	588	10%	5,684	91	2%

From the table 3.2 abo ve, eight states h ave achieve d at least 50% PMTCT cove rage in terms of provision of anti-retroviral prophylaxis/treatment for HIV positive pregnant women by the end of year 2014.

Figure 3.7: ARV Prophylaxis Coverage for PMTCT by States- 2014

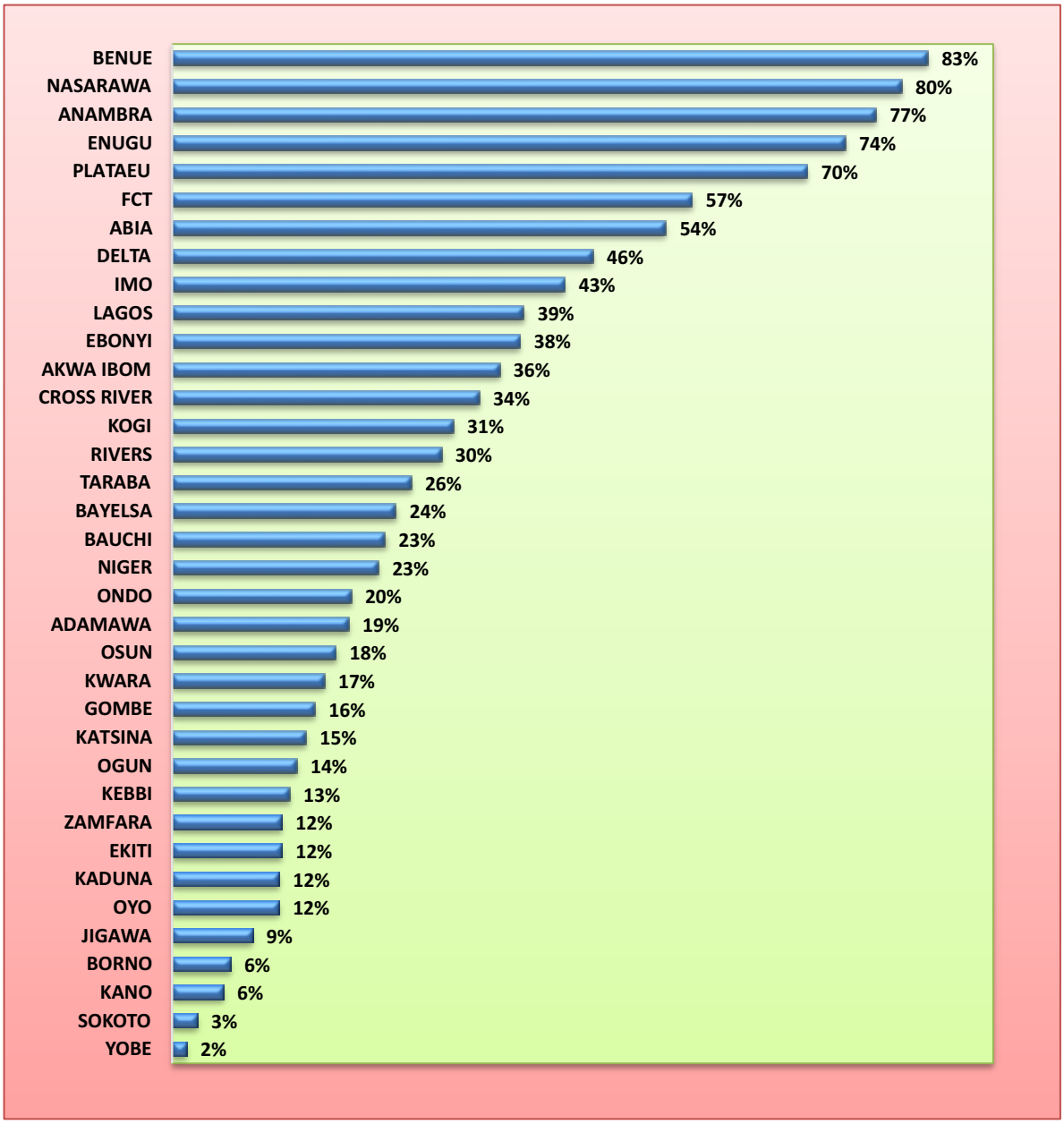


Figure 3.7 shows PMTCT ARV coverage by states in 2014. Notably, Benue & Nasarawa PMTCT coverage figures were above 80% of their 2014 estimated needs. However, Yobe, Sokoto, Kano, Borno and Jigawa had a coverage below 10% which may be attributable to the insecurity in these regions. This low performance has been observed in these States over the past two years.

