December 2023

HIV/AIDS EPIDEMIC CONTROL REPORT

OCTOBER - DECEMBER 2023 EDITION (Quarter 4)

Data is for December 2023 Q4 and was downloaded from the NDR on 9th November 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
1,737,842

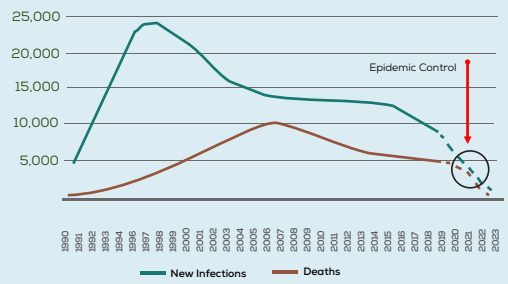
PLHIV ELIGIBLE AND TESTED FOR VIRAL LOAD
1,457,802

PLHIV WITH SUPPRESSED VIRAL LOAD
1,395,804

1,910,405 PLHIV ESTIMATE

The viral load suppression rate stands at **95.7%**. This figure is determined by considering the number of clients receiving treatment with documented viral load results as the denominator in the calculation.

HIV EPIDEMIC CONTROL



HIV epidemic control is that point at which new HIV infections have decreased and have fallen below the total number of deaths from all causes among HIV-positive individuals.

