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Nigéria : accès au traitement du VIH

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Mentions légales

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Sommaire

Ce rapport repose sur des renseignements d'expert·e·s et sur les propres recherches de l'Organisation suisse d'aide aux réfugiés (OSAR). Conformément aux standards COI, l'OSAR fonde ses recherches sur des sources accessibles publiquement. Lorsque les informations obtenues dans le temps imparti sont insuffisantes, elle fait appel à des expert·e·s. L'OSAR documente ses sources de manière transparente et traçable, mais peut toutefois décider de les anonymiser, afin de garantir la protection de ses contacts.

1 Introduction

Le présent document a été rédigé par l'analyse-pays de l'Organisation suisse d'aide aux réfugiés (OSAR) à la suite d'une demande qui lui a été adressée. Il se penche sur les questions suivantes :

1. Quelle est la situation des soins VIH au Nigéria ?
2. Est-ce les soins sont concrètement disponibles, notamment dans l'État d'Edo, pour une femme atteinte du VIH, qui est illettrée, sans assurance maladie, ni soutien, en cas de retour ?
3. Quel est le traitement antirétroviral (TAR) administré au Nigeria ?
4. Le traitement disponible est-il en quantité suffisante dans l'établissement public Edo Specialist Hospital à Benin City ?
5. Les patient·e·s doivent ils ou elles payer de leur poche d'autres frais (analyses de laboratoire, consultations, etc.) ?
6. Est-ce qu'il existe une assurance maladie universelle, ou un programme étatique, qui couvre, même partiellement, les frais de santé des personnes démunies ?
7. Est-ce que les personnes atteintes du VIH sont stigmatisées/discriminées ?

L'analyse-pays de l'OSAR observe les développements au Nigeria depuis plusieurs années[1]. Sur la base de ses propres recherches ainsi que de renseignements transmis par des expert·e·s externes, elle apporte les réponses suivantes aux questions ci-dessus.

2 Situation des soins VIH

Le Nigeria est l'un des pays du monde les plus touchés par le VIH. Selon des informations du *Centre pour le contrôle et la prévention des maladies* (CDC), le Nigeria est le quatrième pays au monde le plus touché par l'épidémie de VIH. Il affiche également l'un des taux de nouvelles infections les plus élevés d'Afrique subsaharienne (*CDC*, 21 mai 2024). Pour ONUSIDA et l'*Agence nationale de lutte contre le sida* (NACA), citée par le site d'information nigérian PUNCH, le pays compte environ 2 millions de personnes vivant avec le VIH, avec un taux de prévalence qui oscille entre 1,3 % et 1,4 % chez les personnes âgées de 15 à 49 ans (UNAIDS, 3 décembre 2024, PUNCH, 19 mars 2025).

Importants progrès dans la lutte contre le VIH. Entre 2019 et 2021, le nombre de personnes sous traitement a doublé. Pour ONUSIDA, au cours des deux dernières décennies, le Nigeria a réalisé d'importants progrès dans sa lutte contre le VIH. Alors qu'en 2010, le pays enregistrait environ 130 000 nouvelles infections par le VIH, en 2023, ce nombre était tombé à environ 75 000, ce qui représente une réduction de plus de 42 % sur une période de 13 ans. Le pays a également réalisé des progrès notables en matière d'accès au traitement, puisque 1,6 million des 2 millions de personnes vivant avec le VIH au Nigeria sont actuellement sous traitement (UNAIDS, 3 décembre 2024). Selon le CDC, une enquête nationale conduite en 2018 avait révélé que moins de la moitié des 1,9 million de personnes vivant

[1] www.osar.ch/publications/rapports-sur-les-pays-dorigine

avec le VIH au Nigeria recevaient un traitement antirétroviral (TAR). Cette enquête a également permis d'identifier précisément où ces personnes résidaient. Sur cette base, en avril 2019, le CDC et des partenaires ont lancé une campagne de TAR du VIH. En seulement un an et demi, le nombre total de personnes diagnostiquées séropositives et recevant actuellement un traitement a augmenté de 65 %. En deux ans, le nombre de personnes traitées pour le VIH a doublé, passant de 454 000 en 2019 à 903 000 en 2021 (*CDC*, 21 mai 2024). Pour l'*Agence de l'Union européenne pour l'asile* (EUAA), en dépit des efforts nationaux visant à éliminer le VIH/sida, l'ONUSIDA estime qu'au Nigeria la couverture des services liés au VIH/sida n'est pas optimale. Environ 65 % des adultes et des enfants vivant avec le VIH bénéficient d'un TAR, ce qui laisse un écart de couverture d'environ 35 %. La couverture la plus élevée concerne les femmes de plus de 15 ans (80 %) et la plus faible celle des enfants de 0 à 14 ans (36 %) (EUAA, avril 2022). Selon des chiffres de la NACA, cités par PUNCH, la prévention de la transmission mère-enfant et la couverture pédiatrique du VIH dans le pays restent inférieures à 33 %, ce qui est bien en deçà de l'objectif de 95 % (PUNCH, 19 mars 2025).

3 Disponibilité des traitements VIH

3.1 Traitement TAR disponible gratuitement

Les personnes qui s'enregistrent bénéficient d'un traitement antirétroviral gratuit. Selon le site *Public Health Nigeria*, au Nigeria, les personnes infectées par le VIH peuvent recevoir un traitement gratuit en s'enregistrant dans n'importe lequel des centres de traitement VIH dans le pays. En ce qui concerne l'État d'Edo, les sites suivants sont disponibles :

- Otiboh Okphae Specialist Hospital Irrua, Benin
- Central Hospital, Uromi, Benin
- Central Hospital, Upper Garage Road, Auchi, Benin
- Camilus, Uromi, Benin
- Central Hospital Sapele Rd. Benin City
- Faith Mediplex, Giwaamu, Opposite
- Church of God Mission, Airport Road, Benin
- Central Hospital, Benin
- Central Hospital, Ika South, Agbor, Benin
- University of Benin Teaching Hospital, Benin
- Comprehensive Health Centre, Ovia South East, Udo, Benin
- Irrua Specialist Hospital, Edo
- Irrua Specialist Teaching hospital, Esan, Benin
- Primary Health Centre, Ovia North East, Oluku, Edo State
- Otiboh Okphae Specialist Hospital Irrua, Benin
- Central Hospital, Uromi, Benin
- Central Hospital, Upper Garage Road Auchi, Benin
- Camilus, Uromi, Benin
- Central Hospital Sapele Rd. Benin City
- Faith Mediplex, Giwaamu, Opposite Church of God Mission, Airport Road, Benin
- Central Hospital, Benin
- Central Hospital, Ika South, Agbor, Benin

- University of Benin Teaching Hospital, Benin
- Comprehensive Health Centre, Ovia South East, Udo, Benin
- Irrua Specialist Hospital, Edo
- Irrua Specialist Teaching hospital, Esan, Benin
- Primary Health Centre, Ovia North East, Oluku, Edo State (*Public Health Nigeria*, pas de date)

Au Nigeria, le traitement antirétroviral standard est basé sur l'administration du TLD, un médicament qui combine le ténofovir, la lamivudine et le dolutégravir. Selon les chercheurs *Adam Abdullahi et al*., depuis fin 2019, le Nigeria utilise le dolutégravir dans le cadre du TAR standard, en particulier une coformulation générique à faible coût et à dose fixe de fumarate de ténofovir disoproxil, de lamivudine et de dolutégravir, appelée TLD. Les directives nationales nigérianes recommandent la transition vers un TAR à base de dolutégravir chez les patient·e·s dont la charge virale est supprimée ou non. Comme il n'existe pas de tests virologiques ou de résistance de routine au Nigeria, la majorité des patient·e·s infecté·e·s par le VIH-1 sont passé·e·s à des traitements à base de dolutégravir sans test préalable de charge virale (CV) ou de résistance (*Adam Abdullahi et al*., 27 juin 2023). Dans un courriel envoyé à l'OSAR le 26 août 2025, une *personne de contact qui est un professeur en épidémiologie des maladies infectieuses dans une université nigériane*, a confirmé que les médicaments de première intention approuvés au niveau national pour le VIH dans le programme nigérian sont le dolutégravir, la lamivudine et le ténofovir (DLT).

3.2 Conséquences de l'arrêt des contributions américaines à la lutte contre le VIH

La suspension de l'aide américaine en début d'année 2025 a considérablement entravé les livraisons de médicaments contre le VIH. Fermeture de centres de santé et forte réduction du personnel. Selon la BBC, au Nigeria, la majorité des près de deux millions de personnes qui vivent avec le VIH au Nigeria dépend des médicaments financés par l'aide internationale, notamment dans le cadre du Plan d'urgence du président américain pour la lutte contre le sida (Pepfar) qui dépend du soutien logistique de l'USAID et d'autres organisations. En mars 2025, l'*Organisation mondiale de la santé* (OMS) a déclaré que, à la suite de la décision du gouvernement américain, au début de l'année 2025, de geler son aide étrangère dans le cadre d'une révision des dépenses publiques, huit pays africains, dont le Nigeria, pourraient à court terme se trouver à court de médicaments contre le VIH. En dépit d'une dérogation accordée en février 2025 au programme américain de lutte contre le VIH, la suspension de l'aide américaine, a considérablement entravé les livraisons de fournitures médicales essentielles, notamment les médicaments contre le VIH. Selon le Dr Tedros, directeur de l'OMS, cette suspension a conduit à l'arrêt immédiat des services de traitement, de dépistage et de prévention du VIH dans plus de 50 pays (BBC, 18 mars 2025). Selon ONUSIDA, cité par *Euronews*, au cours des six derniers mois, l'arrêt de l'aide américaine, prévue à hauteur de 4 milliards de dollars pour 2025, a désorganisé les chaînes d'approvisionnement, provoqué la fermeture de centres de santé, privé des milliers de cliniques de personnel, retardé les programmes de prévention, entravé les actions de dépistage du VIH et obligé de nombreuses organisations communautaires à réduire ou suspendre leurs activités liées au VIH. Au Nigeria le programme PEPFAR finançait 99,9 % du budget national consacré aux médicaments destinés à prévenir le VIH (*Euronews*, 10 juillet 2025). Selon la *personne de contact*, l'impact de l'arrêt du financement américain a été considérable.

Aujourd'hui, les médicaments pour traiter le VIH sont rationnés et il est difficile de savoir si ces médicaments antirétroviraux continueront d'être disponibles pour les patient·e·s.

