



HIV/AIDS EPIDEMIC CONTROL

REPORT

APRIL - JUNE 2023 EDITION (Quarter 2)

Data is for June 2023 Q2 and was downloaded from the NDR on 9th July 2023

INTRODUCTION

There are currently 38 million people living with HIV worldwide, and millions have died from AIDS-related causes (UNAIDS 2022). Estimates from 2023 Spectrum placed the number of people living with HIV in Nigeria at 1,910,405. Using the UNAIDS 95-95-95 Fast Track Strategy, the global community seeks to end the AIDS epidemic by 2030, thus attaining the 3.3 Sustainable Development Goal (SDG).



PLHIV CURRENT
ON TREATMENT

1,941,059



PLHIV ELIGIBLE
AND TESTED
FOR VIRAL LOAD

1,647,235



PLHIV WITH
SUPPRESSED
VIRAL LOAD

96%

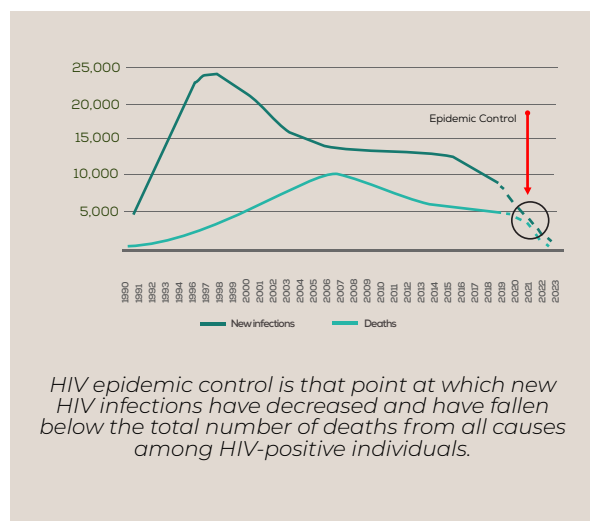


1,910,405

PLHIV
ESTIMATE

The number of PLHIV with suppressed viral load is **1,585,167**. Viral Load Suppression rate is calculated using the number of patients on treatment with documented viral load results as the denominator.

HIV EPIDEMIC CONTROL



HIV RECENT INFECTION

As Nigeria moves closer towards reaching the UNAIDS 95-95-95 Fast track strategy, monitoring of the epidemiology of recent HIV infections will allow the country to adjust the public health response to sub-populations and locations where high levels of transmission may be occurring. Rapid test for recent infection (RTRI) use a single test device to differentiate between recent (within 1 year) and long-term (more than 1 year) HIV infection.

Recent infection testing algorithm (RITA) combines results of the recent infection assay and viral load and, if available, information on testing history for final interpretation of recency status. By using VL testing, persons who are (likely) on ART at time of diagnosis can be re-classified as having long-term infection.

