



# NATIONAL SUMMARY SHEET

PRELIMINARY FINDINGS

MARCH 2019

The 2018 Nigeria HIV /AIDS Indicator and Impact Survey (NAIIS) was a national household-based survey that assessed the prevalence of human immunodeficiency virus (HIV) and related health indicators. Data collection was done from July through December 2018. Data were collected from household members ages 0-64 years old. Home-based HIV counseling and testing services were provided to people who participated in the survey. Participants receiving an HIV-positive test result were linked to treatment services. NAIIS data includes national, zonal, and state information on HIV control activities in Nigeria.

NAIIS was led by the Government of Nigeria through the Federal Ministry of Health (FMOH) and the National Agency for the Control of AIDS (NACA), conducted with funding from the United States (U.S.) President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria with technical assistance from the U.S. Centers for Disease Control and Prevention (CDC). The survey was implemented by the NAIIS Consortium, led by the University of Maryland, Baltimore (UMB), under the supervision of the NAIIS Technical Committee.

## KEY FINDINGS



HIV Indicator	Female		Male		Total		Unweighted sample size
	%	95%CI*	%	95%CI	%	95%CI	
<b>HIV prevalence †</b>							
0-14 years	0.2	0.1–0.3	0.2	0.1–0.3	0.2	0.1–0.3	32,555
15-49 years	1.9	1.7–2.0	0.9	0.8–1.0	1.4	1.4–1.5	147,849
15-64 years	1.9	1.8–2.0	1.1	1.0–1.2	1.5	1.4–1.6	174,564
<b>Viral load suppression ‡</b>							
15-49 years	45.3	42.4–48.3	34.5	29.7–39.3	42.3	39.6–44.9	2,241
15-64 years	46.2	43.4–48.9	40.9	36.8–45.0	44.5	42.0–46.9	2,777

\* The 95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time.

† The numerator for HIV prevalence is the number of people tested HIV-positive in each subgroup. The denominator is the number of people tested in each subgroup.

‡ Viral load suppression is defined as HIV RNA <1,000 copies per ml of plasma. The denominator for viral suppression is the number of PLHIV in each age group.

Prevalence of HIV among adults age 15-64 years was 1.5%, 1.9% among females and 1.1% among males.

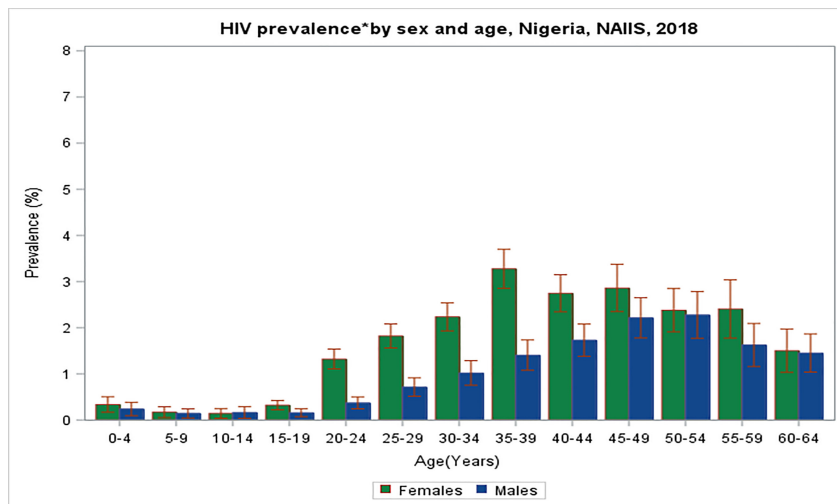
Prevalence of HIV among children age 0-14 years was 0.2%

Prevalence of viral load suppression (VLS) among people living with HIV (PLHIV) age 15-64 years in Nigeria was 44.5%, 46.2% among females and 40.9% among males.

## HIV PREVALENCE BY SEX AND AGE



HIV prevalence was the highest among females age 35-39 years at 3.3%, and the highest among males age 50-54 years at 2.3%. The HIV prevalence gender disparity between females and males was greatest among younger adults, with females age 20-24 years (1.3%) having almost 4 times the prevalence of males in the same age group (0.4%).



\* The error bars show the 95% CIs (confidence intervals), the intervals within which the true population parameter is expected to fall 95% of the time.

