GLOBAL REPORT

UNAIDS REPORT ON THE GLOBAL AIDS EPIDEMIC | 2012

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FOREWORD

The progress highlighted in this report will inspire hope around the world. Countries continue to achieve dramatic results in the AIDS response – in lives saved and new infections averted.

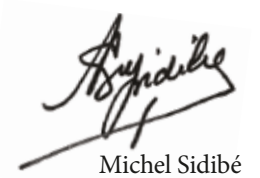
Even as the global economic recovery remains uncertain, our vision of getting to zero new HIV infections, zero discrimination and zero AIDS-related deaths remains high on the international agenda. The data presented here indicates that countries are keeping their commitments to reach the targets of the 2011 United Nations Political Declaration on HIV and AIDS.

The pace of progress has quickened. Increments of achievement that once stretched over many years are now being reached in far less time. In just 24 months,

60% more people have accessed lifesaving HIV treatment, with a corresponding drop in mortality. New infection rates have fallen by 50% or more in 25 countries – 13 of them in in sub-Saharan Africa. Half of all the reductions in HIV infections in the past two years have been among children; this has emboldened our conviction that achieving an AIDS-free generation is not only possible, but imminent.

Yet, it is much too early to congratulate ourselves. AIDS is not over. The data in this report – provided by a record 186 UN Member States, indicate that in many countries, people living with and affected by HIV still face stigma, discrimination and injustice. Women and girls are still at higher risk because of gender inequity and sexual violence. There is still a 30% gap between resources that are available and what is needed annually by 2015.

There are around 1000 days until the deadline for achieving the 2015 AIDS targets. Every one of the next 1000 days will be a test of our commitment to bring an end to this epidemic. We count on all partners globally, regionally and in countries to unite in advancing the AIDS response and delivering breakthrough results for people. Our targets are in sight.



Michel Sidibé
UNAIDS Executive Director
Under Secretary-General
of the United Nations

INTRODUCTION

The global community has embarked on an historic quest to lay the foundation for the eventual end of the AIDS epidemic.

This effort is more than merely visionary. It is entirely feasible. Unprecedented gains have been achieved in reducing the number of both adults and children newly infected with HIV, in lowering the numbers of people dying from AIDS-related causes and in implementing enabling policy frameworks that accelerate progress. A new era of hope has emerged in countries and communities across the world that had previously been devastated by AIDS.

However, a world in which AIDS has been eliminated can only be achieved through renewed and sustained commitment and solidarity and only if the available evidence and limited resources are used as efficiently and effectively as possible.

Recognizing the genuine opportunity to plan for the end of AIDS, countries pledged in the 2011 United Nations Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS *(1)* to take specific steps to achieve ambitious goals by 2015. Drawing from the 2011 Political Declaration, UNAIDS has articulated 10 specific targets for 2015 to guide collective action.

1. Reduce sexual transmission by 50%.
2. Reduce HIV transmission among people who inject drugs by 50%.
3. Eliminate new infections among children and substantially reduce the number of mothers dying from AIDS-related causes.
4. Provide antiretroviral therapy to 15 million people.
5. Reduce the number of people living with HIV who die from tuberculosis by 50%.
6. Close the global AIDS resource gap and reach annual global investment of US$ 22 billion to US$ 24 billion in low- and middle-income countries.
7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV.
8. Eliminate stigma and discrimination against people living with and affected by HIV by promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms.
9. Eliminate restrictions for people living with HIV on entry, stay and residence.
10. Eliminate parallel systems for HIV-related services to strengthen the integration of the AIDS response in global health and development efforts.

In embracing the targets in the 2011 Political Declaration, countries committed to monitor and report on progress and challenges encountered in their national AIDS responses. To facilitate biennial reporting on national progress, UNAIDS collaborated with partners to develop a set of core indicators against which countries would report *(2)*.

In 2012, 186 countries submitted comprehensive reports on progress in their national AIDS response. With 96% of the 193 United Nations Member States reporting in 2012, the Global AIDS Response Progress Reporting system has among the highest response rates of any international health and development monitoring mechanism – a vivid reflection of the breadth and depth of global commitment to the response to AIDS.

186

COUNTRIES REPORTING

In 2012, 186 countries submitted comprehensive reports on their national AIDS response: 96% of UN Member States.

Drawing on information provided by countries, this report summarizes the current situation in the effort to reach the 2015 targets set forth in the 2011 Political Declaration. In addition to providing a snapshot of the current situation for each target, it identifies key trends. Using a scorecard approach on key indicators, the report allows individual countries to compare their own achievements with those of others. Regional breakdowns enable comparison of progress between different parts of the world. This report highlights instances where recommended policies and programmes have yet to be implemented.

As part of global AIDS response monitoring, countries have completed extensive surveys on national AIDS policy frameworks. The National Commitments and Policies Instrument obtains information on the process of national strategizing on AIDS, engagement of civil society and other key constituencies as well as policy approaches for HIV prevention and treatment.

The results summarized here are encouraging, since progress achieved to date conclusively demonstrates the feasibility of achieving the targets set in the 2011 Political Declaration. However, the findings also reveal that, to reach most of those targets by 2015, a significant additional effort is required.

STATE OF THE EPIDEMIC

Although AIDS remains one of the world's most serious health challenges, global solidarity in the AIDS response during the past decade continues to generate extraordinary health gains. Historic success in bringing HIV programmes to scale – combined with the emergence of powerful new tools to prevent people from becoming infected and from dying from AIDS-related causes – has enabled the foundation to be laid for the eventual end of AIDS.