Graves répercussions attendues sur les programmes de traitement du VIH au Nigeria. L'accès aux traitements pourrait être sévèrement réduit. Ruptures de stock, interruptions de traitements et hausse de la mortalité attendues. Selon *HumAngle media*, la suspension ou l'éventuelle suppression du financement du PEPFAR, fin janvier 2025, a suscité un climat d'inquiétude et d'incertitude chez les responsables de la santé au Nigeria, qui redoutent de graves répercussions sur les programmes nationaux de traitement du VIH/sida. Selon Abdullahi Balogun, médecin à l'hôpital universitaire Obafemi Awolowo (OAUTH), cité par *HumAngle media*, la suspension devrait avoir de graves conséquences pour le Nigeria et elle met potentiellement en danger la vie de millions de personnes. Il estime que le manque d'accès à la thérapie antirétrovirale pourrait entraîner une augmentation des taux de morbidité et de mortalité. Face au manque de financement, les établissements de santé pourraient introduire des frais d'utilisation, rendant les services liés au VIH moins accessibles aux populations vulnérables (*HumAngle Media*, 4 février 2025). Selon les chercheurs *Abdulmuminu Isah et al.*, le retrait du financement américain du PEPFAR et d'autres programmes liés au VIH constitue une menace importante pour l'accès au TAR. La réduction du financement pourrait entraîner des interruptions de traitement, des ruptures de stock de médicaments et une augmentation de la résistance aux médicaments, ce qui aggraverait encore la morbidité et la mortalité liées au VIH. Les réductions précédentes du financement du PEPFAR au Nigeria ont entraîné des difficultés pour les cliniques dans le maintien des services de routine liés au VIH, avec une qualité des soins compromise et des pénuries de personnel. A plus long terme, la diminution du soutien des donateurs pourrait compromettre les acquis structurels obtenus grâce au PEPFAR, notamment les investissements dans les réseaux de laboratoires, la formation des professionnel·le·s de santé et les capacités de diagnostic. Pour les personnes vivant avec le VIH, cela pourrait se traduire par des coûts plus élevés pour les médicaments et les consultations médicales, ce qui aggraverait la pauvreté et les inégalités en matière de santé. Les perturbations dans la chaîne d'approvisionnement en ART pourraient entraîner des interruptions de traitement, une augmentation de la charge virale et une hausse de la prévalence du VIH, ce qui pourrait conduire au SIDA et à une augmentation de la mortalité (*Abdulmuminu Isah et al.*, 15 avril 2025).

Mesures prises par le gouvernement pour combler le manque de financement international. Selon *HumAngle Media*, en février 2025, le gouvernement nigérian a approuvé près de 5 milliards de nairas, ou 2,6 millions de francs suisses[2], pour l'achat de 150 000 kits de traitement antirétroviral. Cette mesure vise à démontrer la volonté du Nigeria de mettre en place un modèle de financement national plus durable pour les interventions sanitaires. *Reuters* rapporte qu'en juin 2025, le fabricant nigérian Codix Bio Ltd a annoncé qu'il allait produire des millions de kits de dépistage du VIH et du paludisme dans sa nouvelle usine située près de Lagos, destinés au marché local et régional, afin de combler les lacunes créées par les coupes budgétaires de l'agence américaine USAID. En réponse aux coupes budgétaires, le gouvernement nigérian a déclaré qu'il lèverait des fonds pour poursuivre certains des programmes soutenus par les donateurs (*Reuters*, 19 juin 2025).

[2] Selon le taux de change du 29 août 2025.

4 Accès au traitement du VIH

Traitement et suivi gratuit dans les établissements de santé publics. En février 2025, l'*Agence nationale de lutte contre le SIDA* (NACA) a indiqué que le gouvernement restait déterminé à fournir un traitement gratuit et accessible à toutes les personnes qui en ont besoin et qu'en conséquence, le traitement du VIH au Nigeria resterait gratuit dans les établissements de santé publics. Cette déclaration publique de la NACA visait notamment à contredire une fausse information qui circulait en ligne, selon laquelle, en raison de l'arrêt de l'aide financière américaine début 2025, les médicaments antirétroviraux allaient désormais coûter 250 000 nairas - ou 130 francs suisses - par dose et que les patient·e·s allaient devoir payer 500 000 nairas - ou 260 francs suisses - par mois (NACA, 27 février 2025). Selon la *personne de contact*, le médicament de première intention approuvé au niveau national pour le VIH, le DLT (dolutégravir, lamivudine et ténofovir), est généralement disponible gratuitement pour les patient·e·s dans tous les établissements du secteur public. Les patient·e·s sont évalué·e·s avant le début du traitement, puis tous les six mois à l'aide de mesures de la charge virale. Ces examens sont également gratuits pour les patient·e·s. Si ces personnes devaient se tourner vers le secteur privé, elles devraient alors s'acquitter de coûts de consultation. Ces coûts peuvent varier entre 50 000 et 100 000 nairas - soit entre 26 et 52 francs suisses - par mois, ce qui est bien au-delà des moyens de la plupart des patient·e·s.

Malgré la gratuité des traitements, les patient·e·s doivent payer des frais associés au traitement (frais de service, tests de laboratoire, nourriture, transport). En 2016, le site d'information *The Conversation* rapportait que même si les ARV étaient gratuits, l'absence de prise en charge des coûts associés au VIH continuait d'appauvrir de nombreux ménages et limitait l'accès équitable aux soins. Depuis 2006, le gouvernement nigérian fournit gratuitement les antirétroviraux dans des centres désignés, ce qui a fortement amélioré l'accès aux traitements. Mais malgré cette gratuité, les ménages supportent encore une lourde charge économique liée au VIH/SIDA, en raison des frais de transport, de nourriture, de tests de laboratoire et de traitements pour les infections opportunistes. Comme la majorité des Nigérian·e·s s paient leurs soins directement de leur poche, ces dépenses entraînent souvent des sacrifices importants : jusqu'à 95 % des ménages doivent vendre des biens, s'endetter ou renoncer à des besoins essentiels pour financer une hospitalisation, et 8 % pour des soins ambulatoires. En moyenne, une visite externe coûte environ 6 $US, tandis qu'une hospitalisation revient à 92 $US (*The Conversation*, 15 mars 2016). Selon l'ONG *Réseau des personnes vivant avec le VIH et le SIDA au Nigeria,* citée par le site nigérian d'information PUNCH, les professionnel·le·s de santé nigérian·ne·s exigent des frais de service aux personnes vivant avec le VIH, ce qui entrave l'accès au traitement. La représentante de l'ONG a déclaré que de plus en plus de patient·e·s atteint·e·s du VIH abandonnaient leur traitement en raison des difficultés financières liées aux frais de service, qui varient entre 200 et 500 nairas - ou entre 10 et 25 centimes suisses - à chaque visite dans les centres de santé. Certains centres factureraient la pesée des patient·e·s et l'examen des organes vitaux (PUNCH, 1er juin 2019). L'existence de ces frais d'utilisation des services est confirmée par Erasmus Morah, directeur national de l'ONUSIDA au Nigeria, qui souligne que ces frais nuisent à l'adhésion au traitement du VIH (ONUSIDA, 31 octobre 2021). En 2021 le site d'information *The Nation* rapportait que selon le *Réseau des personnes vivant avec le VIH et le SIDA au Nigeria,* 11,2 % des personnes vivant avec le VIH - soit 212 800 personnes- devaient supporter des frais de traitement importants (*The Nation*, 10 mars 2021).

Depuis 2023, les patient·e·s doivent payer pour une carte d'hôpital et s'acquitter de frais de consultation. Les médicaments et les tests essentiels (tests de charge virale et le comptage des cellules CD4) restent gratuits, mais pas les tests de sécurité du médicament. Selon le media nigérian *The Guardian*, plus de 25 000 personnes vivant avec le VIH et qui reçoivent un traitement à l'hôpital universitaire de Lagos (LUTH), à Idi-Araba, font face à des difficultés financières en raison de la mise en place de nouveaux frais. Sur la base d'information fournies par le *Réseau des personnes vivant avec le VIH et le SIDA au Nigeria* (NEPWHAN), *The Guardian* indique qu'en vertu des nouvelles politiques hospitalières, mises en œuvre en novembre 2023, les patient·e·s doivent maintenant obtenir une nouvelle carte d'hôpital (carte électronique) au coût de 6100 nairas - soit 3,20 francs suisses - quelle que soit la taille de leur famille. A ces dépenses s'ajoutent des frais de tests chimiques (prélèvements sanguins) semestriels de 5000 nairas - soitou 2,60 francs suisses - par personne. Pour une famille de 5 personnes, les frais totaux s'élèveraient à 50 000 nairas – soit 26 francs suisses. Par ailleurs, une proposition de frais de service allant de 2400 à 3250 nairas – soit de 1,25 à 1,70 francs suisses - a accru la pression financière sur des budgets déjà serrés. Ces frais de service sont à payer par les patient·e·s lors de leurs visites à la clinique pour consulter un médecin ou retirer des médicaments. Le directeur médical en chef de l'*hôpital universitaire de Lagos* (LUTH) a défendu ces frais soulignant que l'hôpital faisait face à des difficultés financières en raison de l'augmentation des charges de l'hôpital LUTH. Les nouveaux frais couvriraient essentiellement les coûts administratifs, tels que la mise en place d'un système de dossiers médicaux électroniques et la délivrance de cartes électroniques d'hôpital. Selon le professeur Sulaimon Akanmu, coordinateur du programme VIH au LUTH, le traitement de base du VIH reste gratuit, les médicaments et les tests essentiels tels que les tests de charge virale et le comptage des cellules CD4 étant pris en charge par le programme. Le professeur souligne la différence entre les tests d'efficacité du médicament, qui visent à démontrer que celui-ci est efficace, et les tests de sécurité du médicament, qui visent à déterminer si celui-ci entraîne des effets secondaires ou non. Le premier type de test consiste essentiellement en un dosage de la charge virale effectué tous les six mois et en un comptage des cellules CD4 effectué au début du test et lorsque les patient·e·s tombent malades. Selon le professeur, ces tests resteront gratuits car pris en charge par le programme. Le deuxième type de test n'est quant à lui plus pris en charge depuis 2013 et il est donc à la charge des patient·e·s. Alors que jusqu'en 2013, les frais de consultation étaient pris en charge par le programme, ce n'est plus le cas et le ou la patient·e qui souhaite consulter un médecin doit s'acquitter de ces frais (*The Guardian*, 11 janvier 2024).