FACILITIES IMPLEMENTING REGENCY SURVEILLANCE VS HIV CONFIRMED RECENT INFECTIONS



1,142

48%
facilities providing
HTS services

HEALTH FACILITIES



1,022



1,366

RECENT INFECTIONS

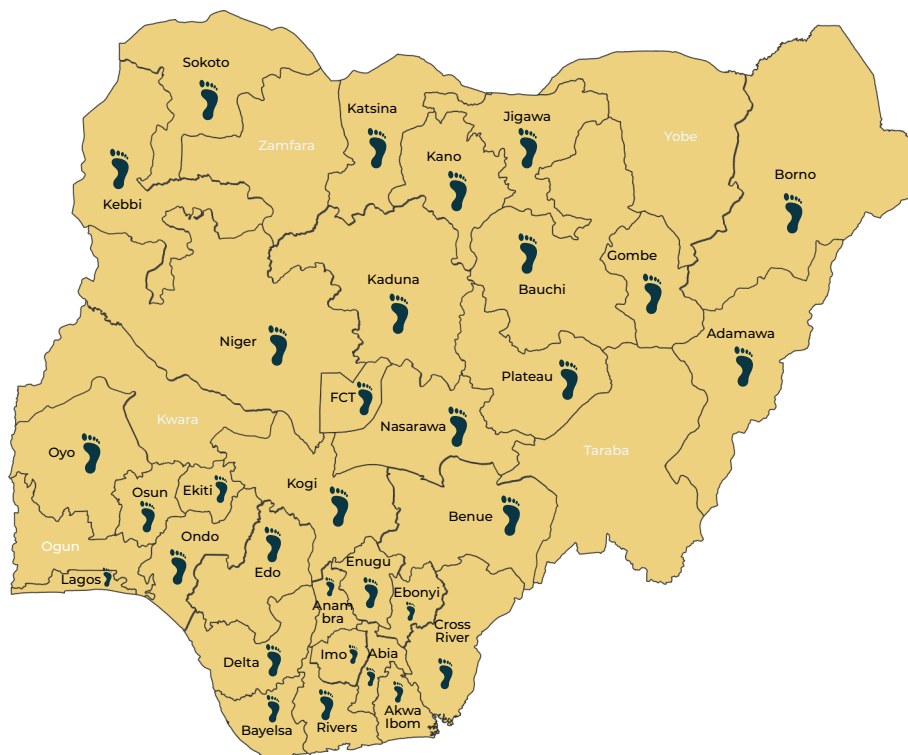


FIGURE 1: *Current Footprint of Recency Surveillance Implementation by State*

FACILITIES IMPLEMENTING REGENCY SURVEILLANCE VS HIV RECENT INFECTIONS

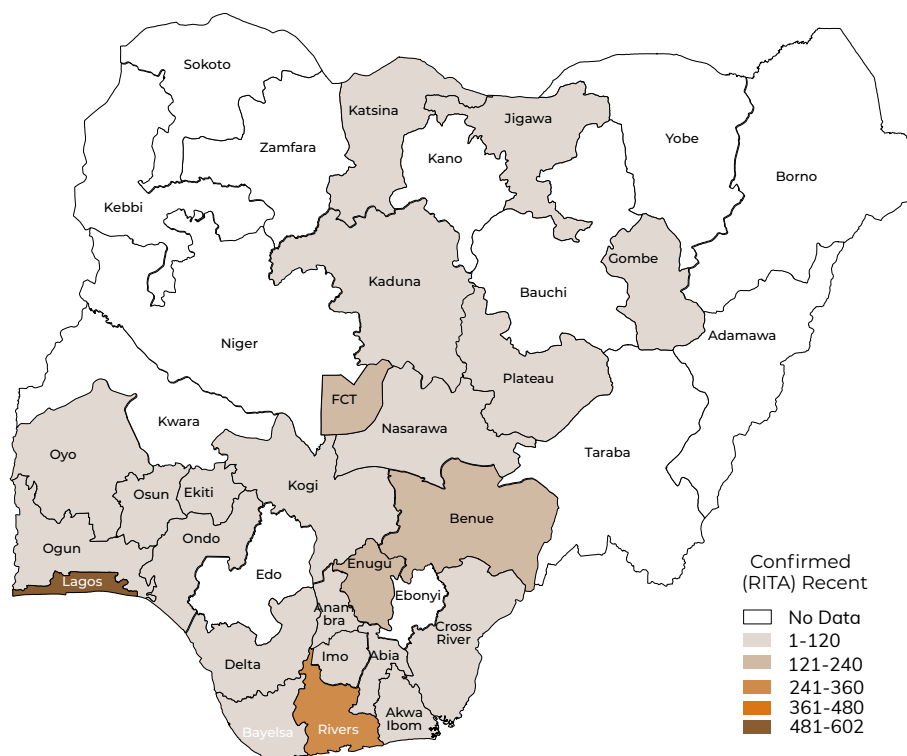


FIGURE 2: *Distribution of confirmed (RITA) recent infections from March 2020 to June 2023*