Although much of the news on AIDS is encouraging, challenges remain. The number of people newly infected globally is continuing to decline, but national epidemics continue to expand in many parts of the world. Further, declines in the numbers of children dying from AIDS-related causes and acquiring HIV infection, although substantial, need to be accelerated to achieve global AIDS targets.

THE GLOBAL EPIDEMIC AT A GLANCE

Globally, 34.0 million [31.4 million–35.9 million] people were living with HIV at the end of 2011. An estimated 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions.

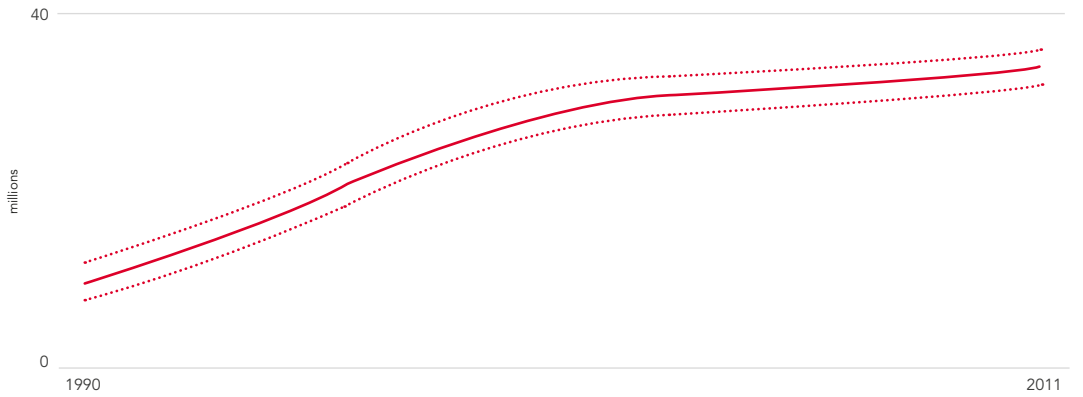
Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide. Although the regional prevalence of HIV infection is nearly 25 times higher in sub-Saharan Africa than in Asia, almost 5 million people are living with HIV in South, South-East and East Asia combined. After sub-Saharan Africa, the regions most heavily affected are the Caribbean and Eastern Europe and Central Asia, where 1.0% of adults were living with HIV in 2011.

NEW INFECTIONS DECLINING

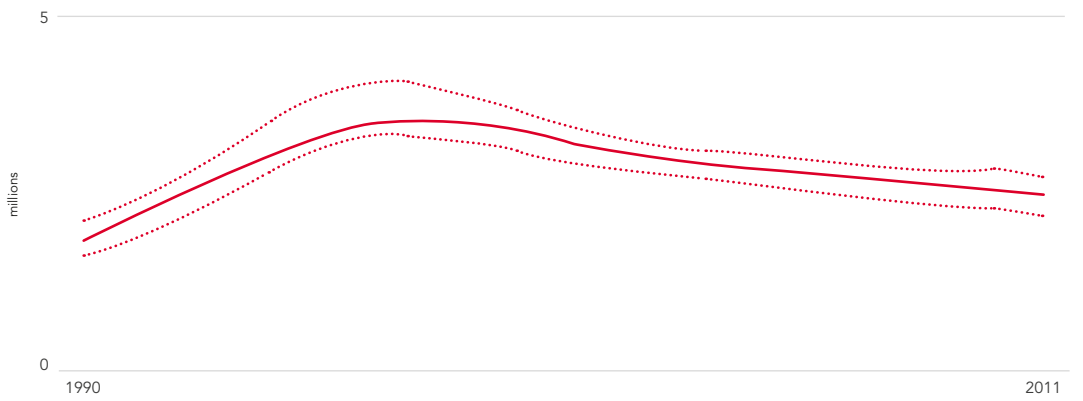
Worldwide, the number of people newly infected continues to fall: the number of people (adults and children) acquiring HIV infection in 2011 (2.5 million [2.2 million–2.8 million]) was 20% lower than in 2001. Here, too, variation is apparent. The sharpest declines in the numbers of people acquiring HIV infection since 2001 have occurred in the Caribbean (42%) and sub-Saharan Africa (25%).

