

Gaps and Gains in Pre-exposure Prophylaxis Continuity: Clinical and Programmatic Insights from Nigeria's 2024 National Rollout

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BACKGROUND AND AIMS

Despite the rapid expansion of oral pre-exposure prophylaxis (PrEP) services in Nigeria, programmatic data continue to highlight critical challenges in continuity and HIV seroconversion prevention among key populations. To address these gaps, this study analysed national PrEP data¹ to identify typology-specific vulnerabilities and inform targeted retention strategies that can improve long-term outcomes.

MATERIALS AND METHODS

A retrospective analysis was conducted using PrEP data reported through Nigeria's electronic National Response Information Management System (eNNRIMS)² between January–December 2024. Monthly submissions from all 36 states and the Federal Capital Territory were disaggregated by key population typology: sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID), and transgender individuals (TG). Core indicators assessed included PrEP initiation, discontinuation, repeat HIV testing, and seroconversion. Descriptive statistics were applied to measure reach, retention, and programme outcomes, leveraging one of the largest programme-based PrEP datasets in sub-Saharan Africa, with real-time data from over 37 subnational entities.

RESULTS

Overall, 249,478 individuals initiated PrEP nationwide, including 123,843 SW, 69,427 MSM, 51,585 PWID, and 4,623 TG. Among these, 38,662 individuals discontinued PrEP during the reporting period, with discontinuation highest among SW (16,901) and PWID (11,146). However, proportional dropout rates were greatest among PWID (17.7%) and TG (17.4%), highlighting potential adherence and access challenges in these groups. A total of 94,543 individuals returned for repeat HIV testing and remained HIV negative, while 394 seroconversions were recorded, 232 among SW, 115 among MSM, and 47 among PWID. No seroconversions were documented among TG. Notably, the presence of silent seroconversions despite negative repeat tests suggests possible adherence gaps and emerging concerns about drug resistance or testing intervals.

The findings demonstrate that, while Nigeria's national PrEP programme has achieved broad key population coverage, typology-specific discontinuation and seroconversion trends expose significant retention weaknesses. These vulnerabilities underline the need for more responsive, differentiated approaches to PrEP service delivery. Strengthening adherence support, integrating real-time monitoring systems, and expanding access to long-acting PrEP formulations could improve continuity and reduce new infections among high-risk groups.

CONCLUSION

This national analysis provides rare, large-scale, programmatic evidence on PrEP implementation across multiple typologies in Nigeria.¹ The insights contribute to the global body of knowledge on how to sustain PrEP use, and effectiveness in low- and middle-income settings.

By aligning with global HIV prevention recommendations,³ and identifying where and among whom discontinuation and seroconversion occur most frequently, the study offers practical evidence for designing typology-specific interventions to strengthen HIV prevention outcomes in Nigeria and similar contexts globally.

References

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