Challenges to effective PMTCT services

- Inadequate integration of PMTCT into MNCH services
- Sub-optimal coordination at all levels.
- Inadequate resources and funding
- Inadequate tracking and follow up of HIV positive pregnant women.
- Weak community involvement,
- Poor engagement of TBAs and private sector in PMTCT service delivery.
- Inadequate laboratory diagnosis & logistic services for EID
- Inadequate behavior change communication
- Weak data management and M & E systems
- Unstable external factors (Insecurity, displaced persons, etc)

Way forward

- Strengthen integration of services
- Implementation of costed scale up plan at all levels.
- Strengthen coordination and management of service delivery at all levels.
- Advocacy to Government at all levels
- Strengthen tracking of mother baby pair
- Strengthen community systems
- Strengthen engagement of TBAs and private sector in PMTCT service delivery
- Strengthen laboratory services for EID collection, analysis, reporting and retrieval
- Scale up Early Infant Diagnosis (EID) services to all PMTCT sites
- Improve BCC strategies

Opportunities for PMTCT Scale up

- Existence of New Funding model for Global Fund (with high PMTCT priority)
- FGN initiatives such as the midwives services scheme (MSS).
- Existence of HCT sites with capacity to implement PMTCT
- Private sector involvement in PMTCT service provision

NATIONAL AIDS & STIs CONTROL PROGRAMME
FEDERAL MINISTRY OF HEALTH

SECTION FOUR:

ANTI-RETROVIRAL THERAPY (ART)

2014 ANNUAL HIV/AIDS REPORT

SECTION FOUR:

ANTI-RETROVIRAL THERAPY (ART)

4.1 BACKGROUND

The national ART programme commenced in 2001 in 25 tertiary hospitals and targeted 10,000 adults and 5,000 children. However, following the 3 by 5 WHO initiative, the target was reviewed to achieve universal access to ART by 2010. As at 2014, ART coverage among children consistently remained low when compared to adults.

The goal of National Strategic Plan (NSP 2010-2015) is to ensure that "All eligible PLHIV receive quality treatment services for HIV/AIDS and Opportunistic Infections (Ois) as well as TB treatment services for PLHIV co-infected with TB".

4.2 OBJECTIVES

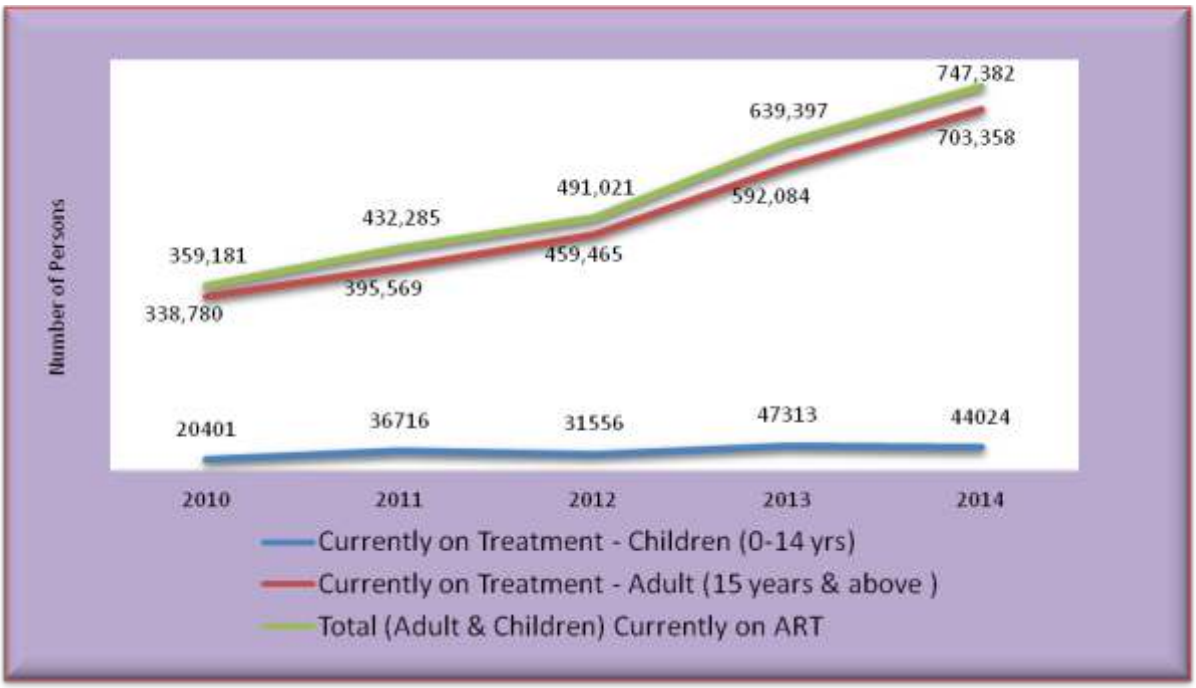
- At least 80% of eligible adults (women and men) and 80% of children (boys and girls) are receiving ART based on national guidelines by 2015 [4]
- At least 80% of PLHIV are receiving quality management for OIs (diagnosis, prophylaxis, and Treatment) by 2015 [4]
- All states and local government areas (LGAs) are implementing strong TB/HIV collaborative Interventions by 2015 [4]
- All TB suspects and patients have access to quality and comprehensive HIV and AIDS services by 2015 [4]
- All PLWHIV have access to quality TB screening and those suspected to have TB, to receive TB treatment [4]