PRELIMINARY VS RECENT INFECTIONS FROM 2020 TO 2023

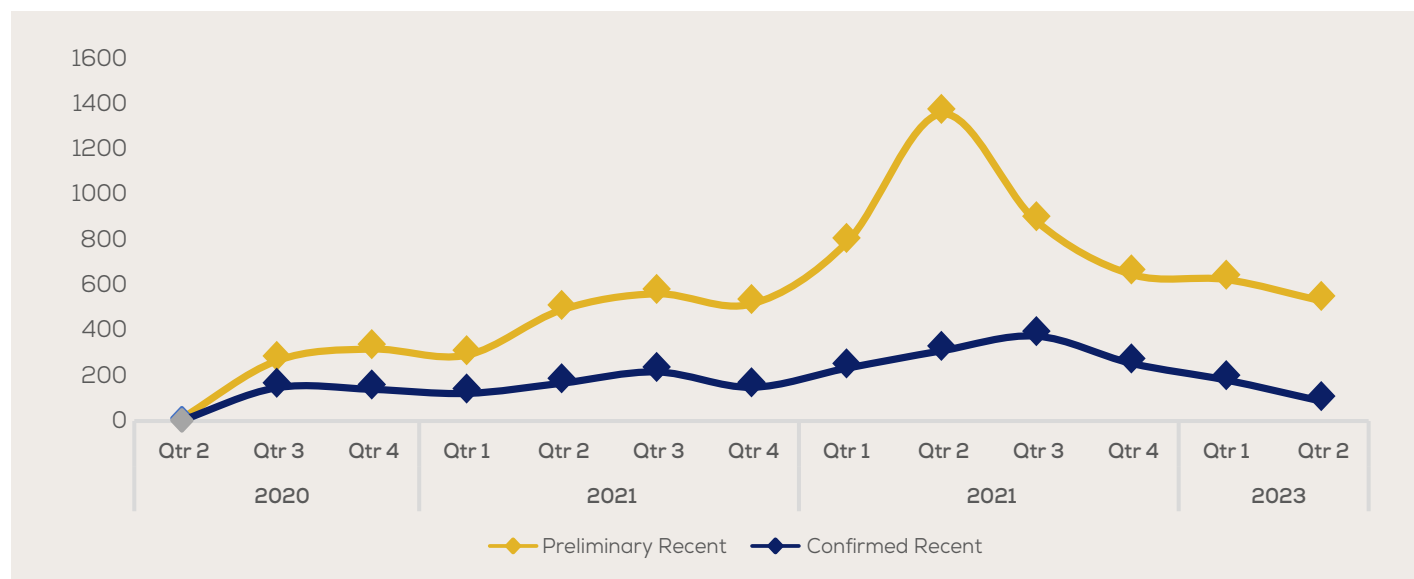


FIGURE 3: Preliminary vs Recent Infections from 2020 to 2023

FACILITIES IMPLEMENTING REGENCY SURVEILLANCE VS HIV RECENT INFECTIONS

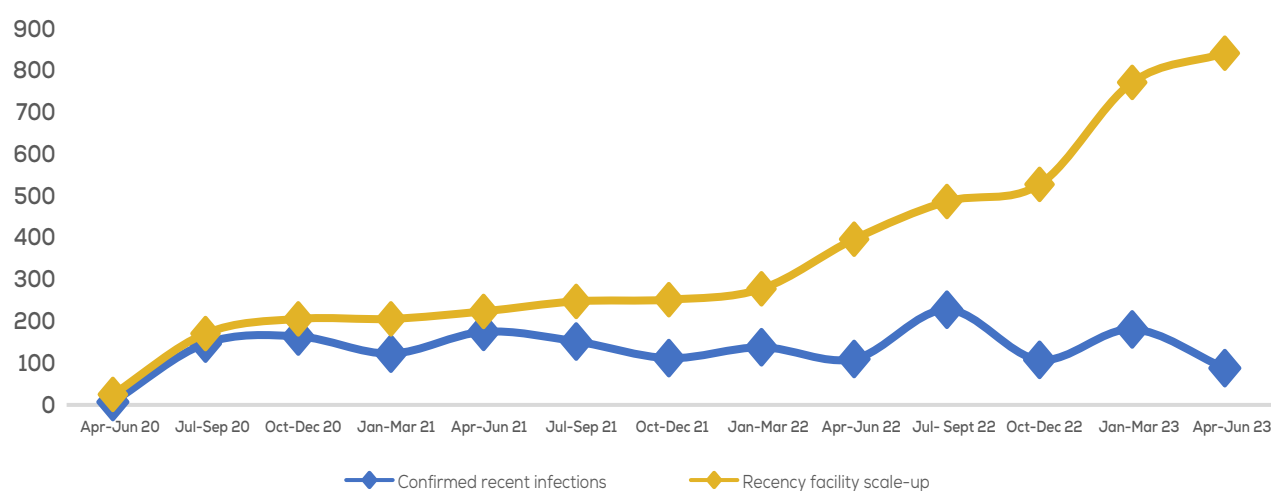


FIGURE 4: Quarterly Trend of Facilities Implementing Recency Surveillance and have reported during the quarter & Confirmed Recent Infections (2020 to Q2 2023)

The figure represents the trend of HIV-confirmed recent infections amongst facilities activated for recent infection surveillance and reported during the quarter.