4.1 Obstacles à l'accès au traitement

Des barrières à l'accès au traitement à de multiples niveaux. Selon l'EUAA, au Nigeria, l'accès au traitement du VIH/SIDA est limité par trois grands types de facteurs : les facteurs liés au système de santé, aux patient·e·s et à la communauté. Du côté du système de santé, les principaux obstacles sont le coût élevé des antirétroviraux, le manque de personnel qualifié, la surcharge et la vétusté des infrastructures, ainsi que l'insuffisance de compétences parmi certain·e·s soignant·e·s. Pour les patient·e·s, les difficultés concernent surtout la distance à parcourir jusqu'aux centres de soins, les longues files d'attente, les frais directs ou indirects et autres coûts associés. Enfin, au niveau communautaire, la stigmatisation, la discrimination fondée sur le genre et les croyances socioculturelles erronées renforcent les inégalités et limitent encore davantage l'accès aux soins (EUAA, avril 2022). Selon les chercheurs *Prosper Okonkwo et al*., les obstacles du système de santé incluent le manque de formation sur les traitements, les délais d'attente prolongés, l'insuffisance des infrastructures,

la disponibilité limitée des antirétroviraux et l'absence d'une approche intégrée et centrée sur le ou la patient·e. Du côté des patient·e·s, les difficultés relèvent du déni du statut sérologique, de la précarité socio-économique, des problèmes de transport, du manque d'information, de la crainte des effets secondaires et de la stigmatisation liée au VIH/SIDA. L'étude des chercheurs a confirmé que les frais de transport constituaient un obstacle important, la majorité des participant·e·s ayant des difficultés à payer le transport vers les cliniques ART. L'insuffisance des infrastructures de transport public et les longues distances à parcourir pour se rendre aux cliniques ART dans les zones reculées exacerbent les difficultés de transport (*Prosper Okonkwo et al*., 29 avril 2024).

Les hôpitaux publics où les traitements contre le VIH sont disponibles subissent une forte demande. Ils sont souvent concentrés dans les zones urbaines. Selon les chercheurs *Kingsley Oturu et al*., bien que les programmes de TAR financés par des donateurs soient gratuits au Nigeria, ils sont généralement restreints aux hôpitaux publics. En conséquence, une forte demande se concentre sur un nombre limité d'établissements situés dans les zones urbaines, ce qui provoque de longues files d'attente. Comme la plupart des centres de TAR du gouvernement nigérian sont situés dans les zones urbaines, l'accès au traitement est difficile pour certaines personnes (*Kingsley Oturu et al*., 6 janvier 2024). Selon des données collectées par NACA et ONUSIDA, citées par *The Nation*, les deux principaux obstacles à l'accessibilité des services liés au VIH étaient la distance des établissements de santé et les dépenses personnelles. Un·e patient·e vivant avec le VIH sur cinq n'a pas de centre de traitement à proximité de son lieu de résidence (*The Nation*, 10 mars 2021).

La stigmatisation et la discrimination envers les personnes vivant avec le VIH sont des obstacles importants à l'accès aux soins. Les chercheurs *Prosper Okonkwo et al*. indiquent que la stigmatisation sociale et la discrimination associée au VIH/SIDA est un obstacle à l'accès aux soins (*Prosper Okonkwo et al*., 29 avril 2024). Pour les chercheurs *Chimankpam Kingsley Ogbonna et al*., la stigmatisation décourage l'utilisation des services disponibles, limite la population couverte et entraîne une augmentation des dépenses personnelles en raison de la réduction de la couverture d'assurance et de l'exclusion sociale (*Chimankpam Kingsley Ogbonna et al*., 11 octobre 2024). Une étude menée par les chercheurs *Peters Adekoya et al*. en 2023, auprès de 425 personnes vivant avec le VIH dans l'État Akwa Ibom, a montré un niveau élevé de stigmatisation à l'égard de ces personnes dans l'accès aux services de santé. Près de la moitié de personnes interrogées ont déclaré s'être vu refuser l'accès aux services de santé, y compris des soins dentaires, au cours des 12 derniers mois en raison de leur statut sérologique. Les personnes qui résidaient en zones rurales étaient plus susceptibles de subir une stigmatisation liée à la santé que les résident·e·s urbain·e·s. D'autres facteurs associés à la stigmatisation incluaient un bas niveau d'éducation et le fait d'être jeune et célibataire. Pour les chercheurs, cette forte stigmatisation peut causer du stress, rendre difficile l'accès régulier aux soins et pousser certaines personnes à ne pas parler de leur statut sérologique. En conséquence, elles risquent de ne pas bien suivre leur traitement, d'interrompre les soins et de ne pas parvenir à contrôler le virus (*Peters Adekoya et al*., 19 février 2024). Selon les chercheurs *Kingsley Oturu et al*., il existe un coût social lié au fait d'être vu en train d'accéder au traitement dans un centre ART et cela en raison de la forte stigmatisation de la maladie (*Kingsley Oturu et al*., 6 janvier 2024).

Les populations clés, celles plus exposées au risque d'infection, sont particulièrement affectées par la discrimination. Selon le Dr Erasmus Morah, directeur national de l'ONUSIDA au Nigeria, la stigmatisation et la discrimination généralisée à l'égard des personnes

vivant avec le VIH, et en particulier envers les groupes exposés à un risque plus élevé d'infection, comme les hommes homosexuels ou les travailleurs du sexe, reste un défi important et contribue à les dissuader de se rendre dans les centres de soins (UNAIDS, 3 décembre 2024 ; UNAIDS 31 octobre 2021). Selon les chercheurs *Godwin Omokhagbo Emmanuel et al*., au Nigeria, les personnes interrogées dans le cadre d'une étude ont déclaré que les principaux obstacles rencontrés par les populations clés pour accéder aux services liés au VIH sont le manque de services liés au VIH gratuits, accessibles et complets (24 %), la stigmatisation et le harcèlement (22,6 %), le manque de connaissances sur les prestataires de services liés au VIH constitue un autre obstacle important (19,5 %), le manque d'installations accueillantes (11,3 %) et le manque d'information sur leur groupe (10,8 %). D'autre obstacles cités incluent, l'indisponibilité des prestataires de services liés au VIH (6,1 %) et l'incapacité à fournir des services de conseil adéquats sur le VIH (5,6 %) (*Godwin Omokhagbo Emmanuel et al*., 31 janvier 2025).

5 Couverture des traitements et médicaments

Seule une petite minorité de la population est couverte par une assurance maladie. **Une loi adoptée en 2022 vise à mettre en place un régime d'assurance maladie universelle avec un accès aux soins gratuits pour les personnes vulnérables.** Selon les chercheurs *Chimankpam Kingsley Ogbonna et al.*, seuls 3 % des Nigérian·e·s sont couvert·e·s par un régime d'assurance maladie. Le gouvernement s'efforce de mettre en place une assurance maladie universelle, notamment par la mise en œuvre de la loi de 2022 sur l'*Autorité nationale d'assurance maladie* (NHIA) qui vise à fournir une assurance maladie à toutes et tous les Nigérian·e·s, avec une attention particulière portée aux populations les plus vulnérables. Dans ce cadre, le gouvernement a créé le *Fonds pour les groupes vulnérables* (VGF), dont le but est de subventionner ou couvrir intégralement les primes d'assurance maladie des personnes vulnérables qui n'ont pas les moyens de s'offrir une assurance maladie (*Chimankpam Kingsley Ogbonna et al*., 11 octobre 2024). Selon la *personne de contact*, la couverture d'assurance maladie du Nigeria n'est pas obligatoire et universelle. Cependant, depuis peu, des efforts sont faits pour augmenter la couverture. Différents États du Nigeria gèrent différents aspects de l'assurance maladie sociale pour les travailleurs·euses informel·le·s, les personnes pauvres et (les personnes) vulnérables. Les conditions d'accès passent généralement par l'achat d'une police à des tarifs fortement subventionnés.

Depuis juillet 2025, le régime national d'assurance maladie couvre les personnes vivant avec le VIH. Selon le site d'information PUNCH, en mars 2025, le NHIA avait annoncé vouloir étendre la couverture d'assurance maladie aux personnes vivant avec le VIH et à d'autres populations vulnérables. Le NHIA souhaite garantir une protection financière et un accès à des services de santé complets pour les personnes vivant avec le VIH (PUNCH, 19 mars 2025). Le site d'information nigérian *Business day* rapporte qu'en juillet 2025, le NHIA a annoncé avoir étendu le régime national d'assurance maladie afin de couvrir des personnes atteintes de certaines maladies, y compris les personnes vivant avec le VIH (PVVIH). Des projets pilotes sont en cours dans quatre États du pays. Le NHIA a également annoncé que, depuis juin 2025, l'assurance maladie couvrait 20 millions de Nigérian·e·s, contre 16,8 millions en 2023 (*Business day*, 11 juillet 2025).

6 Sources

Adam Abdullahi et al., 27 juin 2023:

> *« **Since 2019, more than 50 countries across sub-Saharan Africa (SSA) have rolled out (or have plans to roll out) dolutegravir as part of standard treatment. The continuing rollout is aided by the availability of a low-cost, generic fixed-dose co-formulation of tenofovir disoproxil fumarate, lamivudine and dolutegravir, called TLD.***
>
> ***Dolutegravir-based ART has been commercialized and distributed in Nigeria since late 2019. As of 2020, national Nigerian treatment guidelines recommend the transition to dolutegravir-based ART in both virally suppressed and unsuppressed participants. However, due to economic and other factors, there is no routine virological or resistance testing in Nigeria. Therefore, the majority of HIV-1-infected participants transitioned to dolutegravir-based regimens without prior viral load (VL) or resistance testing**. Data from the ADVANCE and NAMSAL clinical trials, which recruited ART-naive participants exclusively in SSA, showed no evidence of emergence of drug resistance-associated mutations (DRMs) amongst participants on dolutegravir-based ART. Data on treatment outcomes of ART-experienced participants transitioning to TLD are limited, though some literature is beginning to emerge. Despite this, there are almost no data available from West Africa. […] »* Source: Adam Abdullahi et al., Limited emergence of resistance to integrase strand transfer inhibitors (INSTIs) in ART-experienced participants failing dolutegravir-based antiretroviral therapy: a cross-sectional analysis of a Northeast Nigerian cohort, 27 juin 2023: https://pmc.ncbi.nlm.nih.gov/articles/PMC10393879/#:~:text=characteristics%20of%20dolutegravir.-,5,participants%20on%20dolutegravir%2Dbased%20ART.

Peters Adekoya et al., 19 février 2024:

> *« **A total of 425 PLHIV were included in the analysis**. The majority of the respondents were female, and were the head of their households. Also, about one-third of the respondents were between the ages of 30 and 39 years and were rural residents. Most of the respondents were married and about three-quarters of the respondents were employed. In this study, about 41% of the respondents had received secondary education and more than one-quarter of the households had an orphan living with them. […]*
>
> ***The findings in the study suggest that there is a high level of stigmatization towards PLHIV in accessing health services in Akwa Ibom State. This is consistent with previous studies. Also in line with previous studies, the level of stigmatization appears to be quite high in this study, with about 50% of PLHIV having been denied access to health care services, including dental care, in the past 12 months, because of their HIV status**. **This high level of health-related stigmatization may have substantial adverse effects on the day-to-day lives of HIV-infected people. It could result in psychological and emotional stress, inconsistent health care-seeking behavior, and non-disclosure of HIV status. Besides, it may also lead to non-adherence to antiretroviral therapy, retention in care, and eventually causing people not to attain viral suppression**. […]*
>
> ***In this study, place of residence, age, educational status, and marital status were significantly associated with health-related stigmatization and discrimination against HIV-***

infected people. In line with previous studies, respondents who reside in urban areas are less likely to experience health-related stigmatization compared with rural residents. This is because urban residents have access to various mass media, which are a powerful way of sending public health and health promotion messages to the population, and particularly for sending messages relating to stigmatization and discrimination to the community.