Global HIV trends, 1990–2011

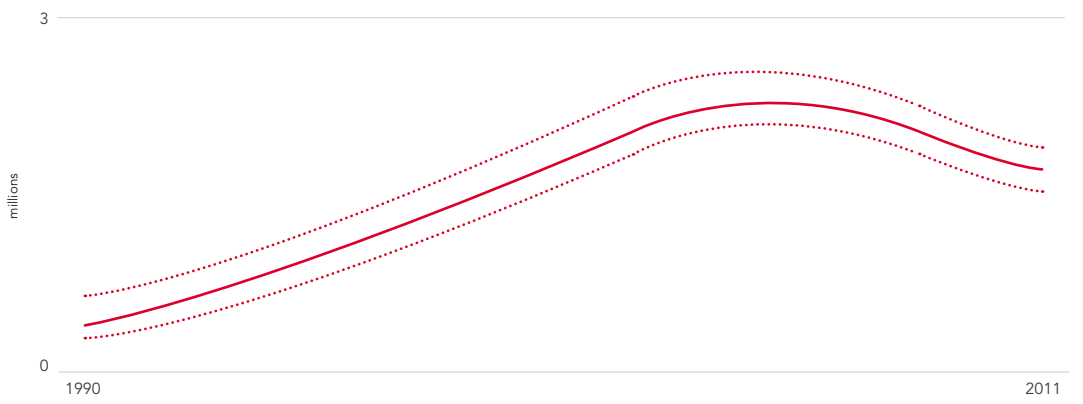
NUMBER OF PEOPLE LIVING WITH HIV, GLOBAL, 1990–2011



NUMBER OF PEOPLE NEWLY INFECTED WITH HIV, GLOBAL, 1990–2011



ADULT AND CHILD DEATHS DUE TO AIDS, GLOBAL, 1990–2011

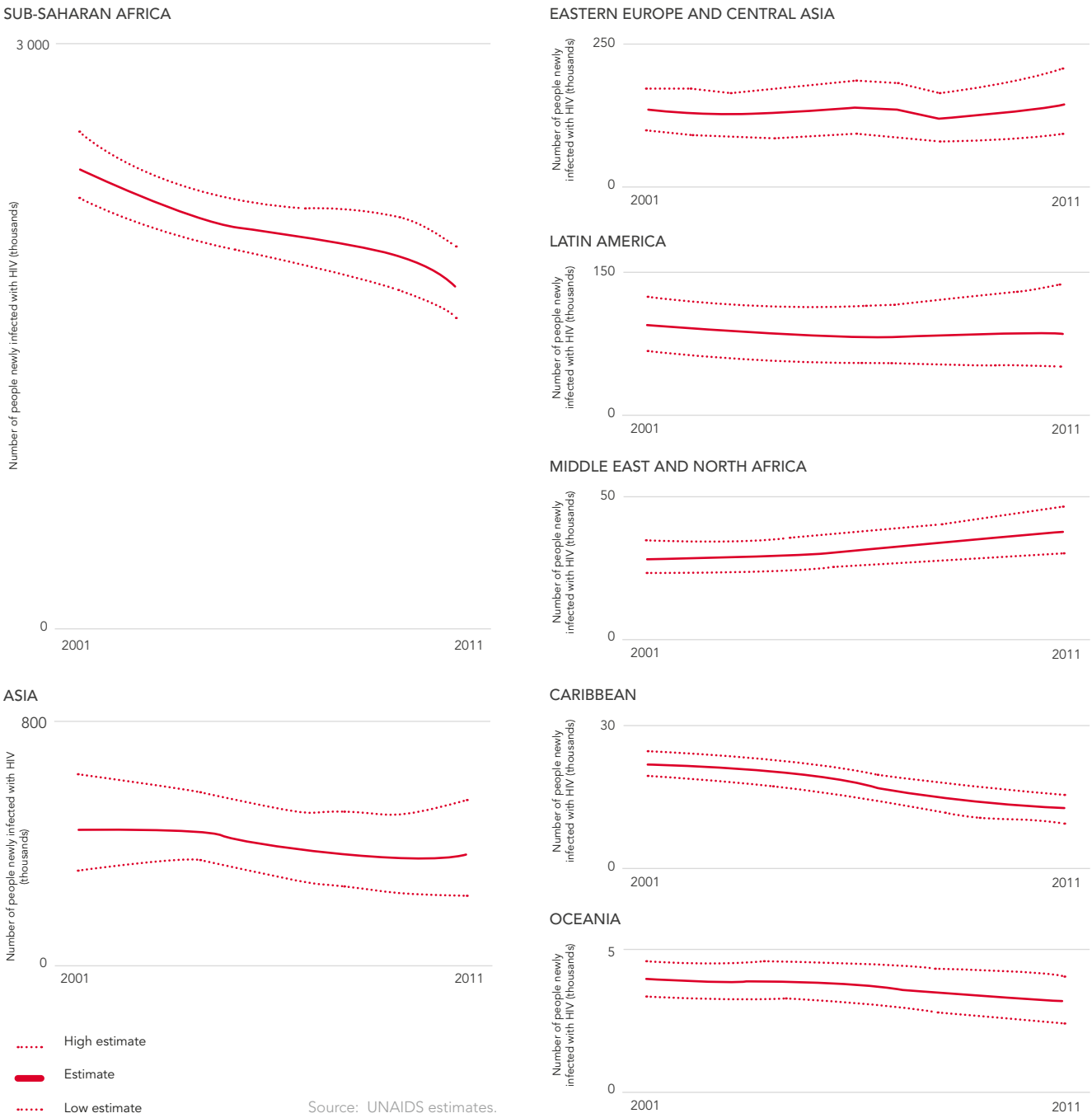


High estimate
Estimate
Low estimate

Source: UNAIDS estimates.

In some other parts of the world, HIV trends (for children and adults) are cause for concern. Since 2001, the number of people newly infected in the Middle East and North Africa has increased by more than 35% (from 27 000 [22 000–34 000] to 37 000 [29 000–46 000]). Evidence indicates that the incidence of HIV infection in Eastern Europe and Central Asia began increasing in the late 2000s after having remained relatively stable for several years.

Number of people newly infected with HIV, 2001–2011, by region



Source: UNAIDS estimates.