HIV RECENT INFECTIONS BY SEX

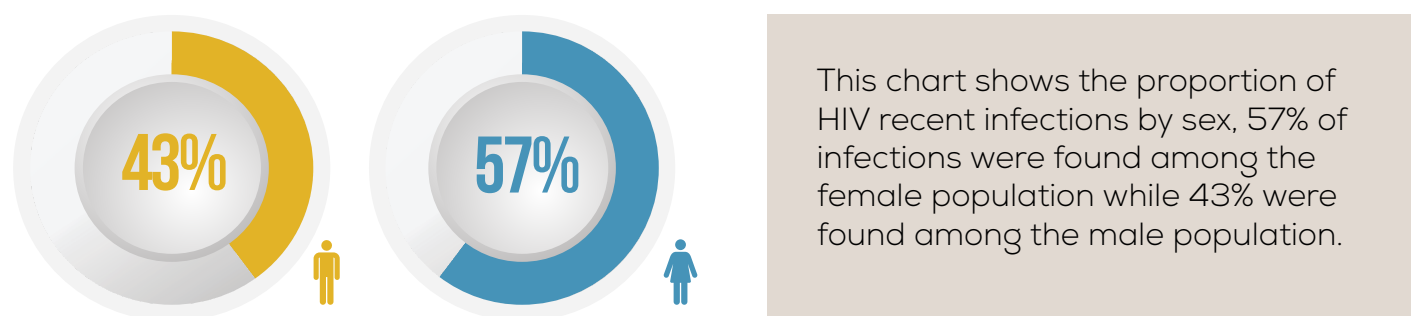


FIGURE 5: Recent infection among the male and female population with age disaggregation from March 2020 to June 2023.

HIV RECENT INFECTIONS BY AGE AND SEX

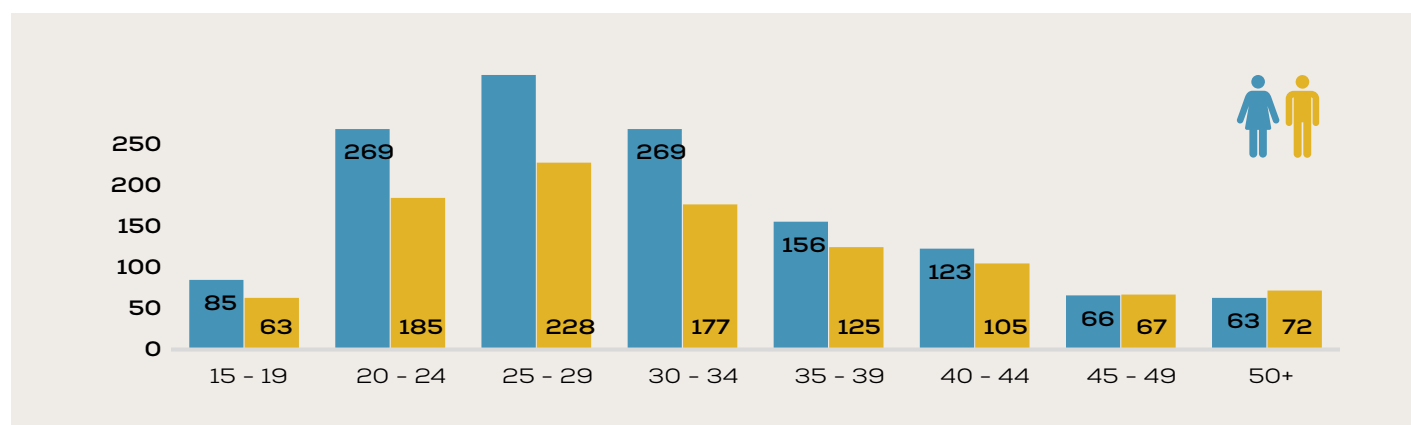


FIGURE 6: Recent infection among the male and female population by age disaggregation from March 2020 to June 2023.