Table 4.1: Key National ART Indicators By Year (2010 – 2014)

INDICATORS	2010	2011	2012	2013	2014
Currently on Treatment - Children (0 -14 yrs)	20,401	36,716	31,556	43,664	44,024
Percentage of eligible children currently receiving antiretroviral therapy (ART)	10.2	18.3	15.6	23.5	20.7
Currently on Treatment - Adult (15 years & above)	338,780	395,569	459,465	592,084	703,358
Percentage of eligible adults currently receiving antiretroviral therapy (ART)	27.6	30.8	34.4	42.4	48.3
Number of eligible adults and children who newly initiated antiretroviral therapy (ART) during the reporting period (Jun 2014)	109,226	NA	102,611	148,028	145,053
Percentage of estimated HIV - positive incident TB cases that received treatment for TB and HIV	9.3	19.6	9.2	9.2	12.2
Number of persons enrolled for HIV care who were placed on INH prophylaxis	1,750	969	2,257	7,973	22,899
Number of persons enrolled for HIV care who initiated CTX prophylaxis - (Children 0 -14 years)	na	na	10,171	33,946	24,909
Total number of facilities providing ART services	446	491	566	820	1057

Table 4.1 shows the key ART performance indicators from 2010 to 2014 results.

Figure 4.1: Number of Adults and children Currently Receiving ART 2010 - 2014



The figure 4 above shows that there has been a progressive increase in the number of adults receiving antiretroviral therapy from 2010 – 2014.