During the past decade, many national epidemics have changed dramatically. In 39 countries, the incidence of HIV infection among adults fell by more than 25% from 2001 to 2011 (see table). Twenty-three of the countries with steep declines in HIV incidence are in sub-Saharan Africa, where the number of people acquiring HIV infection in 2011 (1.8 million [1.6 million–2.0 million]) was 25% lower than in 2001 (2.4 million [2.2 million–2.5 million]). Despite these gains, sub-Saharan Africa accounted for 71% of the adults and children newly infected in 2011, underscoring the importance of continuing and strengthening HIV prevention efforts in the region.

Epidemiological trends are less favourable in several other countries. In at least nine countries, the number of people newly infected in 2011 was at least 25% higher than in 2001.

Changes in the incidence rate of HIV infection among adults 15–49 years old, 2001–2011, selected countries

Increasing >25%

Bangladesh
Georgia
Guinea-Bissau
Indonesia
Kazakhstan
Kyrgyzstan
Philippines
Republic of Moldova
Sri Lanka

Stable[a]

Angola
Belarus
Benin
Congo
France
Gambia
Lesotho
Nigeria
Tajikistan
Uganda
United Republic of Tanzania
United States of America

Decreasing 26–49%

Burundi
Cameroon
Democratic Republic of the Congo
Jamaica
Kenya
Malaysia
Mali
Mexico
Mozambique
Niger
Sierra Leone
South Africa
Swaziland
Trinidad and Tobago

Decreasing ≥50%

Bahamas
Barbados
Belize
Botswana
Burkina Faso
Cambodia
Central African Republic
Djibouti
Dominican Republic
Ethiopia
Gabon
Ghana
Haiti
India
Malawi
Myanmar
Namibia
Nepal
Papua New Guinea
Rwanda
Suriname
Thailand
Togo
Zambia
Zimbabwe

[a] Countries with incidence rate changes less than 25% up or down.

Source: UNAIDS estimates.
Countries not included in this table have insufficient data and/or analyses to estimate recent trends in incidence among adults and to assess the impact of HIV prevention programmes for adults. The analysis was either published in peer-reviewed literature or was done through recommended modelling tools for national HIV/AIDS estimation. Criteria for inclusion of countries with estimation models include that at least four years of HIV surveillance prevalence data were available for countries with concentrated epidemics and three years for countries with generalized epidemics for each subpopulation used in the estimation, that HIV surveillance data were available through at least 2009 and that the estimated trend in incidence was not contradicted by other data sources. For some countries with complex epidemics, including multiple population groups with different risk behaviours as well as major geographical differences, such as Brazil, China and the Russian Federation, this type of assessment is highly complex and could not be concluded in the 2012 estimation round.

REDUCTIONS IN DEATHS FROM AIDS-RELATED CAUSES

The number of people dying from AIDS-related causes began to decline in the mid-2000s because of scaled-up antiretroviral therapy and the steady decline in HIV incidence since the peak in 1997. In 2011, this decline continued, with evidence that the drop in the number of people dying from AIDS-related causes is accelerating in several countries.

In 2011, 1.7 million [1.5 million–1.9 million] people died from AIDS-related causes worldwide. This represents a 24% decline in AIDS-related mortality compared with 2005 (when 2.3 million [2.1 million–2.6 million] deaths occurred).

1.7
MILLION DIED

In 2011, 1.7 million people worldwide died from AIDS-related causes, down 24% from the peak in 2005.

The number of people dying from AIDS-related causes in sub-Saharan Africa declined by 32% from 2005 to 2011, although the region still accounted for 70% of all the people dying from AIDS in 2011. The Caribbean (48%) and Oceania (41%) experienced significant declines in AIDS-related deaths between 2005 and 2011. More modest declines occurred during the same period in Latin America (10%), Asia (4%) and Western and Central Europe and North America (1%). Two other regions, however, experienced significant increases in mortality from AIDS – Eastern Europe and Central Asia (21%) and the Middle East and North Africa (17%).

A review of country experiences vividly illustrates the changes in AIDS-related mortality patterns in the past several years (see table). In 14 countries, the annual number of people dying from AIDS-related causes declined by at least 50% from 2005 to 2011. In an additional 74 countries, more modest but still notable declines of 10–49% were recorded over the same six-year period.

The scaling up of antiretroviral therapy in low- and middle-income countries has transformed national AIDS responses and generated broad-based health gains. Since 1995, antiretroviral therapy has saved 14 million life-years in low- and middle-income countries, including 9 million in sub-Saharan Africa. As programmatic scale-up has continued, health gains have accelerated, with the number of life-years saved by antiretroviral therapy in sub-Saharan Africa quadrupling in the last four years. Experience in the hyper-endemic KwaZulu-Natal Province in South Africa illustrates the macroeconomic and household livelihood benefits of expanded treatment access, with employment prospects sharply increasing among individuals receiving antiretroviral therapy.