FIGURE 7: Quarterly trend of HIV preliminary and confirmed recent infections from 2020 to 2023



MORTALITY AMONG PEOPLE LIVING WITH HIV (PLHIV)

The mortality surveillance program for PLHIV is a systematic monitoring and analysis of data on deaths, and probable cause of death among PLHIV. In Nigeria, mortality surveillance focuses on the use of mortality data reported among PLHIV on treatment. Mortality is reported as part of routine patient monitoring for PLHIV on treatment. The WHO 2016 verbal autopsy (VA) questionnaires is used to interview relations and family members of deceased PLHIV while the WHO SmartVA Analyze is used to analyze the data to determine the probable cause of death in the absence of vital registration. This can be used to determine the distribution, trends, and patterns of leading causes of death and HIV-associated mortality events of persons infected with HIV. The results are used to improve care and treatment for PLHIV.

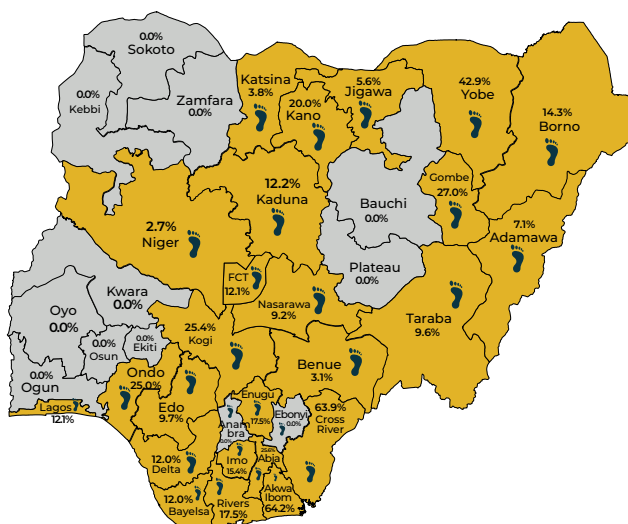


FIGURE 8: Proportion of Sites Implementing Mortality Surveillance

MORTALITY AMONG PLHIV IN NIGERIA

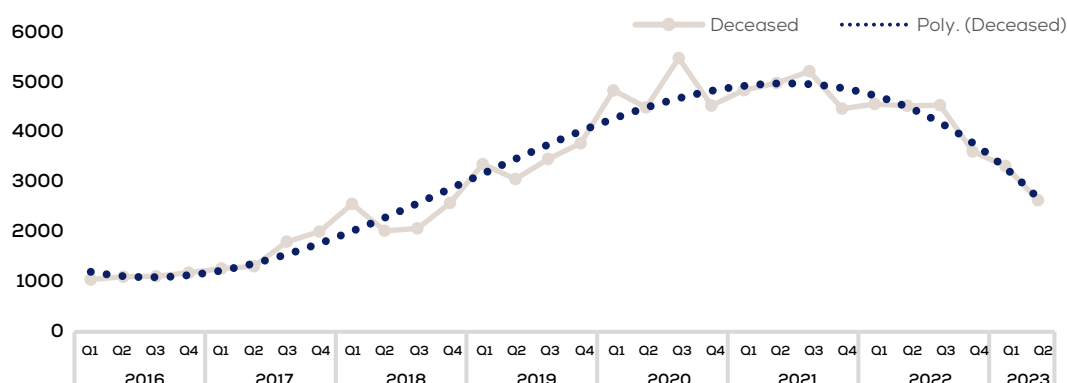


FIGURE 9: Breakdown of deceased from 2016 to Q2 2023

The chart above shows a consistent increase in the number of deceased PLHIV from 2016 to 2019 and a decline from 2020 (Q4) down to 2023. The consistent increase in the number of deaths among people living with HIV as seen in the chart is attributable to improved reporting on Electronic Medical Records (EMR).

DECEASED FROM 2016 TO QUARTER TWO OF 2023 BY AGE DISAGGREGATION

The data in the chart below shows increased reporting of deceased PLHIV on the Electronic Medical record system in Nigeria.

