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REVIEW

HIV epidemiology in Nigeria

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Abstract Nigeria realizes the devastating effects of HIV/AIDS on its people, health, economic, and social progress fairly recently. This paper analyses descriptively the HIV epidemiology in Nigeria based on the sentinel surveillance system in place. Recently, it is estimated that about 3, 229, 757 people live with HIV in Nigeria and about 220, 393 new HIV infections occurred in 2013 and 210,031 died from AIDS related cases. People practicing low-risk sex are the driving force of HIV epidemic in Nigeria while the high risk groups involving female sex workers, men who have sex with men and injecting drug users contribute substantially to new infections. In conclusion, HIV prevalence among adults in Nigeria is relatively low (3.2%), yet Nigeria is an enormous country where HIV infection remains an issue that demands a systematic and highly tailored intervention. © 2016 The Authors. Production and hosting by Elsevier B.V. on behalf of King Saud University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

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1. Introduction

HIV infection has spread over the last 30 years and has a great impact on health, welfare, employment and criminal justice sectors; affecting all social and ethnic groups throughout the world. Recent epidemiological data indicate that HIV remains a public health issue that persistently drains our economic sector having claimed more than 25 million lives over the last three decades (WHO Fact Sheet, 2014). The estimated overall number of People Living with HIV (PLWHIV) by the end of 2014 was approximately 36.9 (34.3–41.4) million and Sub-Saharan Africa was the most affected region, having 25.8 (24.0–28.7) million PLWHIV and 66% of all people with HIV infection living in the region (Joint United Nations Global Fact Sheet, 2015).

Of all people living with HIV globally, 9% of them live in Nigeria (UNAIDS, 2014a). The country already burdened by political instability and endemic political corruption as a result of almost 33 years of military rule now seems prepared to ‘wipe out’ the virus within a few decades (Nigeria National Agency for the Control of AIDS, 2012). Notwithstanding the progress in institutional reforms and political commitment to tackle the disease, the country has seen more citizens placed on life saving medication of active antiretroviral therapy (AART) to increase the survival of such HIV seropositive individuals (Nigeria National Agency for the Control of AIDS, 2012).

This present review surveys the dynamics of HIV transmission in Nigeria, its emerging trends and the sentinel surveillance system put in place by the governmental and non-governmental institutions, and international organizations. Finally, a discussion on how this information could aid HIV/AIDS prevention and best behavioural practices among the highly risk individuals is presented.

2. Methods and data sources

2.1. Geographical area

Nigeria is a West African country, bordered in the North by the Niger Republic; in the East by the Republic of Chad and Cameroun; in the West by the Republic of Benin and in the South by the Atlantic Ocean. The nation covers a total surface area of 923, 768 km² and 800 km of coast line and lies within latitudes 4°1' and 13°9' North and longitudes 2°2' and 14°30' East. Nigeria is divided into 36 states of the federation (divided into six geopolitical zones) including the Federal Capital Territory (FCT) in Abuja and is home to a population of 170 million.

2.2. HIV/AIDS surveillance system

The method adopted in this paper was a descriptive analysis of the HIV epidemiology in Nigeria, based on the sentinel surveillance system. The most comprehensive national data on HIV/AIDS in Nigeria is through the sentinel surveillance system adopted by the government. Data are collected regularly from all zones, states, towns and rural areas in the country and with the target population being pregnant women aged between 15 and 49 years attending antenatal clinics (ANC) in selected health facilities in all states in the country (National Population Commission, 2009; Federal Ministry of Health, 2009, 2010a,b). The assessment of the epidemiological situation in Nigeria is not based on the analysis of the routine notifications of newly diagnosed HIV infections delivered by physicians and/or laboratories because the monitoring and evaluation system in place though relatively strong at the national level is much weaker at the state and local government levels, and across other sectors (public, private, and civil society). In addition, the harmonization of monitoring and evaluation system in the area of data collection and reporting tools and templates is poor across partners and service delivery areas, thus burdening data collection at lower levels (Measure Evaluation, 2010).

The information retrieval system used in this study included a search of databases (PubMed) and the identification of fugitive literature (governmental and other institutional reports).

3. HIV/AIDS in Nigeria: an overview

The first two AIDS cases in Nigeria was diagnosed in 1985 and reported in 1986 in Lagos one of which was a young female sex worker aged 13 years from one of the West African countries (Nasidi and Harry, 2006). The news of this first AIDS case sent panic, doubt and disbelief to the whole nation as AIDS was perceived as the disease of American homosexuals. Some people saw the story about AIDS as a ploy by the Americans to discourage sex and many acronyms, one of which was ‘American Idea for Discouraging Sex’ emerged at the time. This earlier perceptions, skepticisms and reactions of the Nigerian public towards the ‘foreign’ AIDS case and HIV/AIDS in general has been well documented in the introductory part of a fairly recent doctoral thesis on ‘Modelling HIV/AIDS Epidemic in Nigeria’ that can be found online (Eze, 2009).

Notwithstanding the above misconception by the Nigerian public, since the beginning of the epidemic in the mid-1980s, a total of 220,000 new HIV infections have been reported in 2014 (Table 1). Most cases were adults over the age of 15 years. A substantial number of new HIV-infected children

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