Percentage change in the number of people dying from AIDS-related causes, 2005–2011[a]

No change or decrease <25%

Afghanistan
Algeria
Angola
Armenia
Australia
Azerbaijan
Bangladesh
Belarus
Belize
Brazil
Bulgaria
Cameroon
Canada
Cape Verde
Colombia
Costa Rica
Cuba
Ecuador
Egypt
Equatorial Guinea
France
Gabon
Gambia
Georgia
Guatemala
Guinea-Bissau
Indonesia
Iran (Islamic Republic of)
Italy
Kazakhstan
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lebanon
Madagascar
Malaysia
Mauritania
Mauritius
Morocco
Mozambique
Myanmar
Nepal
Nicaragua
Niger
Nigeria
Pakistan
Philippines
Poland
Republic of Moldova
Romania
Russian Federation
Senegal
Serbia
Sierra Leone
Singapore
Somalia
Sri Lanka
Sudan
Tajikistan
Togo
Uganda
Ukraine
United Kingdom
United States of America
Uruguay
Venezuela
Viet Nam
Yemen

Decrease 25–49%

Bahamas
Benin
Bolivia (Plurinational State of)
Burkina Faso
Central African Republic
Chad
Congo
Djibouti
El Salvador
Eritrea
Germany
Ghana
Guinea
Haiti
Honduras
Jamaica
Lesotho
Liberia
Malawi
Mali
Mexico
Panama
Papua New Guinea
South Africa
Swaziland
Thailand
United Republic of Tanzania

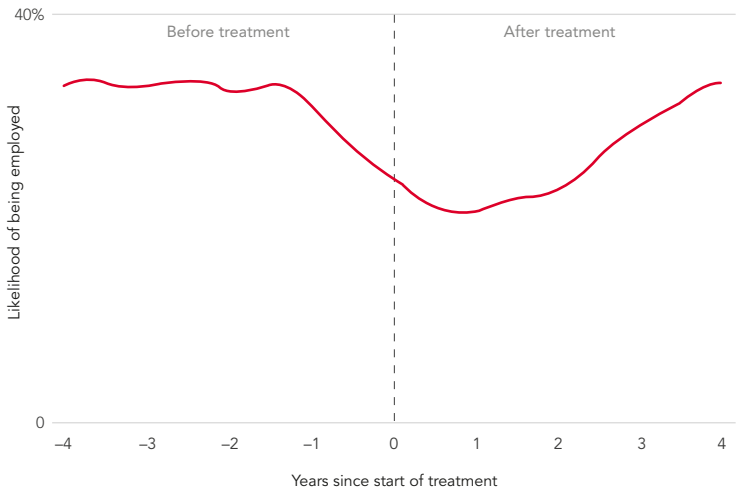
Decrease ≥50%

Botswana
Burundi
Cambodia
Côte d'Ivoire
Dominican Republic
Ethiopia
Guyana
Kenya
Namibia
Peru
Rwanda
Suriname
Zambia
Zimbabwe

[a] Countries with 100 or more AIDS-related deaths in 2011.

Source: UNAIDS estimates.

Likelihood of employment before and after antiretroviral therapy in Kwazulu-Natal, South Africa



Source: Bärnighausen T et al. The economic benefits of ART: evidence from a complete population cohort in rural South Africa. *2nd International HIV Workshop on Treatment as Prevention, Vancouver, Canada, 22–25 April 2012.*

Regional HIV and AIDS statistics, 2001, 2005 and 2011

		Adults and children living with HIV	Adults and children newly infected with HIV
SUB-SAHARAN AFRICA	2011	23.5 million [22 100 000–24 800 000]	1.8 million [1 600 000–2 000 000]
	2001	20.9 million [19 300 000–22 500 000]	2.4 million [2 200 000–2 500 000]
MIDDLE EAST AND NORTH AFRICA	2011	300 000 [250 000–360 000]	37 000 [29 000–46 000]
	2001	210 000 [170 000–270 000]	27 000 [22 000–34 000]
SOUTH AND SOUTH-EAST ASIA	2011	4.0 million [3 100 000–4 600 000]	280 000 [170 000–370 000]
	2001	3.7 million [3 200 000–5 100 000]	370 000 [250 000–450 000]
EAST ASIA	2011	830 000 [590 000–1 200 000]	89 000 [44 000–170 000]
	2001	390 000 [280 000–530 000]	75 000 [55 000–100 000]
OCEANIA	2011	53 000 [47 000–60 000]	2 900 [2 200–3 800]
	2001	38 000 [32 000–46 000]	3 700 [3 100–4 300]
LATIN AMERICA	2011	1.4 million [1 100 000–1 700 000]	83 000 [51 000–140 000]
	2001	1.2 million [970 000–1 500 000]	93 000 [67 000–120 000]
CARIBBEAN	2011	230 000 [200 000–250 000]	13 000 [9600–16 000]
	2001	240 000 [200 000–270 000]	22 000 [20 000–25 000]
EASTERN EUROPE AND CENTRAL ASIA	2011	1.4 million [1 100 000–1800 000]	140 000 [91 000–210 000]
	2001	970 000 [760 000–1 200 000]	130 000 [99 000–170 000]
WESTERN AND CENTRAL EUROPE	2011	900 000 [830 000–1 00 000]	30 000 [21 000–40 000]
	2001	640 000 [590 000–710 000]	29 000 [26 000–34 000]
NORTH AMERICA	2011	1.4 million [1 100 000–2 000 000]	51 000 [19 000–120 000]
	2001	1.1 million [850 000–1 300 000]	50 000 [35 000–71 000]
GLOBAL	2011	34.0 million [31 400 000–35 900 000]	2.5 million [2 200 000–2 800 000]
	2001	29.4 million [27 200 000–32 100 000]	3.2 million [2 900 000–3 400 000]

Source: UNAIDS estimates.