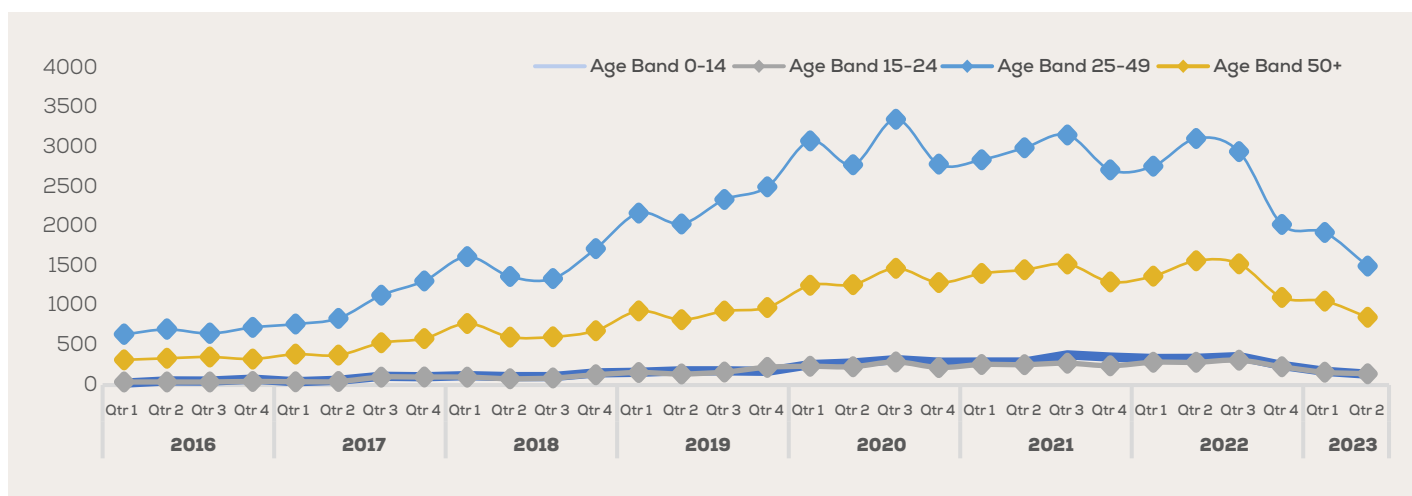


FIGURE 10: Deceased from 2016 to quarter two of 2023 by age disaggregation.