Figure 4.2: Number of Persons Currently on ART Disaggregated by Sex in year 2014

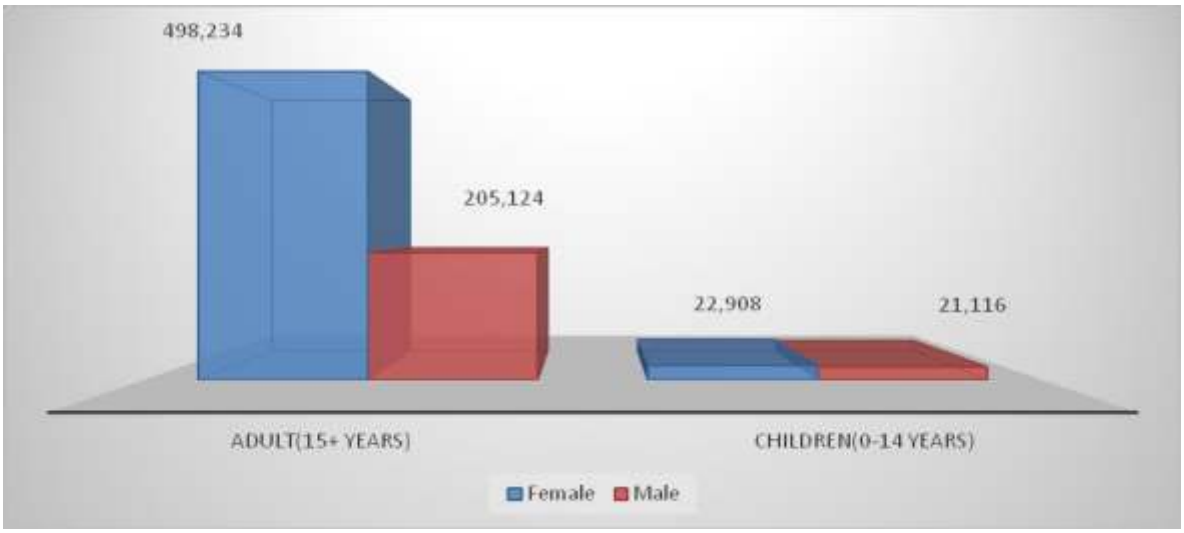


Figure 4.2 shows that the number of adult and children currently on treatment.

Figure 4.3: National Target Vs. ART Coverage Among Children (0 - 14 years) 2010 – 2014

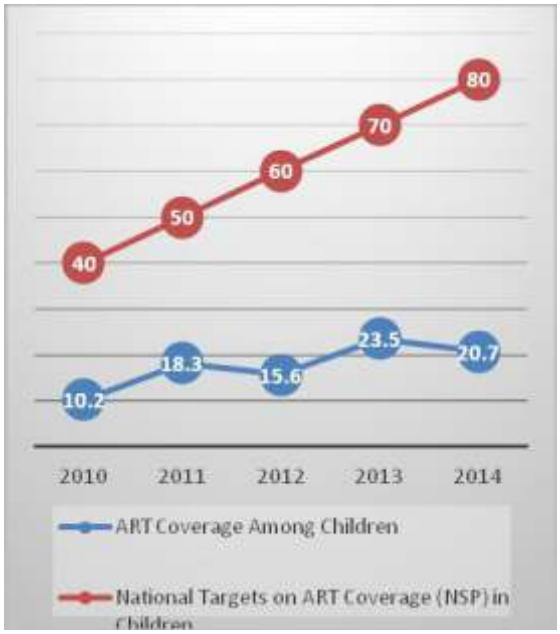
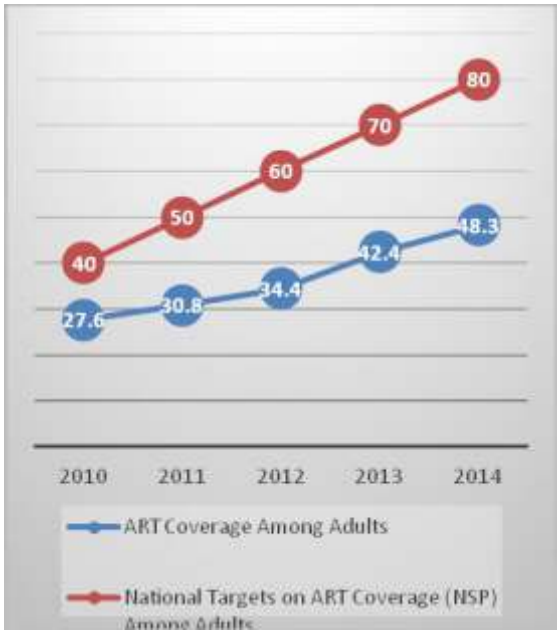


Figure 4.4: National Target Vs. ART Coverage Among Adults 2010 – 2014



Fifures 4.3 and 4.4 above show national targets [4] versus ART coverage (%) [3] from 2010 to 2014. Generally, there is an increase in ART coverage from 10.2% in 2010 to 20.7% in 2014 for children under 15 years. The adult coverage showed a progressive increase from 27.6% in 2010 to 48.3% in 2014.

As at 2014, the National ART program covered 747,382 (44%) out of the estimated 1,670,016 persons (adults and children) estimated to be needing ART by December, 2014. This shows that the present achievement is still low when compared with the national target. Thus, more efforts and resources and strategies will be required to ensure sustainable scale-up of ART coverage.

Figure 4.5: Gaps in ART Coverages (%) between Children and Adults (2010 - 2014)

The chart illustrates the percentage difference of ART coverage between children and adults from 2010 to 2014. There is slight drop in coverage between 2010 and 2011, followed by a steady increase from 2012 to 2014. This emphasizes the need for the National programme to prioti zethepaediatr IcART programme.