Furthermore, people with no education were more likely to experience health-related stigmatization, which is supported by past studies. Uneducated PLHIV who are not knowledgeable about HIV and modes of transmission of the virus are more likely to experience HIV-related stigma. Young and single individuals were more likely to experience health-related stigma owing to their HIV status, in line with previous studies which stated that young and single individuals may experience stigmatization; this can be attributed to the fact that most unmarried people are viewed as being promiscuous, and engaging in high-risk behaviors including indiscriminate drug use. Single/unmarried individuals are vulnerable to higher levels of stigmatization because of a lack of social support resulting from isolation, discrimination, prejudice, and lack of psychosocial support from their family members and the society once their status is revealed. The study showed that male individuals were less likely to experience health-related stigmatization compared with female individuals; this is in contrast with previous studies in India, which reported that males experienced stigmatization more than females, but is consistent with other studies in India. *» Source: Peters Adekoya et al., Experiences of Stigmatization and Discrimination in Accessing Health Care Services Among People Living with HIV (PLHIV) in Akwa Ibom State, Nigeria, 19 février 2024: https://pmc.ncbi.nlm.nih.gov/articles/PMC10891273/*

Aima A Ahonkhai et al., 8 octobre 2020:

« Originally developed to provide lifesaving ART in countries most burdened by HIV, in 2008 PEPFAR entered a new era, coined PEPFAR 2.0, shifting its approach from emergency response to sustainability and country ownership. Following this transition, PEPFAR worked with recipient countries to increase their commitment to their own HIV programs. ***Nigeria, the most populated African country, is also home to the second largest population of people living with HIV worldwide. In the wake of PEPFAR 2.0, between 2011 and 2015, PEPFAR's funding to Nigeria decreased by about $83 million in yearly program support. While the Nigerian government committed to increase its funding contribution to its own national HIV/AIDS program from 7% of the total budget in 2008 to 50% by 2015, this commitment has been thwarted by fiscal challenges and inconsistent political will at the state and local government levels. In 2016, Nigeria had the poorest performing economy in Sub-Saharan Africa; and as future funding remains uncertain for Nigeria the gap between available resources and anticipated need may widen.***

Early on in the global AIDS response, many patients were required to pay out-of-pocket (OOP) expenses for ART, clinical services, and transportation. Meta-analyses of low and middle-income countries reported that clinics with user fees had 30% fewer patients achieving virologic suppression, and a 4-fold increased risk of attrition and death. Even in the setting of highly subsidized HIV care, interruptions in care are common in resource-limited settings. Patients cite a wide range of reasons for missing clinic visits, including indirect healthcare costs, such as transportation fees and lost wages. While

some interruptions from care are prolonged, or even indefinite, reports from Nigeria suggest that brief interruptions in care occur in at least 1 of 3 patients. These interruptions are associated with halving of the expected gains in CD4 numbers usually seen with ART.

In the Nigerian setting, the gap between multinational donor support and government contribution to HIV care has been met, in many clinics, by charging fees to patients. Little is known about how patients will respond to these user fees after a decade of free care. Given the data from the early ART era on the deleterious impact of user fees, and the high rates of care interruption in the setting of free care, we hypothesized that the introduction of user fees in Nigeria would be associated with less engagement in care and poorer medication adherence*. The objective of this analysis, therefore, is to assess the impact of introducing patient user fees for HIV care on individual patient care utilization and medication adherence in a large HIV clinic in Lagos, Nigeria. »* Source: Aima A Ahonkhai et al., The impact of user fees on uptake of HIV services and adherence to HIV treatment: Findings from a large HIV program in Nigeria, 8 octobre 2020: https://pmc.ncbi.nlm.nih.gov/articles/PMC7544141/

BBC, 18 mars 2025:

« Eight countries - six of them in Africa, including Nigeria, Kenya and Lesotho - could soon run out of HIV drugs following the US government's recent decision to pause foreign aid, the UN World Health Organization (WHO) said.

US President Donald Trump announced the freeze on his first day in office in January as part of a review into government spending.

"Disruptions to HIV programmes could undo 20 years of progress," WHO chief Tedros Adhanom Ghebreyesus warned.

It could also lead to more than 10 million additional cases of HIV and three million HIV-related deaths, he added, noting this was "more than triple the number of deaths last year".

Nigeria, Kenya, Lesotho, South Sudan, Burkina Faso and Mali - as well as Haiti and Ukraine - would run out of live-saving anti-retroviral (ARV) medicines in the coming months, Dr Tedros said at a press conference on Monday.

Trump's executive order paused foreign aid support for an initial duration of 90 days in line with his "America First" foreign policy.

It has affected health programmes around the world, leaving shipments of critical medical supplies, including HIV drugs, greatly hampered.

The majority of the US Agency for International Development's (USAID) programmes have since been terminated.

Despite a waiver issued in February for the US's ground-breaking HIV programme, its work has severely impacted.

Known as the US President's Emergency Plan for Aids Relief (Pepfar), it relies on logistical support from USAID and other organisations hit by the turmoil.

It has led to the "immediate stop to services for HIV treatment, testing and prevention in more than 50 countries", Dr Tedros said. *[…]*

In Nigeria, nearly two million people are living with HIV, with many relying on receiving aid-funded medicines.

Kenya has the seventh-largest number of people living with HIV in the world, at around 1.4 million, according to WHO data.

"We ask the US to reconsider its support for global health, which not only saves lives around the world, it also makes the US safer by preventing outbreaks from spreading internationally," Dr Tedros said. » Source: BBC, Nigeria and Kenya among nations running out of HIV drugs - WHO, 18 mars 2025: https://www.bbc.com/news/articles/c871q33yvjpo

Business Day, 11 juillet 2025:

*« **The National Health Insurance Authority (NHIA) says it has expanded the national health insurance scheme to cover some extreme health cases including people with HIV (PLHIV) and for TB patients, with pilots under way in four states**.*

This was disclosed by Dr Kelechi Ohiri, the director general, NHIA at the annual general meeting of the Nigerian Association of Insurance and Pension Editors, NAIPE in Lagos.

Ohiri, who was represented by Aisha Abubakar Haruna, acting director, Lagos Regional Office of the NHIA announced that the health insurance now covers no fewer than 20 million Nigerians up from 16.8 million in 2023.

***This is already achievement of 99 percent of the 2027 presidential target, noting that the Authority achieved an additional 800,000 beneficiaries who joined the basic health care provision fund, bringing the total to 2.6 million as of May 2025**.*
Ohiri also stated that the NHIA embarked on addressing drug shortages and care delays via the multi-project strategy.

He said, "NHIA has focused on expanding health insurance coverage, improving quality of care and protecting the rights of enrollees while strategically and creatively deploying health insurance to save lives in a way that contributes and sustains significant benefit to the health sector.

"As of June last month, NHIA has achieved 20 million enrollees in the health insurance. This was the combined efforts of the State Health Insurance agencies, health maintenance organizations and the National Health Insurance Scheme."

*As a matter of fact, we have exceeded the mandates that was been given to us by the president. He gave us a target, which we exceeded in June. **We have a significant jump from 16.8 million Nigerians enrolled in 2023. By June 2025, we have hit 20 million**. We have also embarked on addressing drug shortages and care delays via the multi-project strategy."*

The NHIA DG noted that from 2024 to 2025, NHIA has strategically intervened in the revision of tariffs revising the accreditation processes and mandating one-hour limit on care authorisation while mitigating any previous issues for medicine shortages, denial, and delay in issue codes and provider payment delays.» Source: Business day, Health Insurance extended to cover patience with HIV, TB, 11 juillet 2025: https://businessday.ng/insurance/article/health-insurance-extended-to-cover-patience-with-hiv-tb/

CDC, 21 mai 2024:

*« **Nigeria, the most populous country in Africa, is home to the fourth largest HIV epidemic in the world. The country also has one of the highest rates of new infections in sub-Saharan Africa.***

For decades, the country was unable to efficiently identify people living with HIV and begin their treatment. As a result, they consistently fell short of meeting the UNAIDS' (Joint United Nations Programme on HIV/AIDS) goals for HIV epidemic control.

That all changed in 2018, when the country's leadership, with support from CDC and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), launched a nationwide household survey. The survey confirmed that less than half of Nigeria's 1.9 million people living with HIV were receiving lifesaving HIV treatment. It also identified precisely where these individuals were residing.

With these data, the CDC-Nigeria team set out to implement an ambitious approach to significantly expand HIV treatment and put Nigeria on the path to epidemic control.

Nigeria's HIV treatment surge

In April 2019, CDC and partners launched an HIV anti-retroviral treatment (ART) usrge. The goal was to increase HIV testing and expand access to lifesaving treatment for people living with HIV, specifically in Benue, Delta, Enugu, Gombe, Imo, Lagos, Nasarawa, and Rivers, and the Federal Capital Territory.

CDC and partners focused on these states due to their high numbers of untreated individuals living with HIV. An innovative operational platform, CIRAS (Comprehensive, Integrated, Resilient ART System), was also developed and implemented in the nine states to support this effort.

***Furthermore, CDC and partners established incident command structures in each of the states. Each structure was led by an operations chief tasked with overseeing HIV service delivery efforts in that area**. This included:*

Working closely with community leaders.
Capturing key data.
Identifying and solving challenges to improve access to treatment.

On a weekly basis, operations chiefs and other CDC experts collected the site-level data on HIV testing and treatment. They then analyzed them via a shared, collaborative dashboard.

The experts used these data to continually adapt and improve HIV testing and treatment efforts within the communities who needed them most.

Surge accomplishments
In each state, the Ministry of Health, CDC and its implementing partners worked with community leaders to launch a combination of proven HIV interventions. The interventions were layered in such a way to bring about the greatest impact.