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 RECENCY SURVEILLANCE VS HIV CONFIRMED RECENT INFECTIONS

1,219 73% facilities providing HTS services

HEALTH FACILITIES

196 **335**

RECENT INFECTIONS

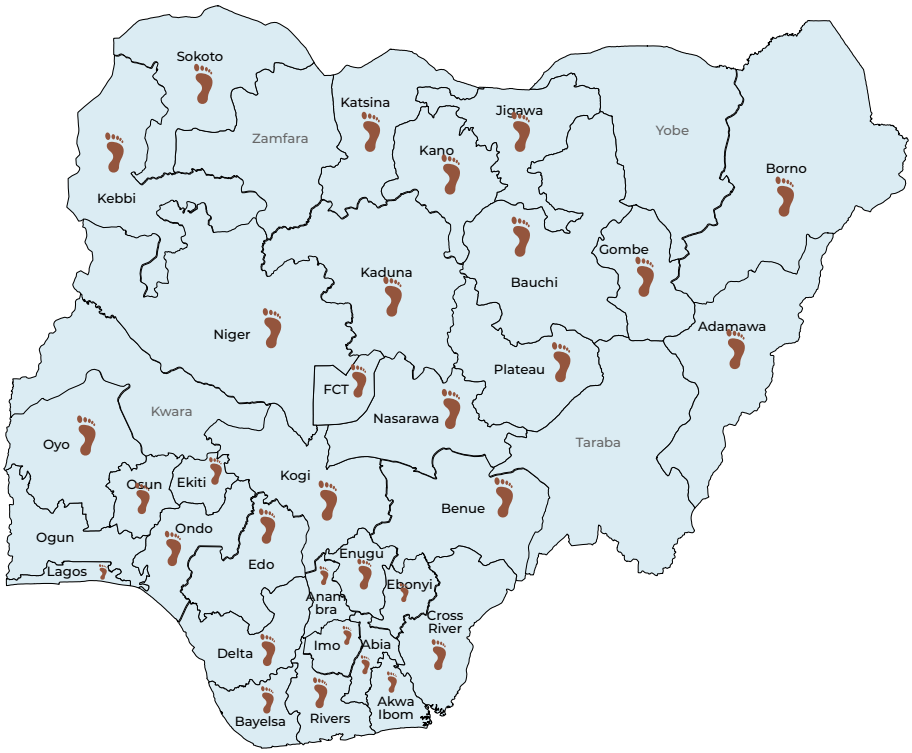


FIGURE 1 : *Current Footprint of Recency Surveillance Implementation by State*

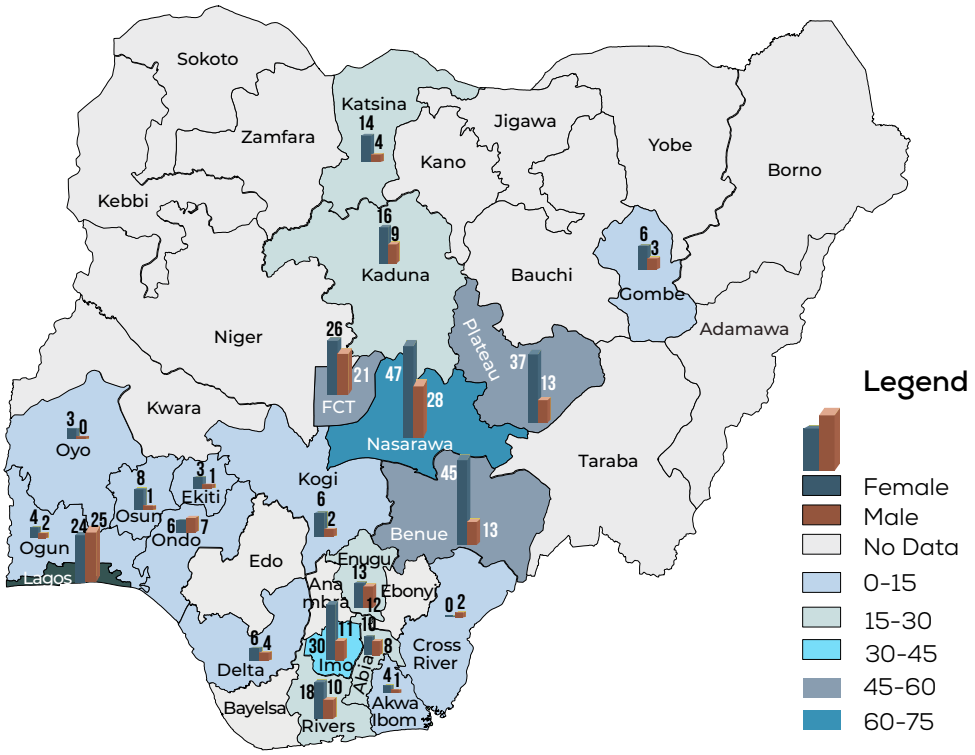


