

INFORMATION SHEET

HIV/ AIDS

UNICEF Nigeria, June 2007

Background

HIV/AIDS is a major issue of concern for children, young people and women in Nigeria with a prevalence rate of 4.4 per cent in 2005. An estimated 3.5 to 3.8 million people are living with the virus, which makes Nigeria the third worst affected country in the world.

Worryingly, the prevalence rate is highest among young people: 4.7 per cent of 20-24 year-olds and 4.9 per cent of 25-29 year-olds are infected with the HIV virus. About 4.4 per cent of women attending antenatal clinics are infected with HIV. An increasing number of children are infected with the virus, through mother-to-child-transmission. Yet less than 1% of pregnant mothers have access to counseling and testing services for HIV in Nigeria. According to UNAIDS latest estimates, about 240,000 children are living with HIV-AIDS in Nigeria. In addition, 930,000 children are orphaned by AIDS.

While awareness about HIV/AIDS has gradually increased among the Nigerian population, misconceptions about transmission are still high. Only 20 per cent of women and 28 per cent of men say that they would purchase fresh vegetables from a person living with AIDS.

National HIV/AIDS response

In 1999, the Nigerian Government established the National Action Committee on AIDS (NACA). Initial tasks included coordinating the national response to HIV/AIDS and formulating an HIV/AIDS Emergency Action Plan (HEAP) which was implemented from 2001 to 2004.

In 2004, a National Response review was commissioned to assess the degree of implementation and attainment of objectives of the plan. A new National Strategic Framework (2005-2009) has been developed in 2005, building on the findings of the review report.

Some of the main objectives of the National Strategic Framework include:

- To increase programme implementation rate by 50% from 2005 to 2009 through improved coordination mechanisms
- To have 95% of the general population make the appropriate behavioral changes by 2009

- To increase access to prevention, care, treatment and support services for the general population, People living with HIV/AIDS (PLWHAs), orphans and vulnerable children by 50% in 2009

The Federal Governments plan is to accelerate access to anti-retroviral therapy (ART) by reaching 250,000 people living with HIV/AIDS in need of treatment by 2006. Currently, according to NACA, about 100,000 people living with HIV-AIDS are on ART in Nigeria (as of December 2006), almost all of them being adults.

The Federal Ministry of Health also developed a national Prevention of Mother-to-Child Transmission (PMTCT) of HIV Programme in 2001. Since then, sites providing PMTCT services have increased from an initial 11 to over 250, involving partners such as UNICEF, Centers for Disease Control (CDC), APIN and USAID. PMTCT services have also been expanded from the initial tertiary health facilities to secondary and primary health facilities.

UNICEF's support to the national response

Recognizing the public health, social and economic threat of the epidemic, UNICEF Nigeria supports projects in line with the Children and AIDS campaign:

- Primary Prevention: promoting behaviour change in young people for HIV prevention
- PMTCT: preventing mother to child transmission of HIV
- Paediatric AIDS: increasing access to anti-retroviral therapy for HIV infected children
- Protection of orphans and vulnerable children

HIV/AIDS is a core priority for UNICEF Nigeria and impacts on most programme work.

Primary Prevention: promoting behaviour change in youth for HIV prevention

UNICEF and partners collaborate with the National Youth Service Corps (NYSC) scheme, which enrolls 90,000 young graduates annually for one year of social development work.

Between January 2002 and December 2006, 414,655 corps members benefited from a one-day training on reproductive health and HIV prevention funded by

UNICEF and CIDA. Within the same period, 22,195 volunteer corps members have been trained as peer education trainers. They were deployed to 10,612 secondary schools nation-wide to train and mentored over 600,000 peer educators who in turn reached out to millions of adolescents and young people. It is estimated that over 7 million young people may have been reached through this scheme. Through its size and focused approach, the programme is crucial in changing attitudes and to bring about change in risky behaviour of many young people. An evaluation carried in 2006 concluded that this is probably 'the most comprehensive youth focused intervention initiative in the country' and the project that has 'the widest coverage reaching every Local Government Area (774) in the country.'

UNICEF also supported the establishment of the National Youth Network on HIV/AIDS (NYNETHA). The network provides youth-led NGOs a platform to share experience and an opportunity to collaborate and advocate at State and National level for the youth participation in the HIV/AIDS response. Over 200 NGOs are members of the network.

Prevention of Mother to Child Transmission (PMTCT)

UNICEF supports the provision of a comprehensive package of care, including information on HIV/AIDS/PMTCT/ infant feeding, voluntary counselling and testing services, antiretroviral drugs, psycho-social care and access to treatment for opportunistic infections. Guidelines and training manuals for PMTCT were developed for health staff with UNICEF support.

From an initial six pilot tertiary sites in 2002, UNICEF currently supports 158 sites (tertiary, secondary and primary health facilities) in 15 states and the Federal Capital Territory. The support has included:

- Provision of equipment and supplies including HIV Test Kits, computers and data management equipment, TV sets and VCRs.
- Training of health workers in Voluntary Counselling and Testing, Interpersonal
- Communication and HIV and Infant Feeding Options, record keeping and laboratory techniques.
- Promoting behaviour change by working with community leaders and training NGOs/CBOs/FBOs on advocacy and community mobilization.

Paediatric AIDS

While UNICEF does not provide ARV for paediatric treatment in Nigeria, it supports capacity building for paediatric AIDS in critical areas. In 2006, support was provided to update the Paediatric Treatment Guidelines so as harmonize the Paediatric Standard Operating Protocols. Based on this also, Training Modules were developed for all cadres of health workers.

Logistics and supplies were provided to enhance capacity for service delivery. Cotrimoxazole suspension was supplied to UNICEF supported PMTCT sites for care of exposed infants. Motor cycles and boat engines were also supplied to facilitate follow up of babies delivered to positive mothers.

Protection of orphans and vulnerable children

Until recently, the response to the crisis of orphan and vulnerable children (OVC) in Nigeria has been mostly confined to communities and families. But with the burden of poverty and an increasing number of orphans, they can hardly cope. The magnitude of the OVC crisis requires a scaled-up national response led by government at all levels.

UNICEF Nigeria, in collaboration with USAID and UNAIDS, supported an OVC Rapid Assessment, Analysis and Action Planning process in 2004. The same year, a national conference on orphans and vulnerable children took place. In collaboration with other partners, UNICEF supported the Federal Ministry of Women Affairs (FMWA) for the development of a budgeted National Action Plan (CNAP) that provides the framework for the national response to OVC in Nigeria for a period of five years.

The five-year national OVC Plan of Action, which has been approved by the Federal Executive Council in March 2007 and officially launched in May 2007 by President Obasanjo, provides key actions for accelerating support to OVC in six technical components: Service Delivery Environment, Education, Health, Household Level Care and Economic strengthening, Psychosocial Needs and Social Protection and Monitoring and Evaluation. The budget included in the plan comes to a total amount of \$ 1.6 billion for the five-year period (2006-2010), which gives the extent of the investment needed to provide adequate support to vulnerable children in Nigeria.

The FMWA recently established an OVC Unit in order to coordinate the implementation of the Plan. One of the first activities which will be carried out in 2007 is a comprehensive survey to assess the exact number of OVC and their situation.

At Field Office level, UNICEF is also supporting the work of local NGOs in different States to enhance communities coping strategies and to give direct support to OVC and their families.

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