The results were immediate and impressive. ***An analysis published in CDC's Morbidity and Mortality Weekly Report (MMWR) showed that, even in the midst of the COVID-19 pandemic, the first 18-months of the Nigeria HIV treatment Surge resulted in a significant increase. The total number of people diagnosed with HIV who are now receiving treatment also increased by 65% in only a year and a half.***

CDC leaders in Nigeria and Atlanta shared insights gained from the initial nine states to partners operating in nine additional Nigerian states. ***As a result, the Nigeria HIV treatment Surge increased the number of people living with HIV in these 18 states from 454,000 in 2019 to 903,000 in 2021. In other words, the number of people treated for HIV doubled in just two years.*** *[…]*

More work to be done
However, program leaders say there is still more work to be done. ***In Nigeria and other places throughout the world, many people remain unaware of their HIV status. Improvements in HIV testing strategies, especially among those at high risk of infection, remain critical. Quickly linking people with HIV to treatment, retaining them, and helping them sustain viral suppression are also top priorities to reduce HIV transmission and HIV-related deaths. These initiatives are also core to the UNAIDS' global goals to achieve HIV epidemic control world-wide****. […] »* Source: Centers for Disease Control and Prevention (CDC), HIV Treatment Surge in Nigeria, 21 mai 2024: https://restoredcdc.org/www.cdc.gov/global-hiv-tb/php/success-stories/treatmentsurgenigeria.html

EUAA, avril 2022:

« 7.2 Access to treatment
Despite the National effort at eliminating HIV/AIDS, UNAIDS estimates that the coverage of HIV/AIDS services is sub-optimal. Approximately 65 % of adults and children living with HIV receive ART, leaving about a 35 % coverage gap*. This varies across different segments of the population with the highest coverage in women above age 15 at 80 %, and lowest in children between the age 0 and 14 at 36 %. Information on the treatment of opportunistic infections and co-morbidities is very limited. Factors that mitigate access to HIV/AIDS treatment in Nigeria are grouped into three categories, namely: health systems related, patients-related and community-related. The health system related barriers encompasses high cost of ARTs, shortage of health manpower, highly congested and dilapidated healthcare facilities and knowledge gap amongst health workers. The patient-related impediments to access include long distance to service delivery points, extended waiting time, indirect costs and user fees, while the community-related barriers include stigma and discrimination against people living with HIV/AIDS, gender discrimination against PLWHA and sociocultural misconceptions****. »* Source: European Union Agency for

Asylum (EUAA), Medical Country of Origin Information Report: Nigeria, avril 2022: https://www.ecoi.net/en/file/local/2071828/2022_04_EUAA_MedCOI_Report_Nigeria.pdf.

Euronews, 10 juillet 2025:

« The US's decision to halt most foreign aid this year has been a "systemic shock" to the fight against AIDS, according to officials from the United Nations who said there could be more than four million AIDS-related deaths and six million more HIV infections by 2029 if the US funding is not replaced.

Years of US-led investment into AIDS programmes has reduced the number of people killed by the disease to the lowest levels seen in more than three decades, and provided life-saving medicines for some of the world's most vulnerable.

*But in the last six months**, **the sudden withdrawal of US money has threatened that progress, UNAIDS said in a report released Thursday.***

"The current wave of funding losses has already destabilised supply chains, led to the closure of health facilities, left thousands of health clinics without staff, set back prevention programmes, disrupted HIV testing efforts, and forced many community organisations to reduce or halt their HIV activities," the agency said.

UNAIDS also said that it feared other major donors might also scale back their support, reversing decades of progress against AIDS worldwide – and that the strong multilateral cooperation is in jeopardy because of wars, geopolitical shifts, and climate change.

***The $4 billion (€3.4 billion) that the US pledged for the global HIV response for 2025 disappeared virtually overnight in January when US President Donald Trump ordered that all foreign aid be suspended and later moved to shutter the US aid agency**.*

Andrew Hill, an HIV expert at the University of Liverpool who is not connected to the UN, said that while Trump is entitled to spend US money as he sees fit, "any responsible government would have given advance warning so countries could plan," instead of stranding patients in Africa when clinics were closed overnight.

Impact of US investment in HIV/AIDS
The US President's Emergency Plan for AIDS Relief, or PEPFAR, was launched in 2003 by then-President George W Bush, the biggest-ever commitment by any country focused on a single disease.

UNAIDS called the programme a "lifeline" for countries with high HIV rates, and said that it supported testing for 84.1 million people, treatment for 20.6 million, among other initiatives.

***According to data from Nigeria, PEPFAR also funded 99.9 per cent of the country's budget for medicines taken to prevent HIV.** […] »* Source: Euronews, Millions will die in coming years if US funding for HIV programmes is not replaced, UN warns, 10 juillet 2025: https://www.euronews.com/health/2025/07/10/millions-will-die-in-coming-years-if-us-funding-for-hiv-programmes-is-not-replaced-un-warn

Godwin Omokhagbo Emmanuel et al., 31 janvier 2025:

> *« Obstacles to Accessing HIV Services Among KPs*
>
> *Figure 3 shows the* ***key obstacles faced by KPs in accessing HIV services. The most significant barrier, cited by 24.2%, is the lack of free, accessible, and comprehensive HIV services. The issue of stigmatization and harassment was reported by 22.6% as the obstacle to accessing the services. Lack of knowledge about HIV service providers is another significant obstacle, with 19.5% reporting this as a barrier. Lack of friendly facilities was identified by 11.3%, and 10.8% cited a lack of information about my group as a barrier to accessing HIV services among the KPs. Smaller percentages of respondents reported the non-availability of HIV service providers (6.1%) and inability to provide adequate HIV counseling services (5.6%) as barriers****. […]*
>
> ***The study identified key barriers to accessing HIV services, with the most significant being the lack of free, accessible, and comprehensive services (24.2%), followed by stigmatization and harassment (22.6%). These challenges align with previous research by Emmanuel et al. and Bakare, which also cited stigma and service accessibility as major obstacles for KPs.*** *»* Source: Godwin Omokhagbo Emmanuel et al., Improving HIV Prevention for Key Populations in Nigeria: Insights on Access, Barriers, Stigma, and Service Utilization, 31 janvier 2025: https://mchandaids.org/improving-hiv-prevention-for-key-populations-in-nigeria-insights-on-access-barriers-stigma-and-service-utilization/

HumAngle Media, 4 février 2025:

> ***« In a move to protect Nigerians living with HIV/AIDS, the Nigerian government has approved nearly ₦5 billion for the procurement of HIV treatment packs****. […]*
>
> ***Following a public outcry, the Trump administration made a series of controversial concessions on Jan. 29. Secretary of State Marco Rubio announced a waiver that would allow for the distribution of HIV medications. However, it remained unclear whether the waiver would extend to preventive drugs or other services provided by PEPFAR.***
>
> *Regardless of the waiver, the underlying message is clear: the era of developing countries depending heavily on donor funding is coming to an end. The nations themselves must now shoulder the responsibility for HIV/AIDS treatment and prevention.*
>
> *Impact on Nigeria*
>
> ***Nigeria, which has the highest HIV burden in West and Central Africa, is facing a particularly critical solution. With nearly two million Nigerians currently living with HIV and 1.7 million children orphaned by the disease, the country accounts for about 10 per cent of the global burden. Over the years, PEPFAR has contributed over $6 billion to support Nigeria's national HIV/AIDS response.***
>
> ***The suspension or potential cessation of PEPFAR funding has created a sense of uncertainty and concern among Nigerian health officials, who fear the devastating impact on the country's HIV/AIDS treatment programmes.***

"The suspension is expected to have severe consequences for Nigeria as it would put the lives of millions of people at risk," said Abdullahi Balogun, a medical doctor at Obafemi Awolowo University Teaching Hospital (OAUTH). "Lack of access to antiretroviral therapy, a lifesaving treatment for people living with HIV, could lead to increased morbidity and mortality rates."

Dr Balogun warned that in the face of funding shortages, healthcare facilities may introduce user fees, making HIV services less accessible to vulnerable populations. *[…]*

These two individuals are among the ***millions of Nigerians who rely on external funding to access life-saving HIV treatments. The suspension of PEPFAR funding would have devastating consequences for them, leaving them vulnerable to illness and even death.***

The cost of antiretroviral therapies can vary significantly depending on the region and access to generic drugs. A recent study estimated that treatment could cost between $100 (₦149,248) to $1,000 (₦1,492,480) monthly, depending on the patient's health status and the specific medication regimen required.

Inside Nigeria's ₦5 billion fund

The Federal Executive Council (FEC) reportedly approved an allocation of nearly ₦5 billion (over $3 million) on Monday, Feb. 3, to procure 150,000 HIV treatment packs, to be distributed over the next four months. This aims to provide immediate relief and demonstrate Nigeria's intent to build a more sustainable domestic financing model for health interventions.

"This allocation is critical for ensuring that those living with HIV continue to receive necessary treatments without interruption," said Ali Pate, Minister of Health and Social Welfare, after the FEC meeting. "This is about ensuring that no Nigerian loses access to treatment during this period of adjustment."

Pate also disclosed that FEC has set up a committee with membership drawn from the ministries of finance, budget, defence, environment, and the Nigeria Governors Forum to develop a sustainability plan for the initiative.

Until now, Nigeria has relied heavily on international assistance for its HIV programmes, particularly from PEPFAR. While the Trump administration's policy did not directly force the Nigerian government's hand, it has prompted the country to reassess its reliance on international aid and take ownership of its HIV/AIDS treatment programmes. *»* Source: HumAngle Media, Nigeria Takes Action to Secure HIV/AIDS Treatment Amid Uncertainty Over US Funding, 4 février 2025 : https://humanglemedia.com/nigeria-takes-action-to-secure-hiv-aids-treatment-amid-uncertainty-over-us-funding/

Abdulmuminu Isah et al.,15 avril 2025:

« Immediate and long-term consequences of funds withdrawal
The withdrawal of US funding from PEPFAR and other HIV-related programs poses a significant threat to antiretroviral therapy (ART) accessibility for millions of PLHIV in

Nigeria *and other developing countries. PEPFAR alone supports approximately 20 million individuals on ART worldwide.*

In the immediate term, reduced funding may lead to treatment disruptions, drug stock-outs, and increased drug resistance, which would further worsen HIV-related morbidity and mortality. In Nigeria, previous reductions in PEPFAR funding have resulted in challenges for clinics in maintaining routine HIV services, with compromised quality of care and shortages of staff. Funding withdrawal also disrupts essential HIV prevention programs, including pre-exposure prophylaxis (PrEP), prevention of mother-to-child transmission (PMTCT), and harm reduction initiatives*. Studies indicate that PrEP scale-up significantly reduces HIV transmission in key populations, but financial constraints might lead to reduced PrEP access in some African countries. Similarly, PMTCT programs that have achieved nearly 90% efficacy in preventing infant HIV transmission may experience service gaps, reversing hard-won progress.*

In the long term, the erosion of donor support may undermine the structural gains achieved through PEPFAR, including investments in laboratory networks, healthcare worker training, and diagnostic capabilities. Funding cuts could weaken HIV testing coverage, impair viral load monitoring, and place additional strain on already fragile health systems. In countries like Nigeria, clinics have reported shortages in trained personnel following past donor funding reductions. Without external funding, PLHIV may bear higher out-of-pocket costs for medications and healthcare visits, exacerbating poverty and health inequalities.