FIGURE 2 : *Distribution of confirmed (RITA) recent infections in 2023.*

PRELIMINARY VS RECENT INFECTIONS FROM 2020 TO 2023

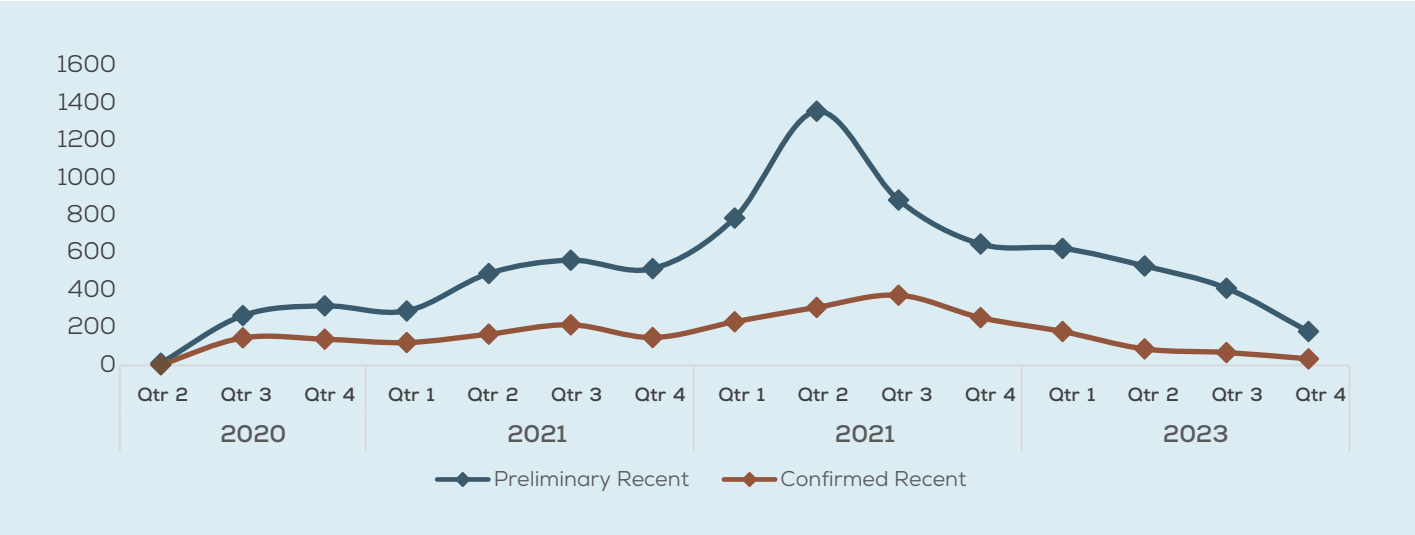


FIGURE 3 : *Preliminary vs Recent Infections from 2020 to 2023*

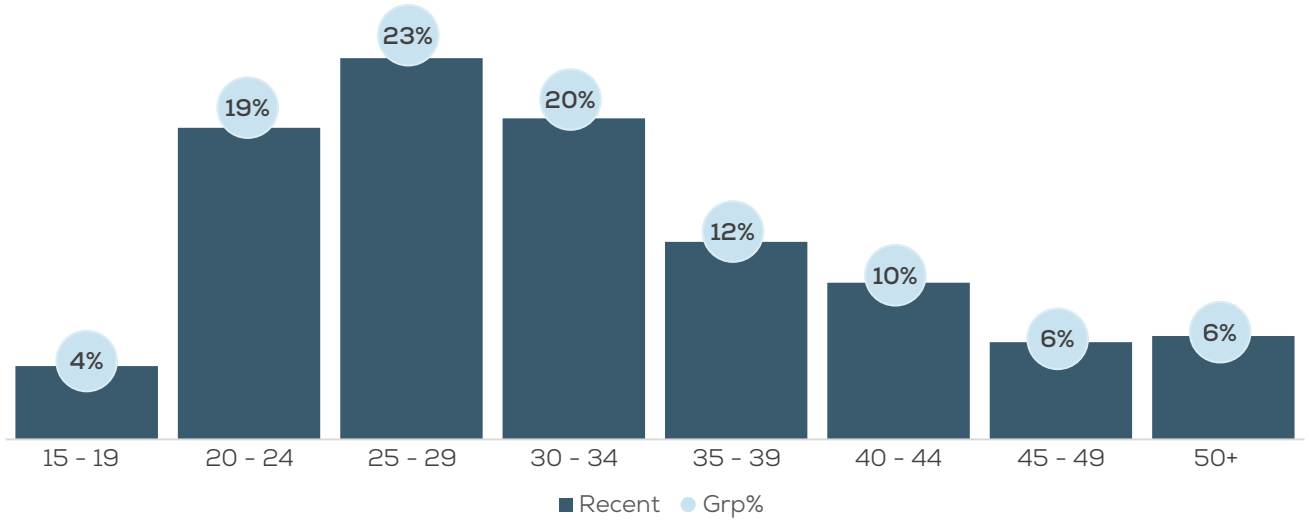


FIGURE 4 : *Recent infections by age disaggregation from 2020 to 2023*

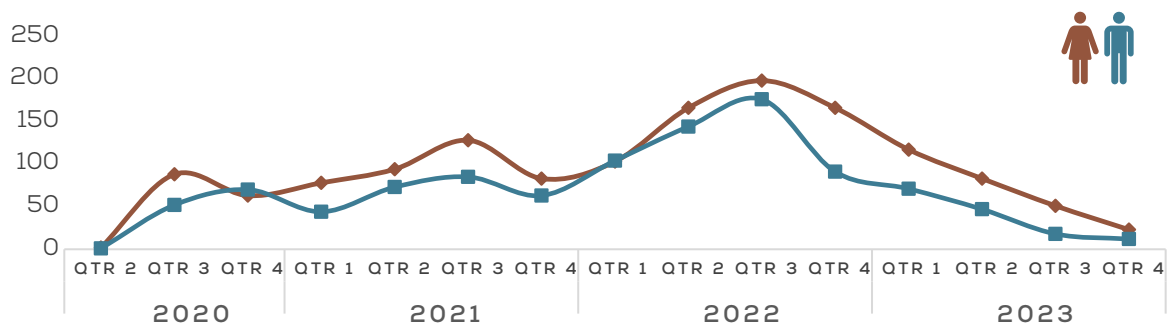
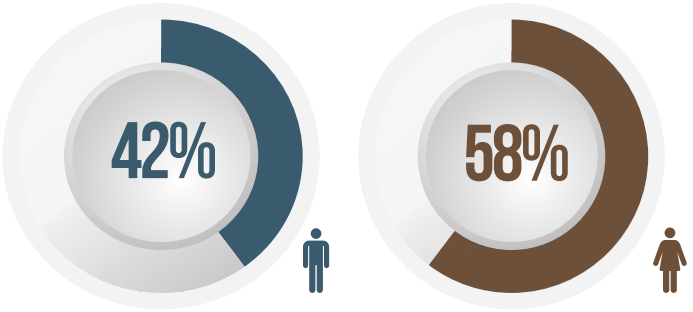