Figure 4.6: Number of Persons Newly Started on Treatment Disaggregated by Age (2012 - 2014)

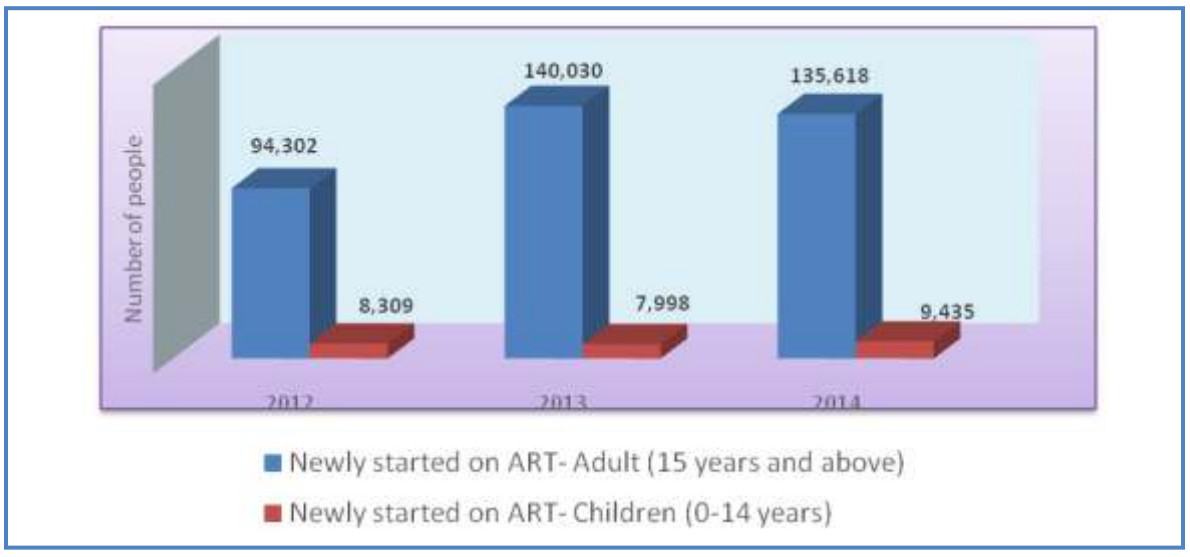
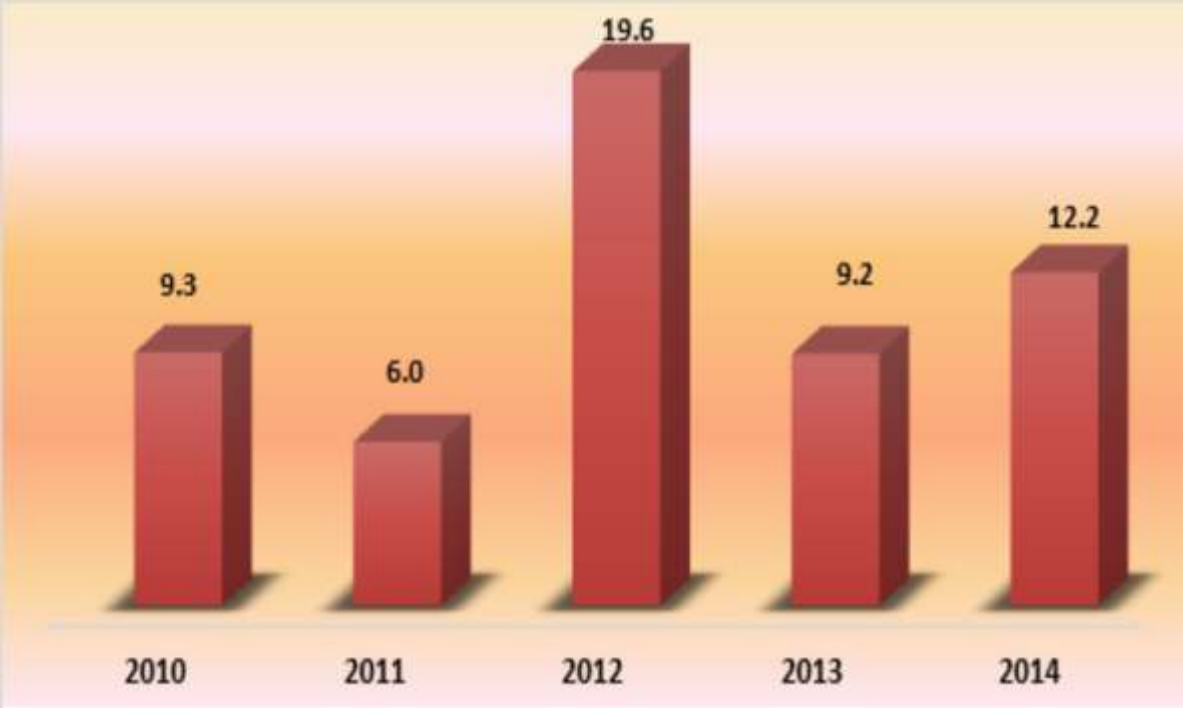