Potential Future Risks and Global Implications
Potential future risks include severe impacts on global HIV/AIDS programs, particularly in LMICs, hardest hit by the epidemic. ***Disruptions in the ART supply chain could lead to treatment interruptions, increased viral loads, and rising HIV prevalence, which could lead to AIDS and increased mortality. Without HIV treatment, individuals with AIDS typically survive for approximately 3 years. The suspension would also halt condom distribution, a key prevention strategy for high-risk populations, likely increasing new infections.***

Additionally, restricted access to HIV treatment would heighten transmission risks within families and communities, worsening the public health crisis. Vulnerable populations, especially in underserved areas, would face even greater barriers to care due to infrastructural gaps left by the funding cut. According to predictive models, disruptions to ART would likely result in a 60% increase in the risk of mother-to-child transmission of HIV. *[…]*

Conclusion
Funding suspension from PEPFAR and other HIV-related programs could lead to increased treatment interruptions, higher HIV transmission rates, and exacerbate health inequities. Vulnerable populations, including children, pregnant women, and key affected groups, stand to suffer the most as essential services such as PMTCT, PrEP, and harm reduction programs will likely face disruptions.

The funding gap will not only impact healthcare systems but will also strain communities already facing economic hardships. Without sustained support, many PLHIV may

struggle with out-of-pocket expenses, leading to increased poverty and worsening health outcomes. Additionally, overburdened healthcare workers may face burnout, further compromising service delivery. *However, this crisis presents an opportunity for recipient nations to rethink healthcare sustainability. Governments at all levels must explore alternative funding mechanisms, increase domestic healthcare budgets, and strengthen public-private partnerships. Without immediate intervention, the progress made in combating HIV/AIDS risks being reversed, jeopardizing global health goals and leaving millions without the care they desperately deserve. »* Source: Abdulmuminu Isah et al., From progress to uncertainty: The global impact of US funds withdrawal from PEPFAR and other HIV-related projects on people living with HIV/AIDS in Nigeria and other low- and middle-income countries, 15 avril 2025 : https://afenet-journal.org/from-progress-to-uncertainty-the-global-impact-of-us-funds-withdrawal-from-pepfar-and-other-hiv-related-projects-on-people-living-with-hiv-aids-in-nigeria-and-other-low-and-middle-income-countries/

NACA, 27 février 2025:

« The National Agency for the Control of AIDS (NACA) is aware of a ***false information circulating online regarding the cost of HIV treatment in Nigeria.***

The claim that antiretroviral drugs will now cost 250,000 per dose with patients required to pay 500,000 monthly is completely false and misleading.

HIV treatment in Nigeria remains free of charge at Government owned health facilities. The Government in collaboration with donor partners remains steadfast in providing free and accessible HIV treatment to all who need it.

For accurate and up to date information on HIV treatment and prevention in Nigeria, follow our verified social media platforms and visit the official NACA website. » Source: National Agency for the Control of AIDS (NACA), NACA Debunks Fake News on HIV Drug Pricing in Nigeria, 27 février 2025: https://naca.gov.ng/naca-debunks-fake-news-on-hiv-drug-pricing-in-nigeria/

Chimankpam Kingsley Ogbonna et al., 11 octobre 2024:

« In response to these challenges, ***Nigeria is working to expand UHC through key policy measures, particularly by implementing the National Health Insurance Authority (NHIA) Act of 2022. This law aims to provide health insurance to all Nigerians, with a special focus on the most vulnerable populations. The establishment of the Vulnerable Group Fund (VGF) is central to this strategy. The VGF was designed to subsidize or fully cover healthcare premiums for vulnerable individuals who are unable to afford health insurance. By doing so, the government seeks to ensure that financial protection and access to healthcare are extended to all segments of the population, particularly those most in need.***

Currently, only about 3% of Nigerians are covered under the health insurance scheme, reflecting the considerable work still needed to expand coverage. The Basic Healthcare Provision Fund (BHCPF) and the Health Insurance Levy are major funding mechanisms that support the VGF and broader UHC initiatives. The Nigerian government has set an ambitious target to cover 83 million Nigerians—those most vulnerable and financially constrained—by leveraging these funds.

> ***This expansion of UHC not only addresses the shortage of resources in PHCs but also reduces reliance on informal care providers by increasing access to formal healthcare services, thereby combating delays in diagnosis and treatment. Moreover, by targeting the most vulnerable groups, Nigeria's UHC policy contributes to building a more resilient healthcare system that integrates health-in-all-policies, ensuring that no one is left behind in the quest for better healthcare access and equity.***
>
> ***Stigma poses significant challenges to achieving Universal Health Coverage (UHC) by limiting access to services, excluding marginalized populations, and increasing out-of-pocket costs. In Nigeria, individuals with HIV/AIDS, mental health disorders, and disabilities often face discrimination, resulting in reduced healthcare access. Stigma discourages the use of available services, restricts the population covered, and leads to higher personal expenditures due to reduced insurance coverage and social exclusion. »*** Source: Chimankpam Kingsley Ogbonna et al., Addressing stigma to achieve healthcare equity and universal health coverage in Nigeria, 11 octobre 2024: https://link.springer.com/article/10.1007/s44282-024-00104-1

Prosper Okonkwo et al., 29 avril 2024:

> ***« Various studies have identified and characterized a range of barriers to accessing HIV/AIDS treatment services for PLHIV in Nigeria, including KP. Abubakar Saleh categorized these barriers to ART treatment into three main groups: health system-related, patient-related, and community-related barriers. Health system-related barriers include poor treatment literacy, long waiting times, inadequate health infrastructure, limited availability of ART medications, and the facility not implementing person-centred or integrated approach. Patient-related barriers encompass factors such as denial of HIV status, socioeconomic status, transportation, poor awareness, fear of adverse drug effects, and the stigma associated with HIV/AIDS. Community-related obstacles include the criminalization of same-sex relationships by the Nigerian government, societal stigma, and discrimination against KPs, which can deter them from seeking treatment.*** *[…]*
>
> ***We investigated the barriers faced by KPLHIV in southwestern Nigeria in accessing ART. The study findings show high unemployment rates among KPLHIV, despite their high levels of education. This could be driven by various socio-economic factors and systemic barriers, which can collectively limit employment opportunities and impede the affordability and accessibility of ART. The high percentage of completion of at least secondary education (85.2%) suggests that KPLHIV in this study possess certain levels of education, yet they face challenges in securing stable employment. Previous literature highlights why there could be a high rate of unemployment despite an increased educational trend among PLHIV. Özdemir et al. suggest that higher education does not significantly predict employment for PLHIV; socioeconomic characteristics, age, time since diagnosis, wealth status, illicit drug usage, and CD4 cell count all have an impact on PLHIV employability status. Similarly, Kitshoff et al., in an observational study in KwaZulu-Natal, South Africa, suggest that unemployment can be linked to non-adherence to antiretroviral medication among HIV-positive patients in KwaZulu-Natal due to various factors such as depression and financial constraints.***

Our study findings also reveal that transportation costs pose a significant barrier, with the majority of participants experiencing difficulties in affording transportation to ART clinics*. This result confirms previous study findings in Uganda, which highlighted transportation as a significant obstacle to accessing healthcare services, underscoring the importance of tackling this challenge to enhance healthcare access.* ***This may be influenced by socio-economic factors, including limited financial resources and the geographical distribution of healthcare facilities, and can be tackled through the provision of jobs, public transportation, and welfare incentives to KPLHIV. Inadequate public transportation infrastructure and long distances to ART clinics in remote areas exacerbate transportation challenges****. The result of this study shows that, despite transportation barriers, the perception of service fees at ART facilities was not a significant barrier among PLHIV in this study, which suggests potential discrepancies in the cost burden experienced by KPLHIV. For instance, some respondents in this study attributed their inability to access ART services to a lack of financial resources, citing insufficient funds as the primary reason for their inability to transport themselves to these facilities. This discrepancy may be a result of government subsidies, donor funding, or humanitarian support programs targeted at ART services for PLHIV in Nigeria.*

Additionally, findings from this study show that there is high satisfaction with the quality of care received at ART clinics, which indicates positive experiences, potentially outweighing financial concerns among PLHIV in this study*. This corresponds with recent research in Ethiopia, which estimated the acceptability of ART services among PLHIV to be approximately 75.0%, indicating a generally favorable view of PLHIV towards healthcare provision and treatment modalities. This suggests that,* ***despite the significant financial burden of traveling to the nearest ART clinic, some PLHIV in this study prioritize their health and consistently commute to the clinic due to the exceptional care provided at the clinic****. […]*

In this study, the logistic regression analysis reveals age as a significant barrier to accessing ART services, with a negative regression coefficient (-0.068). This suggests that, ***as age increases, the likelihood of affordability and accessibility of ART services decreases. Variably, the older population living with HIV may face physical limitations, such as mobility issues, which could hinder their ability to access healthcare facilities.*** *[…]*

Conclusions

This study highlights the barriers faced by KPLHIV in southwestern Nigeria in accessing ART services. Despite high levels of education, unemployment rates remain high, possibly driven by socio-economic factors and systemic barriers. Unemployment, transportation costs, and lack of funds posed substantial barriers among KPLHIV in southwestern Nigeria, underscoring the need for targeted interventions to address these challenges.

These barriers are, however, tempered by the high satisfaction with the quality of healthcare services and healthcare workers' attitudes reported by this subpopulation. *To improve access to ART services, tailored interventions are necessary, focusing on addressing systemic barriers, improving transportation infrastructure, and providing financial assistance. Community-based initiatives and peer support networks can also play a crucial role in addressing some of the barriers. »* Source: Prosper Okonkwo et al., Barriers to Accessing Antiretroviral Treatment Among Key Populations in Southwest Nigeria, 29 avril 2024: https://pmc.ncbi.nlm.nih.gov/articles/PMC11137604/

Kingsley Oturu and al., 6 janvier 2024:

> *« The aim of this paper is to explore the experiences of People Living with HIV/AIDS (PLWHA) accessing ART programmes in Nigeria. In this paper, the role that barriers and enabling structural forces play in influencing ART access are also explored. For the purpose of this paper, structural forces are social, cultural, organisational, economic, legal or policy features in societies that influence health behaviour. They are structural because they are intangible and have an influence on human behaviour.* ***Research undertaken using data from Africa, Asia and South America, suggests that stigma, discrimination, poverty and unequal gender roles stand as major barriers to accessing ART programmes in resource poor settings.***
>
> ***This paper focuses on four structural forces which were found to be most relevant in this current study. These structural forces are the economy, politics, gender and religion/spirituality.*** *[…]*
>
> ***Even though donor funded ART programmes in Nigeria are free, due to the fact that they are often limited to government hospitals, there are usually large numbers of people attempting to access treatment in small numbers of public hospitals located in urban areas. This leads to long waiting times****. Most of the discussions on structural forces in HIV focus on HIV prevention as structural forces have an important role to play in the rate of new cases of HIV infection compared to individual psychological strategies. […]*
>
> ***This study investigates the structural forces that influence access to ART in Nigeria. The results show that most of the Nigerian government ART centres are in the urban areas, making it difficult for some people to access treatment****. […]*
>
> *Structural forces such as poverty could have a far more profound effect on the health behaviour of people than the impact of receiving health care information. As shown in the results section, poverty had the power to drive one of the participants (Linda) to undertake risky sexual behaviour, even though she was aware of HIV and the sexual mode of transmission.* ***Findings from this current study indicate that to access treatment, the patient considers, microeconomic considerations such as the cost of accommodation, loss of income from absence from work, transportation costs, consultation costs and the social (stigma) cost of being seen accessing treatment from the ART centre. The patient considers the opportunity costs of taking time out of other competing commitments to access the ART.*** *[…] »*
> Source: Kingsley Oturu et al., Barriers and enabling structural forces affecting access to antiretroviral therapy in Nigeria, 6 janvier 2024: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-17271-6