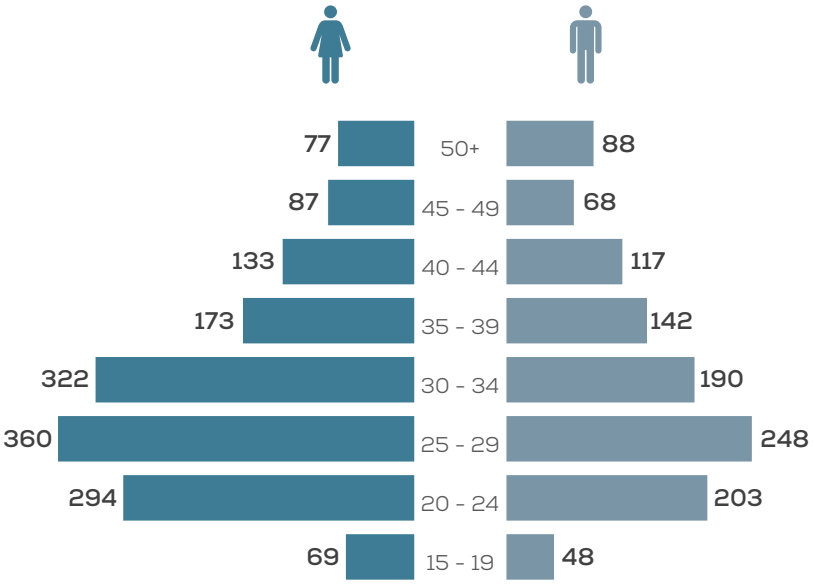
FIGURE 5 : *The trend of recent infections among the male and female populations from 2020 to the fourth quarter of 2023.*

HIV RECENT INFECTIONS BY SEX AS OF 2023



This chart shows the proportion of HIV recent infections by sex, **58%** of infections were found among the female population while **42%** were found among the male population.

FIGURE 6 : *Recent Infections by sex*



This chart shows new HIV recent infections by age and sex. Recent infection among the female population is higher as compared to the male population, the age band with the highest infection is between the ages **25 to 29**.

FIGURE 7 : *Recent Infections by age and sex*

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.