Adult (15–49 years) prevalence, %	Prevalence, young people (15–24 years), %		AIDS-related deaths among adults and children, 2005 and 2011	
	Women	Men		
4.9 [4.6–5.1]	3.1 [2.6–3.9]	1.3 [1.1–1.7]	2011	1.2 million [1 100 000–1 300 000]
5.9 [5.4–6.2]	5.1 [4.2–6.7]	2.0 [1.6–2.7]	2005	1.8 million [1 600 000–1 900 000]
0.2 [0.1–0.2]	<0.1 [<0.1–0.1]	<0.1 [<0.1–0.1]	2011	23 000 [18 000–29 000]
0.1 [0.1–0.2]	<0.1 [<0.1–<0.1]	<0.1 [<0.1–0.1]	2005	20 000 [15 000–25 000]
0.3 [0.2–0.3]	0.1 [<0.1–0.1]	0.1 [<0.1–0.2]	2011	250 000 [190 000–330 000]
0.3 [0.3–0.5]	0.2 [0.1–0.3]	0.2 [0.2–0.3]	2005	290 000 [270 000–310 000]
0.1 [<0.1–0.1]	<0.1 [<0.1–<0.1]	<0.1 [<0.1–<0.1]	2011	59 000 [41 000–82 000]
<0.1 [<0.1–<0.1]	<0.1 [<0.1–<0.1]	<0.1 [<0.1–<0.1]	2005	39 000 [27 000–56 000]
0.3 [0.2–0.3]	0.1 [0.1–0.2]	0.1 [<0.1–0.1]	2011	1 300 [<1 000–1 800]
0.2 [0.2–0.3]	0.2 [0.1–0.3]	0.1 [0.1–0.2]	2005	2 300 [1 700–3 000]
0.4 [0.3–0.5]	0.1 [<0.1–0.2]	0.2 [<0.1–0.5]	2011	54 000 [32 000–81 000]
0.4 [0.3–0.5]	0.1 [<0.1–0.2]	0.3 [0.1–0.7]	2005	60 000 [36 000–93 000]
1.0 [0.9–1.1]	0.6 [0.4–0.7]	0.3 [0.2–0.5]	2011	10 000 [8200–12 000]
1.2 [1.0–1.3]	1.0 [0.8–1.2]	0.5 [0.3–0.9]	2005	20 000 [16 000–23 000]
1.0 [0.6–1.0]	0.5 [0.4–0.7]	0.7 [0.5–0.9]	2011	92 000 [63 000–120 000]
0.3 [0.4–0.7]	0.2 [<0.1–0.2]	0.3 [0.2–0.3]	2005	76 000 [58 000–100 000]
0.2 [0.2–0.3]	<0.1 [<0.1–<0.1]	0.1 [<0.1–0.1]	2011	7 000 [6 100–7 500]
0.2 [0.2–0.2]	<0.1 [<0.1–<0.1]	0.1 [<0.1–0.1]	2005	7 800 [7 600–9 000]
0.6 [0.5–1.0]	0.2 [<0.1–0.4]	0.3 [0.1–0.5]	2011	21 000 [17 000–28 000]
0.6 [0.5–0.7]	0.2 [0.1–0.3]	0.3 [0.2–0.4]	2005	20 000 [16 000–26 000]
0.8 [0.7–0.8]	0.6 [0.4–0.6]	0.3 [0.2–0.4]	2011	1.7 million [1 500 000–1 900 000]
0.8 [0.7–0.9]	0.7 [0.6–0.9]	0.4 [0.3–0.5]	2005	2.3 million [2 100 000–2 600 000]

1 SEXUAL TRANSMISSION

Getting to zero new HIV infections will require substantial reductions each year in sexual HIV transmission, which accounts for the overwhelming majority of the people who are newly infected. Although there is reason for optimism, including favourable trends in sexual behaviour in many countries and the additive impact of new biomedical prevention strategies, the current pace of progress is insufficient to reach the global goal of halving sexual transmission by 2015, underscoring the urgent need for intensified action.

Getting to zero new infections will require effective combination prevention: using behavioural, biomedical and structural strategies in combination, both intensively in specific populations in concentrated epidemics and across the whole population in generalized epidemics *(1,2)*.[1] Critical programmatic elements of combination prevention of the sexual transmission of HIV include behaviour change, condom provision, male circumcision, focused programmes for sex workers and men who have sex with men and access to antiretroviral therapy.

BEHAVIOUR CHANGE IS HELPING TO PREVENT SEXUAL TRANSMISSION IN GENERALIZED EPIDEMICS

Behaviour change programmes seek to promote safer individual behaviour as well as changes in social norms that generate healthier patterns of sexual behaviour. Behaviour change is complex; it involves knowledge, motivations and choices, which are influenced by sociocultural norms, as well as risk assessment in relation to immediate benefits and future consequences. It involves both rational decision-making and impulsive and automatic behaviour *(3)*. HIV behaviour change programmes have largely been measured against the outcomes of reduction in the number of young people initiating sexual intercourse early and the number of sexual partners and increase in the correct and consistent use of condoms among people who are sexually active.

[1] This section reports on available information regarding sexual behaviour in the general population, coverage of male circumcision and HIV among sex workers and men who have sex with men. Unless otherwise indicated, data are from the 2012 country progress reports (www.unaids.org/cpr). Data on key populations at higher risk from country progress reports typically derive from surveys in capital cities and are not representative of the entire country. In particular, surveys in capital cities are likely to overestimate national HIV prevalence and service coverage.

Fig. 1.1

Sexual risks: changes in the percentages of men and women 15–24 years old having sex before age 15 years; men and women 15–49 years old having multiple partners; and those with multiple partners who used a condom at last sex, in selected countries with adult HIV prevalence greater than 1%, for selected years 2000–2011[a]

[a] Sex before age 15 years in Ethiopia is for the years 2000 and 2011.