Public Health Nigeria, pas de date:

> *« Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection. People on ART take a combination of HIV medicines (called an HIV treatment regimen) every day. ART is recommended for everyone who has HIV. ART can't cure HIV, but HIV medicines help people with HIV live longer, healthier lives. You can get free post exposure prophylaxis (pep) that can prevent HIV infection within 72 hours of exposure contact such as rape or child sexual abuse & other antiretroviral drugs in Nigeria.* ***You can also get free HIV medication by registering at any of the following HIV treatment centers located in Nigeria.*** *[…]*

EDO STATE

Otiboh Okphae Specialist Hospital Irrua, Benin
Central Hospital, Uromi, Benin
Central Hospital, Upper Garage Road, Auchi, Benin
Camilus, Uromi, Benin
Central Hospital Sapele Rd. Benin City
Faith Mediplex, Giwaamu, Opposite
Church of God Mission, Airport Road, Benin
Central Hospital, Benin
Central Hospital, Ika South, Agbor, Benin
University of Benin Teaching Hospital, Benin
Comprehensive Health Centre, Ovia South East, Udo, Benin
Irrua Specialist Hospital, Edo
Irrua Specialist Teaching hospital, Esan, Benin
Primary Health Centre, Ovia North East, Oluku, Edo State
Otiboh Okphae Specialist Hospital Irrua, Benin
Central Hospital, Uromi, Benin
Central Hospital, Upper Garage Road Auchi, Benin
Camilus, Uromi, Benin
Central Hospital Sapele Rd. Benin City
Faith Mediplex, Giwaamu, Opposite Church of God Mission, Airport Road, Benin
Central Hospital, Benin
Central Hospital, Ika South, Agbor, Benin
University of Benin Teaching Hospital, Benin
Comprehensive Health Centre, Ovia South East, Udo, Benin
Irrua Specialist Hospital, Edo
Irrua Specialist Teaching hospital, Esan, Benin
Primary Health Centre, Ovia North East, Oluku, Edo State » Source: Public Health Nigeria, Complete list of free HIV treatment centers in Nigeria, pas de date: https://www.publichealth.com.ng/complete-list-of-hiv-treatment-centers-in-nigeria?

PUNCH, 19 mars 2025:

*« **The National Health Insurance Authority and the National Agency for the Control of AIDS have initiated a strategic partnership aimed at expanding health insurance coverage for People Living with HIV and other vulnerable populations.***

*The Director-General of NHIA, Dr. Kelechi Ohiri, disclosed this collaboration via his X handle on Wednesday, emphasizing **its role in ensuring financial protection and access to comprehensive healthcare services for PLHIV**.*

“This collaboration is a significant step toward ensuring financial protection, improving their quality of life, and enhancing access to comprehensive healthcare services. By strengthening health insurance, we are driving progress toward Universal Health Coverage,” Ohiri wrote.

Similarly, NACA, in a statement, confirmed that its management team, led by Director-General, Dr. Temitope Ilori, visited NHIA to discuss sustainable healthcare solutions for PLHIV.

***Key highlights of the discussions included the expansion of health insurance coverage to over 19 million Nigerians, increased support for vulnerable groups, including PLHIV, integration of HIV and Tuberculosis treatment into NHIA benefits, and domestic resource mobilization for long-term impact**.*

"Collaboration is key to a healthier future," NACA stated.
***According to NACA, Nigeria currently has an HIV prevalence rate of 1.4 percent among people aged 15 to 64 years, with an estimated two million individuals living with HIV. Of these, 1.6 million are on treatment**.*

***The 2023 UNAIDS report also revealed that approximately 160,000 children aged 0 to 14 are living with HIV in Nigeria, with 22,000 new infections and 15,000 AIDS-related deaths recorded annually**.*

***Despite some progress, the country's prevention of mother-to-child transmission and paediatric HIV coverage remain below 33 percent, falling significantly short of the 95 percent target**. »* Source: PUNCH, NHIA, NACA to expand health insurance for people living with HIV, 19 mars 2025: https://punchng.com/nhia-naca-to-expand-health-insurance-for-people-living-with-hiv/

PUNCH, 1er juin 2019:

*« **A non-governmental organisation, Network of People Living with HIV and AIDS in Nigeria, on Friday said that the demand for service charges from persons living with HIV and AIDS by health workers in Nigeria was hampering access to treatment.***

The Rivers State Coordinator of the group, NEPWHAN, Emmanuel Josephine, stated this during a media tour by the National Agency for the Control of AIDS in Rivers State.

Josephine maintained that more HIV and AIDS patients defaulted in their treatment of the virus due to financial challenges occasioned by service charges, which ranged from N200 to N500 on every visit to the health centres, adding that her organisation had concluded plans to abolish the practice.

She said, "We understand that more people are defaulting in their treatment because of the financial difficulties, they complain of not having money to pay for consultation. In some facilities, patients are charged N500, others N200.

***"Some facilities charge for weighing of patients and checking of vital organs; so, we've been pushing for the removal of the charges from the national level down to the states because it is standing as a barrier for some persons living with HIV/AIDS to access treatment."** […]*

***However, drugs at the hospitals visited were available at their various pharmacies as there was no shortage of drugs in the hospitals.** »* Source: PUNCH, 'Service charges hampering access to HIV/AIDS treatment in Nigeria', 1er juin 2019: https://punchng.com/service-charges-hampering-access-to-hiv-aids-treatment-in-nigeria

Reuters, 19 juin 2025:

> *« **Nigerian manufacturer Codix Bio Ltd plans to make millions of HIV and Malaria test kits at its new plant outside Lagos for the local and regional market to help fill gaps in the wake of cutbacks at U.S. donor agency USAID, a company executive said.***
>
> *The United States, the world's largest humanitarian aid donor, has cut funding for foreign assistance, half of which is delivered via USAID.*
>
> *The U.S. support to Nigeria, which reached $740 million in 2024 based on USAID data, is focused on preventing malaria and curbing HIV as well as delivering vaccines to local health centres across the country.*
>
> ***It is not yet clear how Nigeria will be affected by the cuts. The Nigerian government has said it will raise funds to continue some of the programmes that donors supported.***
>
> *Codix Bio general manager Olanrewaju Balaja said the company will roll out kits later this month from its plant in partnership with the South Korean pharmaceutical producer SD Biosensor and support from the World Health Organization.*
>
> *The plant has an initial capacity to produce 147 million kits annually, but this can be expanded to over 160 million.»* Source: Reuters, Nigerian company to make HIV, malaria test kits after US funding cut, 19 juin 2025: https://www.reuters.com/business/healthcare-pharmaceuticals/nigerian-company-make-hiv-malaria-test-kits-after-us-funding-cut-2025-06-19/

The Conversation, 15 mars 2016:

> *« **The Nigerian government's decision to provide antiretrovirals freely as part of HIV programmes at the country's health facilities has dramatically improved the uptake of treatment.***
>
> ***Since 2006 government has provided free antiretroviral treatment at designated facilities in the country, which has an estimated 3.1 million people living with HIV and Aids.***
>
> ***But this has not been enough to eliminate the high and sometimes inequitable economic burden of HIV and Aids on households. Exorbitant food and transport costs, as well as the costs of illnesses linked to HIV, hinder full access to treatment services. Households end up having to fork out money they don't necessarily have**.*
>
> *In our study we looked at health care costs in three Nigerian states: Adamawa in northern Nigeria, and Akwa Ibom and Anambra in southern Nigeria.*
>
> *The financial burden of HIV and Aids*
> ***The Nigerian health system is organised into three levels: tertiary, which is primarily a responsibility of the federal government; secondary, which state governments look after; and primary, which is the responsibility of local governments. Health services are provided by both the public and private sectors.***

As in most developing countries, most Nigerians pay for their health care out of their pockets. People who do not have money are unable to access health care services.

Out-of-pocket health expenditure places a financial burden on households. Where these costs exceed a particular income level, households will either not use health services or they will be forced to sacrifice other items that are essential to their well-being, like education. They become poorer and may be pushed into a lower socio-economic bracket. In re-ranking, some people become poor, whilst some are pushed into deeper poverty.

In our study, we considered two scenarios: one in which households spent more than 40% of their non-food budget on health expenses, and one in which they spent more than 10%.

We found that up to 95% of household are forced to sacrifice other basic needs, sell assets or incur debt to pay for inpatient care for someone living with HIV in their homes. And at least 8% are put in the same position to cover outpatient costs. On average, Nigerian patients spend US$6.10 for every outpatient visit and and US$92.3 for every inpatient stay.

More than 48.4% of Nigerians live below the poverty line, according to the World Bank's 2013 indicators. Most spend all their money on food. Any other expenses are considered to have a detrimental effect on the household's welfare.

In addition, because HIV and Aids increases a person's vulnerability to other illnesses, patients often get opportunistic infections. As a result they incur other expenses like non-antiretroviral drugs, non-routine tests, medical consultations, transportation, food and hospital stays. These are seldom covered by any risk-pooling mechanism or government programme.

The situation in Nigeria
In Adamawa state, which has a population of 3.1 million people, there is an HIV prevalence of 3.8%. In Akwa Ibom, where 3.9 million people live, there is a prevalence rate of 10.9% and in Anambra state there is a prevalence rate of 8.7% for a population of 4.1 million people.

At all the sites that formed part of our study, antiretroviral therapy was fully subsidised by the government and development partners.

In Anambra state, treatment for opportunistic infections was fully subsidised. In Adamawa, some facilities received fully subsidised treatment for opportunistic infections. But in Akwa Ibom, all patients were routinely charged a fee for treating such infections. In all cases, patients were still expected to pay for their laboratory tests and other incidental expenditures on co-morbidity.