Figure 4.6 shows The number of adults and children newly started on treatment from 2012 to 2014

Figure 4.7: Coverage (%) of TB Treatment among PLHIV in Nigeria 2010 - 2014)



*** Denominator sourced from WHO estimates for TB [5]

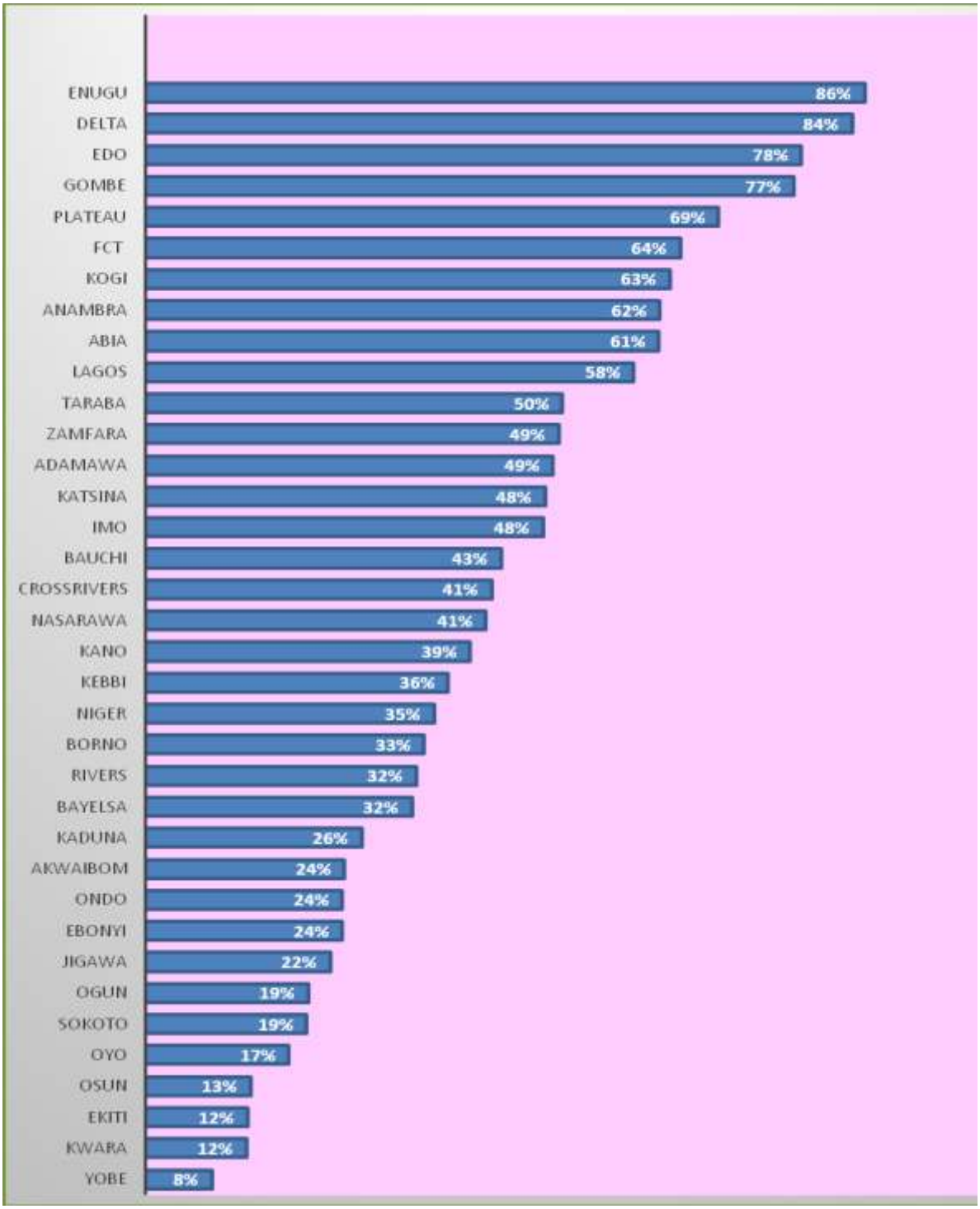
Figure 4.7 shows coverage of TB treatment among PLHIV from 2010 and 2014.