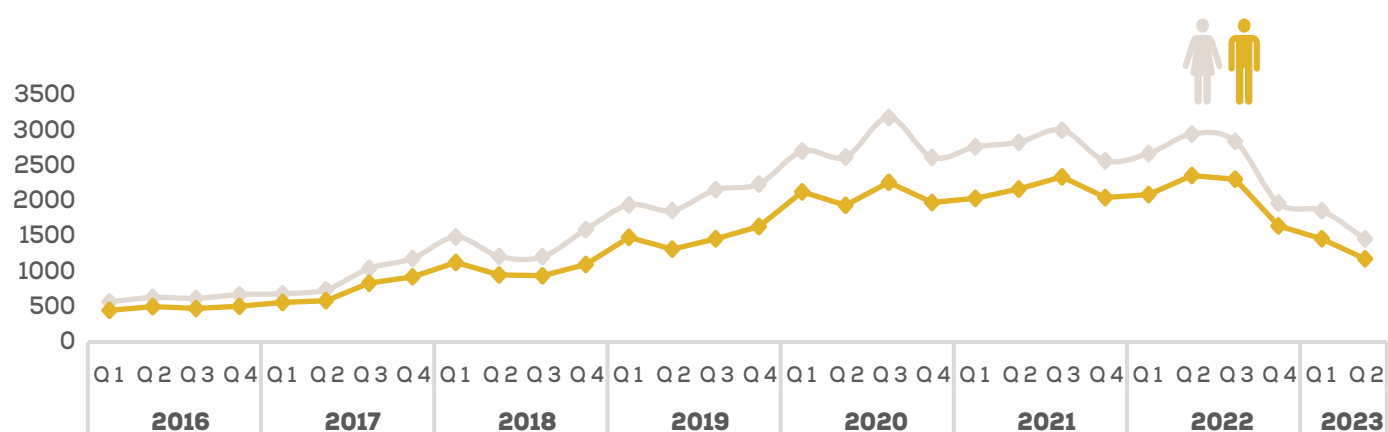


FIGURE 11: Deceased from 2016 to Quarter two of 2023 by Sex

Current patient identification procedures in Nigeria's HIV program require the patient's demographic data. However, these identifiers are often inaccurate in the HIV program context, as data systems are still evolving and often inadequate to establish patient identity. An effect of this on HIV programs is that it limits accurate patient identification (PI) and classification, which can lead to poor health outcomes and inefficient resource allocation. In addition, HIV programs are being constrained to accurately capture the continuity of care for people living with HIV (PLHIV) as it is impossible to follow and document continuity of care across service delivery points and outlets.

Support for biometric-linked electronic medical records (EMR) has grown as a potential solution to overcome these challenges in Nigeria. Potential advantages offered by biometric registration among PLHIV include strengthening continuity of care, linking and integrating data to strengthen the current fragmented data systems, and improving the flow of information across the general health system, thereby enhancing the quality, comprehensiveness, and continuity of HIV-specific services.




**CLIENT
BIOMETRICS**

CLIENT BIOMETRIC STATUS AND COVERAGE BY STATE IN NIGERIA

- The number of clients currently on treatment as of June 2023 is 1,941,059
- 96% of the clients currently on treatment have had their fingerprints captured.
- Katsina, rivers, and Imo have the highest PBS coverage at 100% of their TX_CURR