Sources:nationally representative household surveys.
To measure progress towards these aims, countries monitor the percentage of young men and women who report having sex before age 15 years, the percentage of men and women who report having more than one partner during a 12-month period and the percentage of men and women reporting more than one sexual partner in the previous year who also report using a condom during their last episode of sexual intercourse.

Fig. 1.1 indicates that sexual behaviour among men and women has changed favourably in numerous countries with generalized epidemics. Favourable changes in risky sexual behaviour are evident in many countries, including Kenya, Malawi, Mozambique, Namibia, Nigeria and Zambia. In other countries – such as Côte d'Ivoire, Guyana and Rwanda – increases in sexual risk behaviour are found, highlighting the need to intensify support for behaviour change efforts.

Age-appropriate sexuality education may increase knowledge and contribute to more responsible sexual behaviour. However, there are significant gaps in even basic knowledge about HIV and its transmission. In 26 of 31 countries with generalized epidemic in which nationally representative surveys were carried out recently, less than 50% of young women have comprehensive and correct knowledge about HIV. Notably, young women are lacking in knowledge concerning the effectiveness of condoms in preventing HIV transmission. In 21 of 25 countries with nationally representative surveys, young men had less than 50% comprehensive and correct knowledge about HIV.

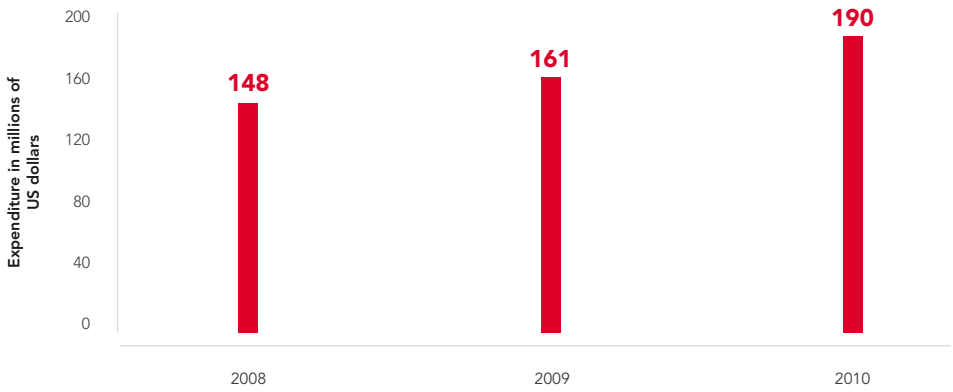
Although population-level behaviour change has been shown to reduce the prevalence of HIV infection in several countries with generalized epidemics *(4–6)*, linking behaviour change programming to specific HIV outcomes remains challenging. The consistent association between behaviour change and reduced incidence provides plausible support for the impact of behaviour change programming in general, but more specific evidence showing which programmatic elements have which effects is urgently needed to help guide wise investment (see the section on the state of the epidemic for changes in the number of people newly infected with HIV). Disentangling the attribution of effects between specific HIV programme elements and more general changes in the enabling environment, such as stigma reduction and universal education, is also difficult (see Section 8).

These challenges make it difficult to draw clear conclusions about the scale of funding needed for behaviour change programming. Among the 26 countries with generalized epidemics that submitted expenditure data for the most recent year, an average of 5% of HIV expenditure was allocated to behaviour change programming (including condom promotion), representing 36% of overall prevention spending. Some evidence indicates absolute increases in spending: among 17 countries with comparable data over multiple years,[2] total expenditure on behaviour change programming (including condom promotion) rose from US$ 148 million in 2008 to US$ 190 million in 2010. These figures include spending on HIV-related information, education and communication about HIV; community mobilization; risk reduction for vulnerable populations; social marketing of condoms; preventing sexually transmitted infections; behaviour change communication; and prevention activities among youth, among others (Fig. 1.2).

[2] Angola, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Gabon, Ghana, Guinea-Bissau, Haiti, Kenya, Lesotho, Nigeria and Togo.

Fig. 1.2

Expenditure on changing behaviour and promoting condom use in 17 countries with generalized epidemics and available data, 2008–2010



Source: 2012 country progress reports (www.unaids.org/cpr).

DISTRIBUTING AND PROMOTING CONDOMS

Condom use is a critical element of combination prevention and one of the most efficient technologies available to reduce the sexual transmission of HIV. Although levels of reported condom use appear to be increasing in several countries with a high prevalence of HIV infection, recent data from nationally representative surveys indicate declines in condom use in Benin, Burkina Faso, Côte d'Ivoire and Uganda (Fig. 1.1). In addition, knowledge about condoms remains low in several of the high-prevalence countries, especially among young women.

The United Nations Population Fund (UNFPA) estimates that only nine donor-provided male condoms were available for every man aged 15–49 years in sub-Saharan Africa in 2011 and one female condom for every 10 women aged 15–49 years in the region. Less is known about the procurement of condoms by low- and middle-income countries directly. One estimate *(7)* suggests that low- and middle-income countries directly procured more than 2 billion condoms in 2010 compared with an estimated 13 billion condoms required for HIV prevention in 2015 *(8)*.