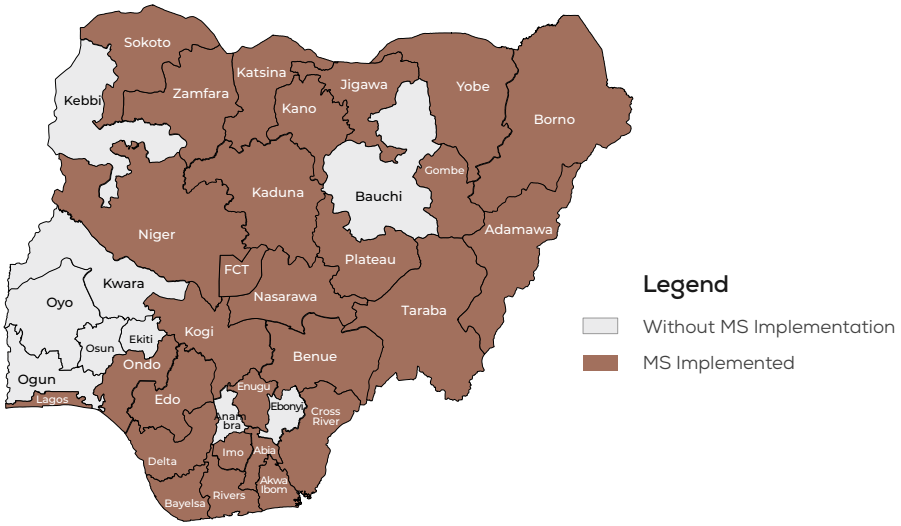


FIGURE 8 : *States Implementing Mortality Surveillance in Nigeria*

DECEASED BY QUARTERS FROM 2016 TO 2023

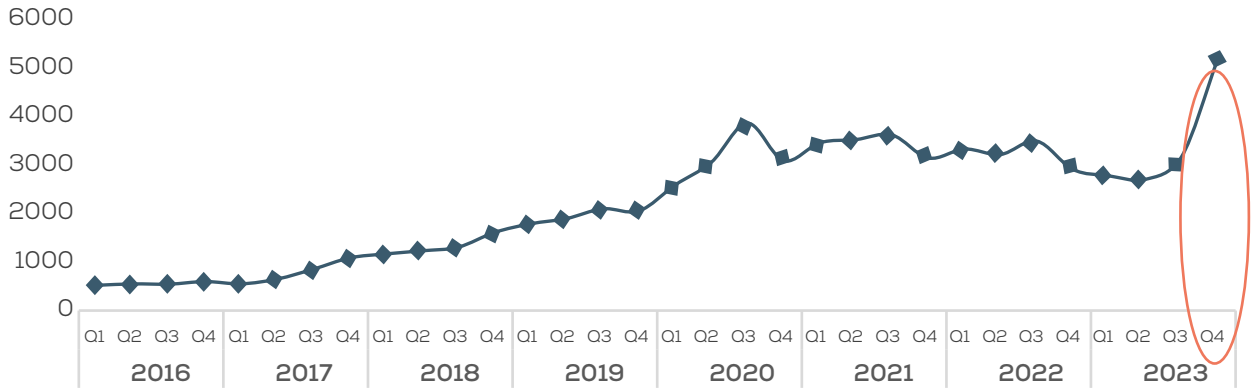


FIGURE 9a : *A trend of deceased from 2016 to Q3 2023*

The depicted chart illustrates a steady rise in the reported number of deceased PLHIV from 2016 to 2019, followed by a slight decline in 2020 (Q4), and subsequently, a significant increase in 2023 (Q3 & Q4). This observed upsurge in deaths among individuals living with HIV, as evident in the chart, can be attributed to enhanced reporting through Electronic Medical Records (EMR) by existing facilities, as well as the addition of new facilities.

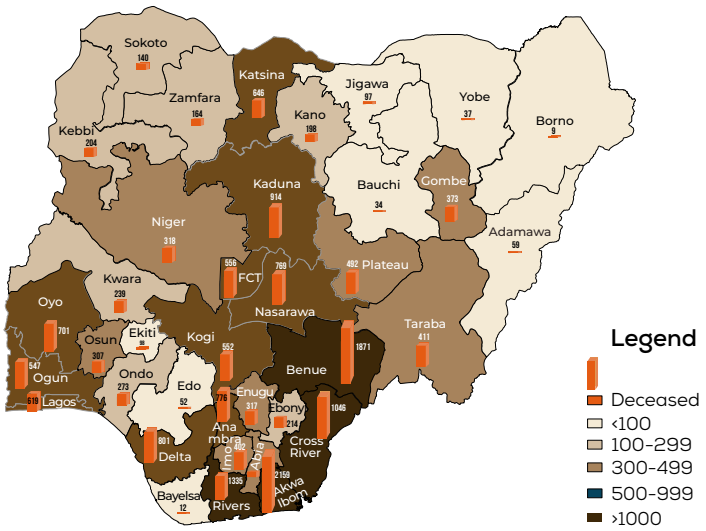
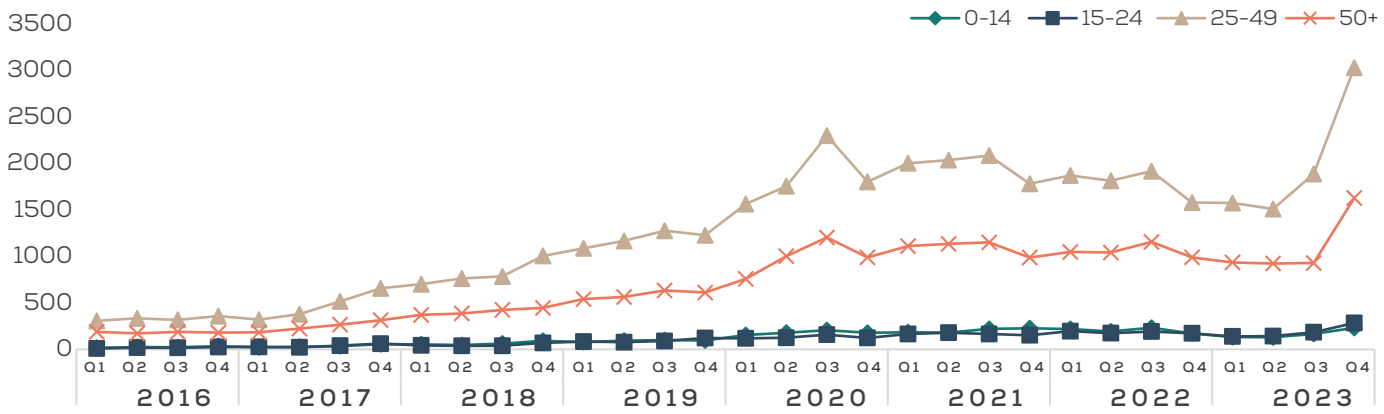