Table 4.2: 2014 ART Coverage By States

States	ART Need based on CD4 350 eligibility	Total HIV Population	Achievement	ART Coverage	
				Based on CD4 350 eligibility	Based on Total HIV Population (Global Indicator)
Benue	86,785	197,959	121,643	***	61%
Edo	20,875	30,599	16,370	78%	53%
Enugu	24,733	48,546	21,263	86%	44%
Plateau	49,758	79,430	34,097	69%	43%
Delta	21,017	49,264	17,746	84%	36%
Gombe	24,724	58,517	19,160	77%	33%
Anambra	35,722	70,256	21,973	62%	31%
FCT	62,725	130,088	40,079	64%	31%
Kogi	29,722	69,149	18,634	63%	27%
Lagos	89,211	206,086	52,031	58%	25%
Kebbi	17,119	27,415	6,194	36%	23%
Bauchi	27,651	53,387	11,756	43%	22%
Taraba	71,426	167,243	35,598	50%	21%
Adamawa	32,569	74,654	15,874	49%	21%
Katsina	21,678	52,818	10,352	48%	20%
Zamfara	10,859	27,654	5,367	49%	19%
CrossRivers	42,017	90,287	17,383	41%	19%
Imo	33,370	84,527	15,855	48%	19%
Abia	20,607	70,507	12,649	61%	18%
Nasarawa	47,868	115,644	19,467	41%	17%
Kano	66,630	165,530	25,883	39%	16%
Niger	44,751	108,864	15,448	35%	14%
Borno	31,184	75,910	10,385	33%	14%
Rivers	62,722	155,771	20,299	32%	13%
Ebonyi	21,592	42,898	5,080	24%	12%
Akwalbom	106,763	239,889	25,382	24%	11%
Ondo	45,751	103,735	10,766	24%	10%
Kaduna	152,170	381,978	39,329	26%	10%
Bayelsa	8,541	30,585	2,722	32%	9%
Jigawa	23,026	60,564	5,085	22%	8%
Ogun	54,353	141,140	10,594	19%	8%
Kwara	42,163	70,593	5,086	12%	7%
Sokoto	49,477	136,833	9,550	19%	7%
Oyo	85,313	219,200	14,645	17%	7%
Osun	27,688	70,848	3,481	13%	5%
Ekiti	20,471	51,159	2,500	12%	5%
Yobe	30,943	77,804	2,468	8%	3%

***Data validation ongoing.

Figure 4.8: ART Coverage By States and FCT (2014)



*** Coverage based on CD4 350mm/cc eligibility for ART*

Figure 4.8 above shows the ART coverage in the States and FCT. Coverage in the States ranges from 8% in Yobe to 86% in Enugu State.

Figure 4.9: Number of Service Delivery Points In Nigeria (2010 - 2014)