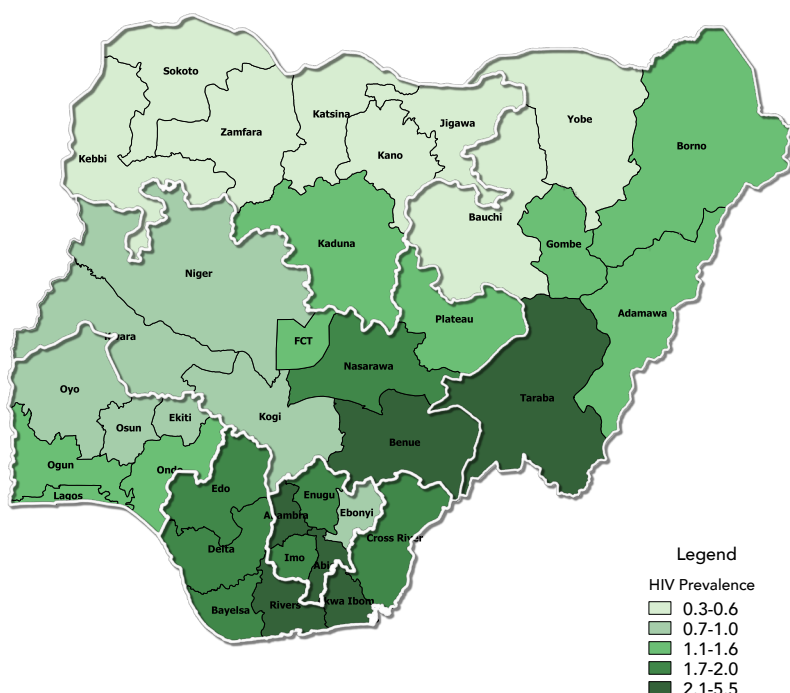
## HIV PREVALENCE AMONG PERSONS AGE 15-64 YEARS BY ZONE



Among adults age 15-64 years, HIV prevalence varied by zone across Nigeria, with the highest prevalence in South South Zone (3.1%) and the lowest prevalence in North West Zone (0.6%).

Zones	HIV Prevalence	95% CI*
North Central	2.1	1.8-2.4
North East	1.1	0.9-1.3
North West	0.6	0.4-0.7
South East	1.9	1.7-2.2
South South	3.1	2.8-3.4
South West	1.2	1.0-1.4

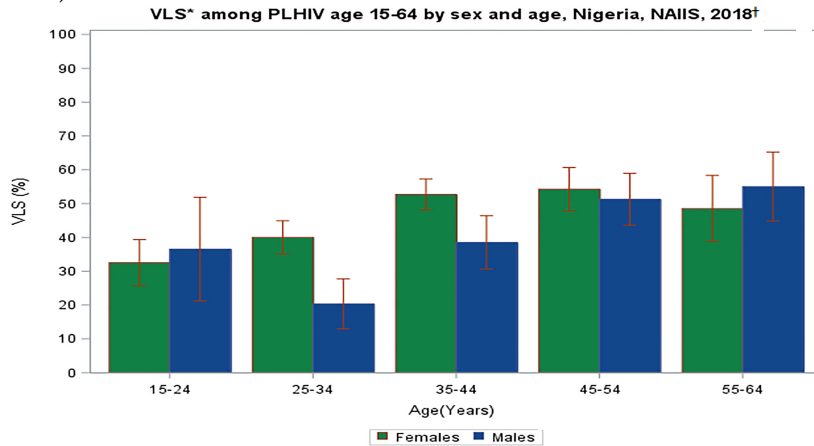
\* The 95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time.



## VIRAL LOAD SUPPRESSION AMONG PLHIV AGE 15-64 YEARS BY SEX AND AGE



VLS among PLHIV was the highest among males age 55-64 years at 55.0% and the highest among females age 45-54 years at 54.3%. The VLS gender disparity between females and males was greatest among those age 25-34 years, with females age 25-34 years (40.0%) 2 times more likely to have viral suppression compared to males in the same age group (20.3%).



\* VLS (viral load suppression) is defined as HIV RNA <1,000 copies per ml of plasma. The denominator for viral suppression is the number PLHIV in each age group.  
 † The error bars show the 95% CIs (confidence intervals), the intervals within which the true population parameter is expected to fall 95% of the time.