FIGURE 9b : *Geographical distribution of deaths in 2023*

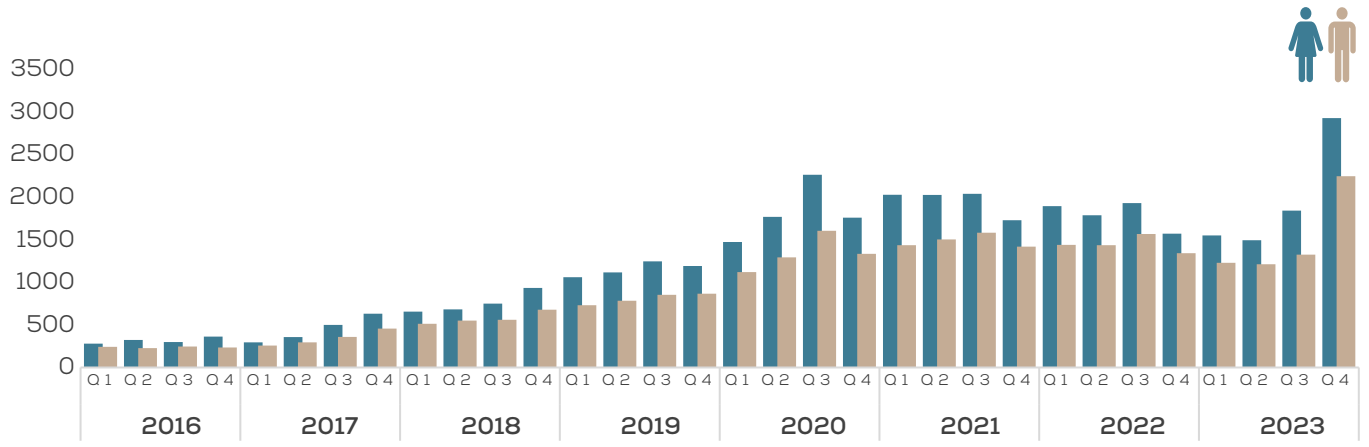
DECEASED FROM 2016 TO QUARTER TWO OF 2023 BY AGE DISAGGREGATION



The chart above depicts the trend of deceased PLHIV in Nigeria recorded on the Electronic Medical Record (EMR) system. The age group with the highest number of reported deaths is **25-49**, while the lowest number is recorded in the **0-24** age group.

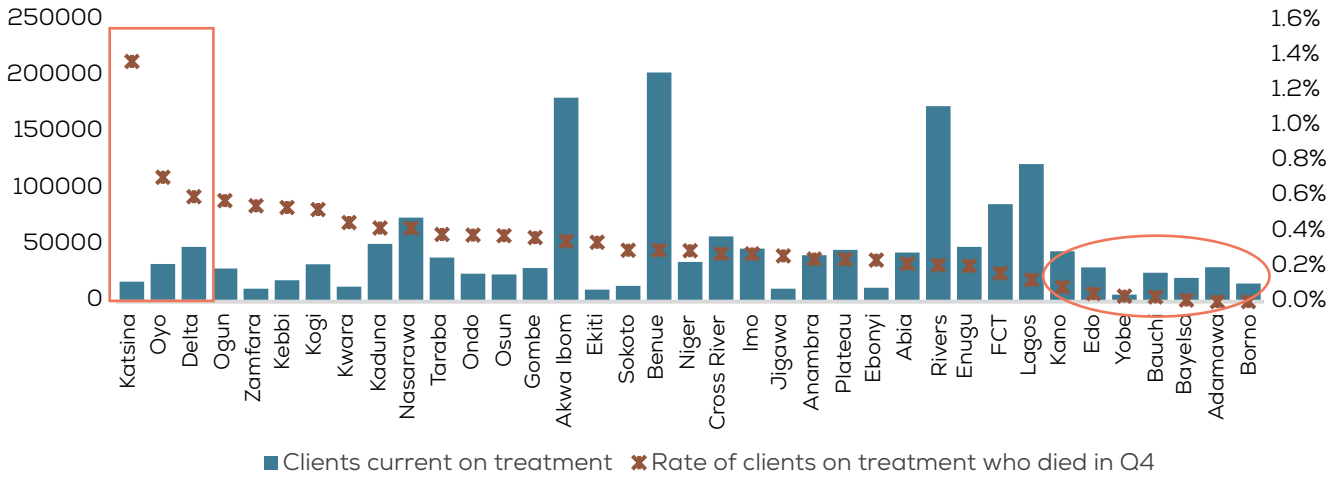
FIGURE 10 : *Deceased from 2016 to quarter three of 2023 by age disaggregation.*