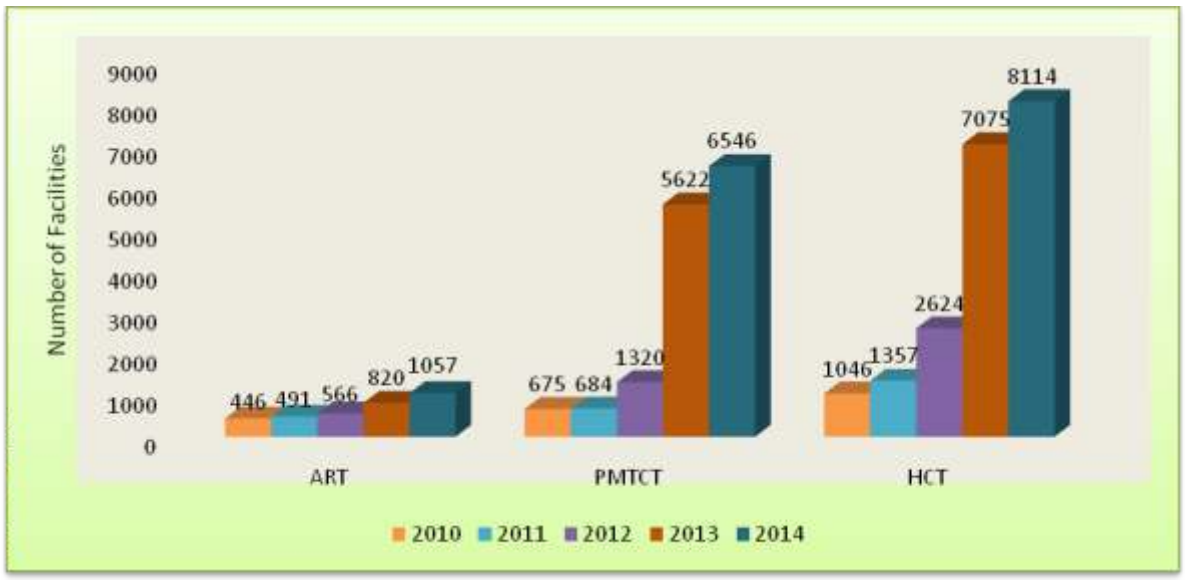


Figure 4.9 above shows progressive increase in number of ART, PMTCT and HCT sites from 2010 to 2014. Scaling up the number of service delivery points (ART, PMTCT and HCT) is crucial to overall access to National HIV/AIDS response.

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SECTION FIVE:

RECOMMENDATIONS AND CONCLUSION

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SECTION FIVE:

RECOMMENDATIONS AND CONCLUSION

5.1 RECOMMENDATION

1. Government at all levels should ensure adequate budgetary allocation and prompt release of funds for HIV/AIDS control in order to consolidate the gains so far recorded towards meeting the rising need for HIV/AIDS service delivery. This is a sure way of demonstrating program ownership across all tiers of government.
2. Development agencies, implementing partners and the private sector should be engaged to allocate adequate resources to ensure the implementation of costed plans including eMTCT in order to significantly reduce the gaps.
3. There is need to strengthen the logistics and supply chain management system. The increase in uptake of HIV services should be anticipatorily accommodated in commodity forecast and prompt delivery of logistics items without break.
4. Data management is critical to the success of the HIV/AIDS program. It is recommended that the data management processes be strengthened especially by structured feedback system on errors identified during collation and validation.
5. Training and retraining of health care workers on HIV/AIDS M&E system with emphasis on data validation and reporting which should be complimented with mentoring and supportive supervision.
6. There is also a need to strengthen coordination and management of health service delivery at all levels. Integration and mainstreaming of services are veritable ways of ensuring program sustainability. To all intents and purposes, prolonged health worker strikes ought to be strongly discouraged as they are counterproductive to reaching targets.
7. To enable greater access and uptake of HIV services, it is recommended that government should strengthen the implementation of free PMTCT services at all levels with emphasis on socialization of antenatal care and delivery services by reducing costs to the barest minimum. This will in no small measure guarantee equitable access to ANC and indeed PMTCT services.
8. The weak paediatric component of PMTCT services is an issue of great concern. Areas recommended for urgent attention include scale up of Early Infant Diagnosis (EID) services to all PMTCT sites and strengthening breastfeeding/infant nutrition counselling. This will require staff training and retraining, improved EID logistics, acquisition and equitable redistribution of DNA PCR machines for the country as well as re-emphasizing need for client tracking.
9. There is need to strengthen the partner testing components of PMTCT keeping in

focus that in PMTCT ''one test saves three lives''

10. PMTCT services should be extended to more private facilities across the country. The method of engagement should be streamlined and innovative.
11. The logistics system for ART procurement, distribution and utilization should be optimized to ensure universal asses to treatment care and support and minimize loss to follow up, poor rate of adherence and consequent development of HIV drug resistance.
12. The association between TB and HIV infection should be recognized to minimize morbidity and mortality and the associated sequel of dual infection.

5.2 CONCLUSION

IIn conclusion, this report has described the health sector response to HIV/AIDS in the three service areas of HCT, PMTCT and ART specifically in 2014 and generally between 2010 and 2014. It has also highlighted specific weaknesses and opportunities for improving program me performance and achievement of targets.

Finally it has made recommendations for translating the experience gathered by all stakeholders and their respective programmes for improved performance in subsequent years.

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