



# Rethinking Priority Target Populations in Nigeria: An Analysis of Results from **Recent HIV Biomarker Surveys**

J. Anyanti1, A. Bashorun2, S. Adebayo1, A. Azeez2, O. Ladipo1

1Society for Family Health, Abuja, Nigeria, 2Federal Ministry of Health, Abuja, Nigeria

### BACKGROUND

- In Nigeria, prevalence of HIV has been based on estimates from HIV sentinel surveys among pregnant women attending antenatal clinics (ANC) and surveillance surveys of key target populations (KTPs).
- But are we really looking at the relevant data in the right way in taking programming decisions?
- This paper reviews HIV prevalence rates from recent surveys and suggests new priority populations for interventions.

### RESULTS

- The national estimated HIV prevalence in NARHS+ was 3.6% compared to 4.6% in the 2008 ANC survey.
- Prevalence was higher among females (4.0 vs. 3.2%, p< 0.0001) and in urban areas (3.8 vs. 3.5%, p=0.0047).

## **METHOD**

• In 2007-2008, with support from USAID, the Nigerian Federal Ministry of Health and the Society for Family Health, in collaboration with other partners, conducted a population-based biomarker survey, called the National HIV and AIDS and Reproductive Health survey (NARHS+).

- The NARHS was conducted among a sample of the general population and consisted of over 10,000 men (aged 15-64) and women (aged 15-49) drawn from a representative sample of the country.
- The first Integrated Bio-Behavioural Surveillance Survey (IBBSS) was also implemented in the same year.

• Key Target Populations (KTPs) tested included brothel and nonbrothel based sex workers, transportation workers, uniformed servicemen, men who have sex with men, and injecting drug users. Sampling was based on time location techniques, as well as special sampling techniques including respondent driven sampling.

- Prevalence was higher among divorced (8.9%), widowed (8.0%) and separated (7.4%) respondents, especially females, suggesting that being married in the past could be a risk factor for HIV.
- In the case of KTPs in Nigeria, prevalence among sex workers (brothel based 37.4%, non brothel based 30.2%), Men who have sex with men (13.5%) and Injecting Drug Users (5.6%) was expectedly high, but surprisingly, prevalence of HIV in two previously considered 'higher' risk groups; members of the armed forces, and transport workers, were below general population prevalence rates for men.

• Prevalence rates for inmates in a recent prison survey were 7.1%, while that of Prison staff was 3.4%, with higher rates among shorter term inmates, compared to 'lifers'.



#### CONCLUSIONS

• Attention should be devoted by implementers, and researchers to a careful review of the data to assist in the determination of actual groups at risk of HIV infection at the local level, as many groups previously considered as 'low risk' including women in union, may need to be targeted with HIV prevention and treatment interventions. This is similar for most sub-Saharan countries, suggesting that the mantra should be 'Know your epidemic'. This is especially important in many states in Nigeria that are at a generalised stage of HIV epidemic,

• Likely groups for these programmes will include women in union, who are less likely to transmit HIV but are at risk of contracting HIV, especially in patriarchal societies where women have minimal influence in decisions about sexual and reproductive health, and condom use, as well as female partners of bi-sexual men and men with multiple sex partners.

• Incidence modeling will also need to be developed at sub-national levels to inform programming at the state and regional levels.



#### References

Federal Ministry of Health, Nigeria 2008. National HIV and AIDS and Reproductive Health Survey 2007 (NARHS Plus). Federal Ministry of Health, Abuja Nigeria Federal Ministry of Health. The Integrated Bio-Behavioural Surveillance Survey(IBBSS) 2007. ). Federal Ministry of Health, Abuja Nigeria The Nigerian Prison Service Unpublished report National Prison baseline survey.

The authors acknowledge the support of the British Department for International Development and the United States Agency for International Development in the conduct and analysis of data for this study. Views expressed here do not necessarily reflect the views of the Nigerian government, nor the donors. For more information, contact Society for Family Health, 8 Port Harcourt Crescent, Area 11, Garki, Abuja, Nigeria Federal Ministry of Health, Abuja, Nigeria

janyanti@sfhnigeria.org, sfhnigeria@gmail.com, www.sfhnigeria.org For a copy of this poster, please go to www.psi.org/iac2010