DEATHS RECORDED BY SEX AMONGST PLHIV FROM 2016 TO 2023.



The data in the above chart shows that the highest number of deaths reported is among the female population within all the quarters.

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



The chart above shows the number states that recorded no deaths within the last quarter of the year, (Edo, Yobe, Bauchi, Bayelsa, Adamawa, and Borno), whereas Kastina records the highest death rates followed by Oyo and Delta States.

FIGURE 12 : *Death rate amongst PLHIV*

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 December 2023 is 1,737,842
- 98% of the clients currently on treatment have had their fingerprints captured.
- Katsina, Rivers, Ekiti, Ogun and Osun have the highest PBS coverage at 100% of their TX_CURR

CURRENTLY ON TREATMENT

1,737,842

PBS ENROLLED

1,700,065

PBS COVERAGE

98%

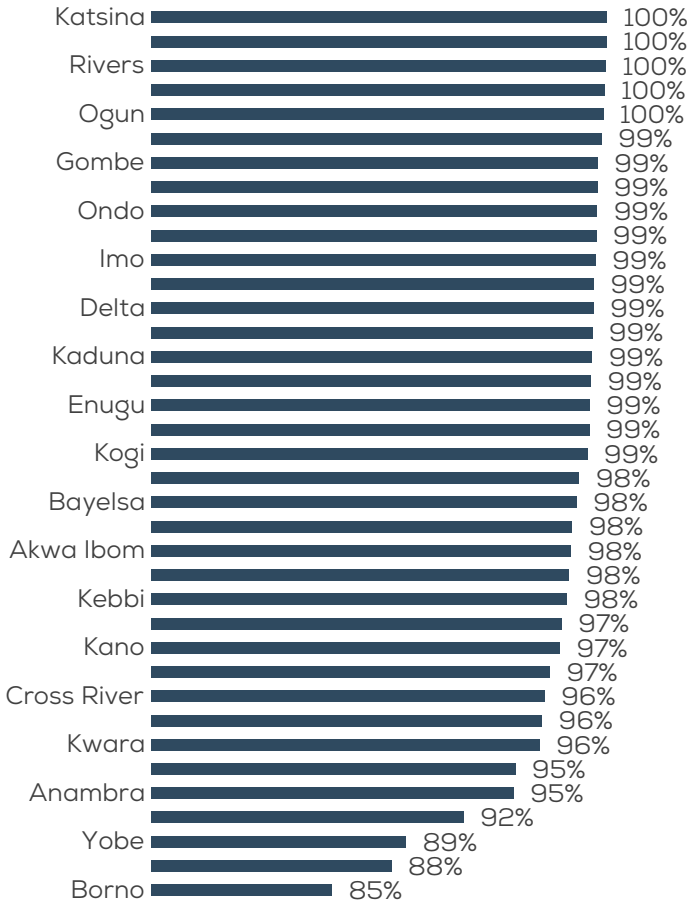


FIGURE 13a : *Patient biometrics coverage by state at the end of December 2023*

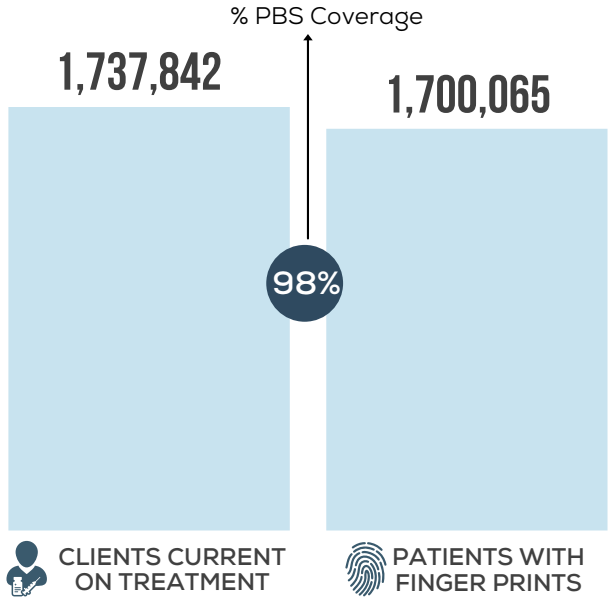


FIGURE 13b : *Patient biometrics coverage at the end of December 2023*

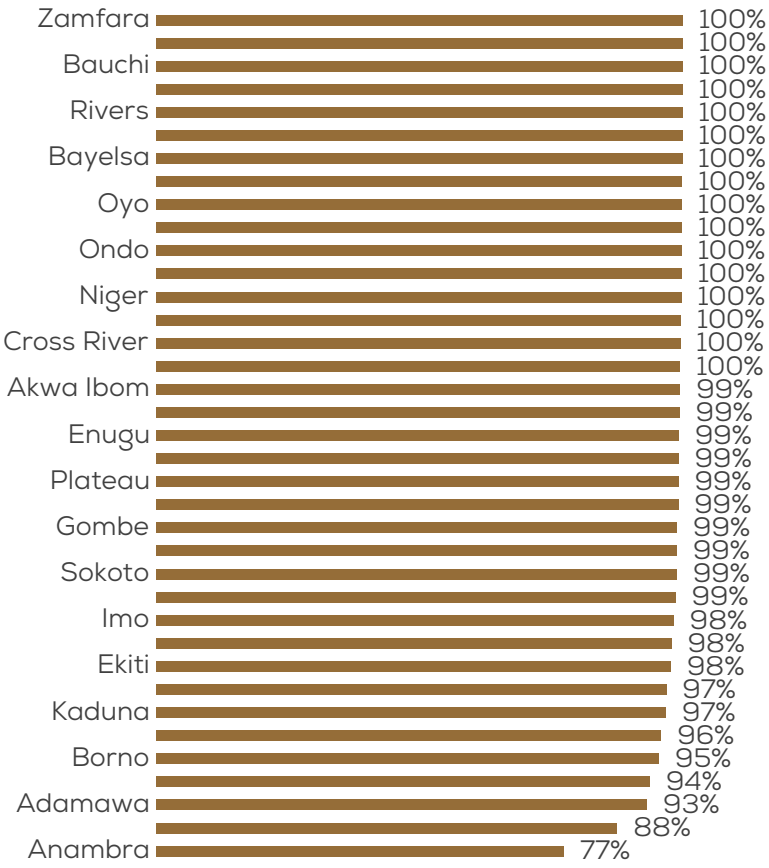


FIGURE 14a : *% valid print by state at the end of December 2023*

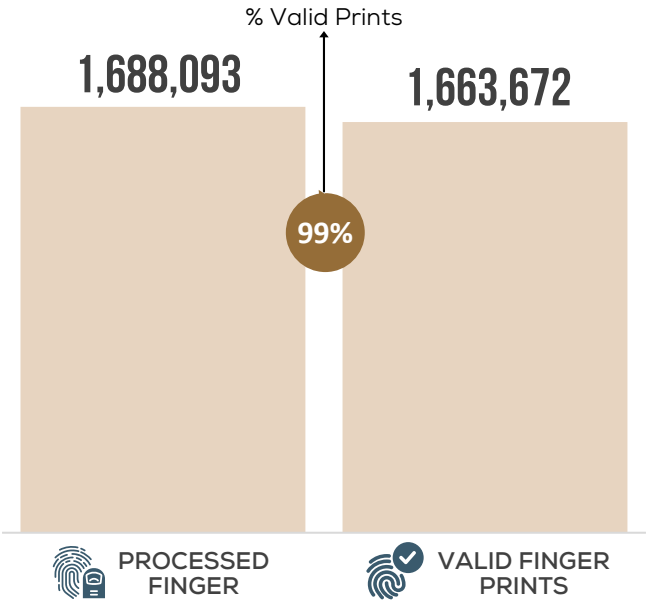


FIGURE 14b : *% valid print at the end of December 2023*