CURRENTLY ON TREATMENT
1,941,059


PBS ENROLLED
1,865,471


PBS COVERAGE
96%

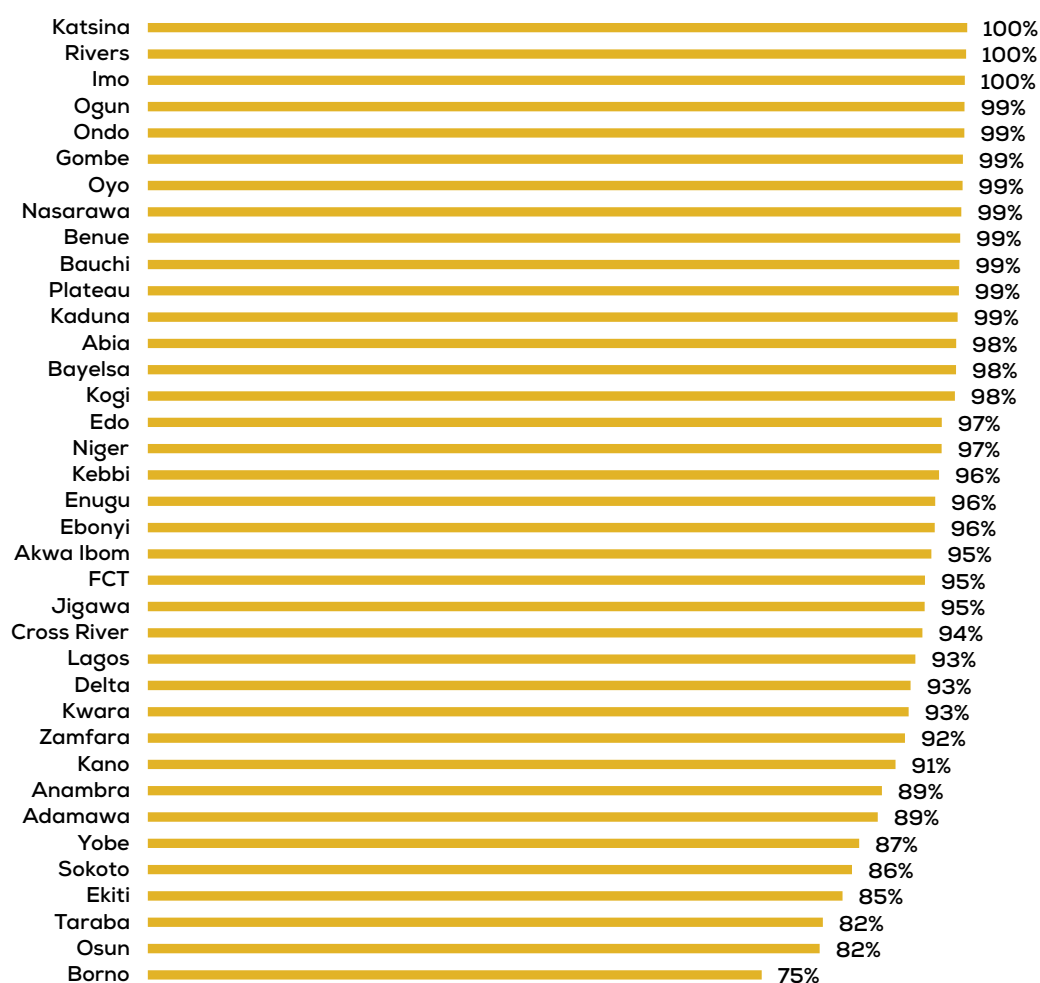


FIGURE 12a: Patient biometrics coverage by state at the end of June 2023

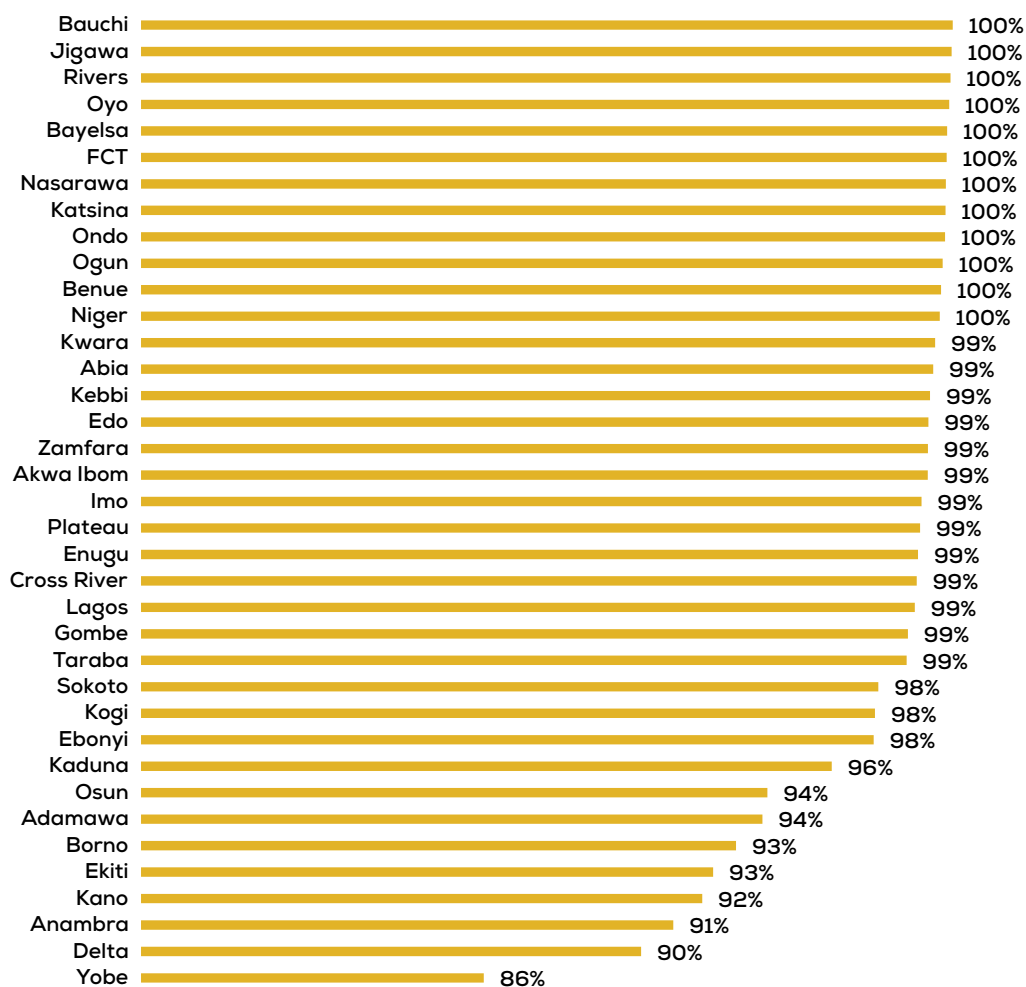


FIGURE 12b: % valid print by state at the end of June 2023



FEDERAL MINISTRY OF
HEALTH