We found that in Anambra, where the treatment for opportunistic infections was subsidised, close to 80% of the respondents were treated for opportunistic infections. But in Akwa Ibom, where patients were charged, only 25% accessed such treatment. In Adamawa, where only some opportunistic infection treatments were subsidised, 45% accessed treatment. » Source: The Conversation, Free ARVs are not enough: the hidden costs of treating HIV in Nigeria, 15 mars 2016 : https://theconversation.com/free-arvs-are-not-enough-the-hidden-costs-of-treating-hiv-in-nigeria-55982

The Guardian, 11 janvier 2024:

> ***« Over 25,000 persons living with HIV (PLWHIV) receiving treatment at the Lagos University Teaching Hospital (LUTH), Idi-Araba, are facing financial hardship due to a recently introduced policy that imposes new fees.***
>
> ***According to a two-page document obtained by The Guardian, provided by publicity secretary of the Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) in Lagos, Mr. Salisu Ahmed, the new hospital policies, implemented in November 2023, require patients to obtain a new hospital card (e-card) at a cost of N6,100, regardless of their family size.***
>
> ***The statement further details a bi-annual chemistry test fee of N5,000 per person, adding that a proposed service charge ranging from N3,250 to N2,400 has heightened financial strain on already stretched budgets.***
>
> ***It read: "A memo was sent to the Director of antiretroviral services in LUTH that, starting January 1st 2024, that beginning from the first day of January 2024, all the patients are expected to get (obtain) the new hospital card (that is e-card) at the cost of N6,100 and this applies to all patients irrespective of their numbers in one family.***
>
> ***"This is in addition to the N5,000 fee for chemistry (bleeding) twice a year which is N10,000 per head. This makes it even more unbearable for a family of five (family, mother and three children) N6,100 x five, plus 5, 000 for the biannual chemistry bleeding of another 10, 000 x five."***
>
> ***It further stated that LUTH management is also considering the implementation of a service charge ranging from N3,250 to N2,400, to be paid by patients during clinic visits to see a doctor or collect medications. The patients argued that these policies are ill-timed and exacerbate the already challenging economic climate in the country.*** *[…]*
>
> ***Speaking in a phone interview with The Guardian, the Chief Medical Director (CMD) of LUTH, Wasiu Adeyemo, acknowledged the patients' financial concerns but emphasised the hospital's struggle to stay afloat under mounting operational costs.***
>
> ***"If we look at what other people pay in hospitals, it's quite different," the CMD stated. "They haven't been paying, and it's no more realistic. We need money to pay for electricity. We took time with the head of the HIV program and discussed with them over a period of 3-4 months."***
>
> ***Justifying the new fees, the CMD highlighted the exorbitant electrical bills of N105 million per month, along with other essential expenses. He compared LUTH's fees to those of other healthcare institutions, affirming that the previous system was unsustainable.***
>
> ***However, Adeyemo, who is a professor of oral and maxillofacial surgery, assured patients that their medication would remain free. The new fees, he explained, primarily cover administrative costs such as the implementation of an electronic medical record system and the issuance of hospital e-cards.*** *[…]*

Akanmu reiterates that the core HIV treatment remains free, with medication and essential tests like viral load assays and CD4 cell counts covered by the programme. However, he clarifies that two crucial elements have seen funding shifts.

"The truth is that the HIV programme is free, and it remains free because the drug they collect from there is free. Some of the tests that they are doing are also free. There are two categories of tests that are done there. The first category is the test to show that the medication they are taking is doing the work it's expected to be doing and then there's another group of tests that is supposed to tell us whether the drug is going to lead to some side effects or not.

"So, there are those tests that we call tests of efficacy of the medication, and they are those that we call tests of safety of the medication. So, the test for efficacy of the medication, which is essentially viral load assay that we do every six months and CD4 cell count that we do at the beginning of the test and when they fall sick, those two tests are paid for by the programme but the test that is required to determine safety of medication; safety of the medication on the liver, safety of the medication on the bone marrow and safety of the medication on the kidney, these tests since 2013 are no longer being paid for by the programme.

"When a patient comes to the hospital, to access care, there are what we call consultation fees. For you to sit down before a nurse, for you to sit down before a doctor, to receive services, there are always consultation fees. This fee was being paid for by the programme, up until 2013.

"In 2013, the programme stopped paying for consultation fees. They said hospitals should take that responsibility and other hospitals have been charging these consultation fees, or what they call access fees, or whatever name they want to give it, but LUTH has not been charging since 2013 until we had policy somersault by Centers for Disease Control and Prevention (CDC), the major funder for HIV programme in Nigeria. Funding of the programme remains intact. What changed in 2013, number one is the cost of assessing the safety of antiviral therapy that changed and since 2013 in LUTH, HIV infected patients have been paying for that, what also changed in 2013 is the payment of consultation fees by the programme on behalf of the patients. Other hospitals have been charging, but LUTH did not charge it until January 2024," he said. Akanmu also clarified further that over 22,000 patients enrolled for HIV treatment at LUTH but only about 6,800 remain actively in care currently. » Source: The Guardian, Over 25,000 persons living with HIV unable access to 'free' life-saving Treatment, 11 janvier 2024: https://guardian.ng/features/health/over-25000-persons-living-with-hiv-unable-access-to-free-life-saving-treatment/

The Nation, 10 mars 2021:

« The latest Community-Led Monitoring (CLM) Report by the Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) has revealed that 11.2 percent (212,800) of people living with HIV (PLHIV) still incur huge out-of-pocket costs for treatment.

According to the UNAIDS report of 2018, an estimated 1.9 million people in Nigeria are living with HIV.

The CLM report, which collected data between September to December 2020, and was supported by the National Agency for the Control of AIDS (NACA) and the UNAIDS, further revealed that the two major barriers to HIV service accessibility are – a distance of health facilities and out of pocket expenses. 20.2 percent of PLHIV do not have treatment centres close to where they live.

Other barriers identified were – side effects of HIV treatment, drug breaks, lack of confidentiality at site level, user fees for processing payments, waiting for time to be attended to, stigmatization and discrimination, etc. *[…] »* Source: The Nation, Over 200,000 persons with HIV incur huge treatment cost – Report, 10 mars 2021: https://thenationonlineng.net/over-200000-persons-with-hiv-incur-huge-treatment-cost-report/

UNAIDS, 3 décembre 2024

*« **Le Nigeria a réalisé des progrès considérables dans la lutte contre le VIH au cours des deux dernières décennies. En 2023, environ 2 millions de personnes vivront avec le VIH dans le pays, avec un taux de prévalence de 1,3 % chez les personnes âgées de 15 à 49 ans. Le Nigeria a enregistré environ 130 000 nouvelles infections par le VIH en 2010. En 2023, ce nombre était tombé à environ 75 000 nouvelles infections, ce qui représente une réduction d'environ 55 000 cas, soit une diminution de 42,3 % sur la période de 13 ans. Le pays a également réalisé des progrès notables en matière d'accès au traitement, puisque 1,6 million des 2 millions de personnes vivant avec le VIH au Nigeria sont actuellement sous traitement.***

Malgré ces progrès, il reste des défis à relever, notamment la lutte contre la stigmatisation et la discrimination, et la garantie d'un accès équitable aux services de prévention et de traitement dans toutes les régions. *»* Source: UNAIDS, L'ONUSIDA nomme l'artiste Funke Akindele ambassadrice nationale de bonne volonté pour le Nigéria, 3 décembre 2024: https://www.unaids.org/fr/resources/presscentre/pressreleaseandstatementarchive/2024/december/20241203_funke-akindele-nigeria

UNAIDS, 31 octobre 2021:

*« In the lead up to the West and Central Africa Summit on HIV/AIDS taking place in Dakar from 31 October to 2 November 2021, UNAIDS asked its country directors across the region five questions about the AIDS response in their country. Here are the replies of **Dr. Erasmus Morah, UNAIDS country director in Nigeria**. […]*

The National response in Nigeria is growing more ambitious and efficient—better information and high-level political commitment have led to increased antiretroviral therapy coverage. Communities, networks of people living with HIV and key populations are given more space to be actors in the response. The private sector is stepping up to play its part in funding the response.

*Despite such effort, Nigeria is failing children living with HIV and vertical transmission is on the rise. Violent arrests are still routinely carried out against key populations. **And user fees continue to impede access to HIV care and hinder adherence to treatment**. Resilience in times of the COVID-19 epidemics gives hope that more effort will be invested to address these systemic barriers to truly turn the tide on HIV and end AIDS.*

1. What are the main areas of progress in your country's response to the HIV epidemic in the last five years?

First, the availability of data has expanded to enable the country to truly know its epidemic and its response. Several surveys took place since 2017 which provided precious support to national decision-makers to prioritize, track program performance and mobilize resources to end the epidemic.

In 2017, the Nigerian President committed to treating 50,000 Nigerians annually and has since honored his commitment. ***HIV treatment coverage has leapt from 55% in 2016 to over 85% in 2020****. Currently, we estimated that 90% of people living with HIV (PLHIV) know their status,* ***86% of them receive antiretroviral therapy (ART),*** *and among those, 72% have a suppressed viral load—meaning they have no risk of transmitting it.*

To put communities at the centre of the response, the network of persons living with HIV and key populations are engaged in community-led monitoring to assess the quality of services they are receiving and to use data to influence policy and lead to programmatic changes.

To reduce Nigeria's over reliance on international resources, the Nigeria Business Coalition Against AIDS has worked with the National Agency for the Control of AIDS (NACA) and UNAIDS to set up a trust fund of 150 million US dollars for HIV to be launched on World AIDS Day 2021. A sustainability plan is also being developed for HIV, tuberculosis and malaria.

2. What are the main challenges that still need to be addressed?

Unfortunately, children are still being left behind, and their treatment coverage remains much lower compared with adults. Only 45% of children living with HIV know their status, 45% of them receive antiretroviral therapy (ART), and among those, 31% have a suppressed viral load. It is sad to note that prevention of mother-to-child-transmission has been less effective over the past five years.

We continue to deplore the frequent arrest of key populations. Criminalization of the behaviour of key populations, violence and widespread stigma and discrimination continues to feed their avoidance of health care centers.

Finally, some health facilities are still demanding user fees from patient—despite evidence from western and central Africa showing that user charges undermine uptake of antiretroviral therapy, hinders the retention of people in care and reduce the quality of care. Studies specifically carried out in Nigeria have also shown that user fees undermine adherence to HIV treatment (Global AIDS report, 2020). *[…]* » Source: UNAIDS, Five questions about the HIV response in Nigeria, 31 octobre 2021: https://www.unaids.org/en/resources/presscentre/featurestories/2021/october/five-questions-nigeria

En tant que principale organisation d'aide aux personnes réfugiées en Suisse et faîtière des œuvres d'entraide et des organisations actives dans les domaines de l'exil et de l'asile, l'Organisation suisse d'aide aux réfugiés (OSAR) s'engage pour une Suisse qui accueille les personnes réfugiées, les protège efficacement, respecte leurs droits fondamentaux et humains, favorise leur participation dans la société et les traite avec respect et ouverture. Dans sa fonction, l'OSAR renforce et défend les intérêts et les droits des personnes bénéficiant d'une protection et favorise la compréhension de leurs conditions de vie. Grâce à son expertise avérée, elle marque le discours public et exerce une influence sur les conditions sociales et politiques.

D'autres publications de l'OSAR sont disponibles sur le site www.osar.ch/publications. La newsletter de l'OSAR, qui paraît régulièrement, vous informe des nouvelles publications. Inscription à l'adresse www.osar.ch/newsletter.