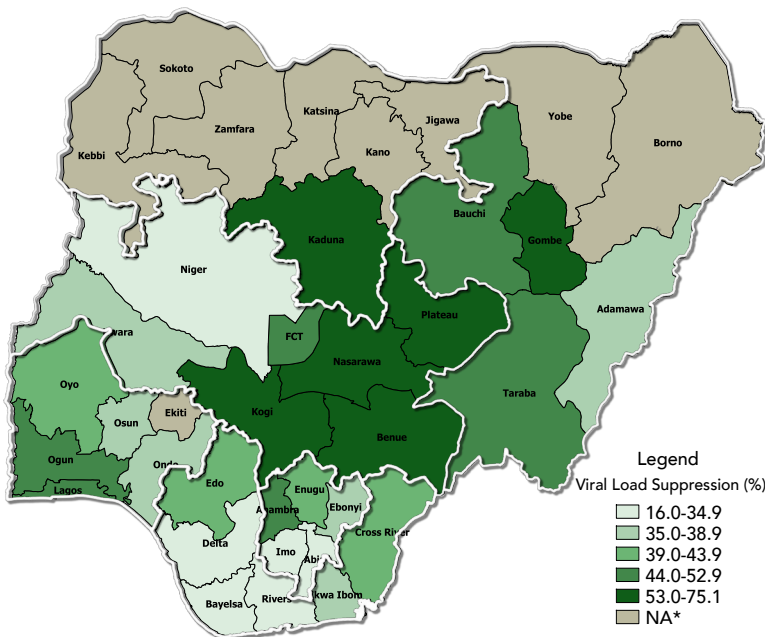
## VIRAL LOAD SUPPRESSION AMONG PLHIV AGE 15-64 YEARS BY ZONE



Among PLHIV age 15-64 years, VLS varied across Nigeria, with the highest VLS in North Central Zone and the lowest VLS in South South Zone.

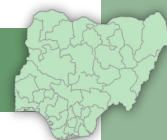
Zones	Viral Load Suppression (%)	95% CI†
North Central	65.6	61.2–70.0
North East	49.7	40.5–59.0
North West	44.4	35.2–53.7
South East	38.2	32.9–43.4
South South	33.7	29.5–37.9
South West	43.1	36.7–49.5

† The 95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time.



\* NA – Data not presented due to an unweighted sample size less than 30 people.

## PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT)



**The PMTCT cascade describes a series of steps to maximize the health of pregnant women and HIV-free survival of infants.**

Among women who gave birth since January 1, 2015, 76.5% self-reported attending at least one antenatal care (ANC) visit for their last pregnancy and 40.0% self-reported knowing their HIV status during pregnancy. Among women who self-reported knowing their HIV status, 1.4% self-reported testing HIV positive prior to or during pregnancy. Among the known HIV-positive women, 82.6% self-reported receiving antiretrovirals (ARVs) during their pregnancy. Among women who self-reported received ARVs during their pregnancy, 80.1% self-reported starting ARVs prior to their first ANC visit.

**PMTCT, Nigeria, NAIS, 2018**

**Among women age 15-49 years who gave birth since January 2015**

**76.5%**  
[75.2-77.7%]

Self-reported attending at least one antenatal clinic (ANC) visit for their most recent pregnancy

**40.0%**  
[38.6-41.4%]

Self-reported knowing their HIV status during pregnancy

**Among women who self-reported knowing their HIV status**



**1.4%**  
[1.1-1.6%]  
Self-reported testing HIV positive\*

**Among women who self-reported being HIV positive**



**82.6%**  
[76.2-89.0%]  
Self-reported receiving ARVs during pregnancy†

\* HIV-positive status was identified during ANC (antenatal care) visit or labor and delivery (15.2% of women who self-reported knowing their status) or before pregnancy (84.8% of women who self-reported knowing their status).

† Among women who self-reported receiving ARVs, 80.1% self-reported taking ARVs before ANC and 19.9% self-reported taking ARVs during pregnancy.

## CONCLUSIONS



- HIV prevalence estimates varied across Nigeria, with the highest prevalence in and South South Zone and the lowest prevalence in North West Zone.
- Almost half of PLHIV in Nigeria achieved viral suppression.
- Although almost 4 out of 5 women attended at least 1 ANC visit during their most recent pregnancy, only 2 out of 5 self-reported knowing their HIV status.
- Nigeria will focus efforts on ensuring those infected with HIV achieve viral suppression, minimizing the risk of HIV transmission and moving Nigeria closer to controlling the HIV epidemic.

## RESPONSE RATES AND HIV TESTING METHODS



Of 89,565 eligible households, 93.7% completed the household interview. Of 113,808 eligible women and 96,351 eligible men age 15-64 years, 84.5% of women and 81.4% of men were both interviewed and tested for HIV. Of 45,858 eligible children age 0-14 years, 71.0% were tested for HIV.

Only 54% and 42% of the enumeration areas in Zamfara and Borno States, respectively, were accessible during the survey due to security restrictions.

HIV prevalence testing was conducted in each household using a serological rapid diagnostic testing algorithm based on Nigeria's National HIV Testing Guidelines, with laboratory confirmation of seropositive samples using a supplemental assay.

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The Government of Nigeria is grateful to all citizens who agreed to be part of NAIS. Their dedication and willingness will help improve the lives of all Nigerians.

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