Increasing condom use requires both adequate supply and adequate demand. A recent study in Kenya estimated that, although condom use was low in the study population, so was the unmet need for condoms, highlighting the importance of building demand for condoms in the context of HIV prevention *(9)*. The demand for condoms to protect against HIV infection may also be affected by other prevention programmes, such as perceptions that risks are lower because of interventions such as male circumcision or post-exposure prophylaxis or that partners receiving antiretroviral therapy will be less infectious, and similarly, the consequences of HIV infection may be seen as less devastating in the era of effective therapy thus decreasing the need for protection. These potential risk compensation effects are being closely scrutinized, but the dynamics are complex to track.

LIMITED PROGRESS IN BRINGING VOLUNTARY MEDICAL MALE CIRCUMCISION TO SCALE

Male circumcision reduces the likelihood that men will acquire HIV from a female partner. Since 2007, WHO and UNAIDS have recommended voluntary medical male circumcision in countries with high rates of HIV infection and low rates of male circumcision. Rapidly scaling up voluntary medical male circumcision has the potential to prevent estimated 1 in 5 of the people who would have acquired HIV infection from doing so in eastern and southern Africa through 2025 *(10)*. Most countries in which voluntary medical male circumcision is recommended have endorsed the intervention, adopted roll-out policies and begun training health care workers in administering circumcision procedures.

Table 1.1

Percentage of the 2015 national targets for male circumcisions met by 2011

<5%	5–20%	>20%
Malawi	Botswana	Ethiopia
Mozambique	South Africa	Kenya
Namibia	United Republic of Tanzania	Swaziland
Rwanda	Zambia	
Uganda		
Zimbabwe		

Note: other countries with high HIV prevalence and low levels of male circumcision include South Sudan and the Central African Republic.

Source: WHO and UNAIDS. *Progress in scaling up voluntary medical male circumcision for HIV prevention in east and southern Africa*. Geneva, World Health Organization (forthcoming).

Countries that have given priority to male circumcision have established national targets for the number of voluntary medical male circumcisions to be performed by 2015. Rolling out medical male circumcision in Kenya is focused on Nyanza Province, where 54% of the targeted 230 000 male circumcisions have been performed as of December 2011. Ethiopia and Swaziland achieved more than 20% of their national target for voluntary medical male circumcision. In other priority countries, progress has been much slower (Table 1.1). In six countries (Malawi, Mozambique, Namibia, Rwanda, Uganda and Zimbabwe), less than 5% of the target number of men had been circumcised by the end of 2011 *(11)*. Only two of the priority countries (Ethiopia and Swaziland) have integrated male circumcision into infant care programmes.

The unit cost of voluntary medical male circumcision is relatively low, and unlike most other prevention or treatment efforts, requires only one-time rather than lifelong expenditure. Nevertheless, countries have allocated relatively few resources towards scaling up this intervention, with less than 2% of total HIV expenditure allocated to voluntary medical male circumcision in 6 of the 14 priority countries with data available (Botswana, Kenya, Lesotho, Namibia, Rwanda and Swaziland). Some countries, such as Botswana, Kenya, Namibia and Swaziland, have increased expenditure for rolling out circumcision more recently. Given the lifelong risk reduction that male circumcision confers, it is clear that, the earlier programmes invest in ensuring high levels of coverage, the better.

PREVENTING HIV INFECTION IN SEX WORK

The number of countries reporting data on epidemiological trends and service coverage pertaining to sex workers significantly increased from 2006 to 2012, reflecting greater official recognition of the HIV-related needs of this population. Among generalized epidemic countries, country-reported HIV prevalence is consistently higher among sex workers in the capital city than among the general population with a median of 23% (Fig. 1.4). Median country-reported HIV prevalence among sex workers in the capital cities has remained stable between 2006 and 2011. Similarly, a recent review of available data from 50 countries, which estimated the global HIV prevalence among female sex workers at 12%, found that female sex workers were 13.5 times more likely to be living with HIV than are other women *(12)*.

13.5×

Female sex workers are 13.5 times more likely to be living with HIV than are other women.

Nearly three quarters of reporting countries (73%) indicated they have implemented risk-reduction programmes for sex workers. Among 58 countries reporting data from surveys in capital cities, the median coverage of HIV prevention services for sex workers is 56% (Table 1.2), only marginally higher than in 2010, with 11 countries reportedly reaching at least 80% of sex workers. Although country-reported data remain limited and consistent comparisons across countries are difficult, countries that lack legal protections for sex workers appear to have lower median prevention coverage. According to data provided by 85 countries, 85% of sex workers in capital cities report having used a condom the last time they had sex.

Programmes targeting sex workers are common but are far less consistently available for the clients of sex workers. Programmes that effectively target and engage the clients of sex workers are a critical omission, as this is a large population in many countries, and reducing the demand for unprotected paid sex is an important complement to programmes that target sex workers themselves.

The vast majority of countries (86%) address sex work in their multisectoral AIDS strategies. Although most country reports on sex workers pertain to females, a growing number of countries (10% in 2012) also provided information on male sex workers.

Funding for HIV prevention programmes for sex workers has increased significantly in recent years. Among 30 countries that reported spending for sex worker programming (with data available for at least one year in 2006–2007, 2008–2009 or 2010–2011), total spending rose 3.7-fold during 2006–2011. Funding patterns raise questions regarding the future sustainability of prevention programmes for sex workers. International funding has generated almost all the increased funding and accounted for 91% of total spending on HIV programmes for sex workers in 2010–2011.

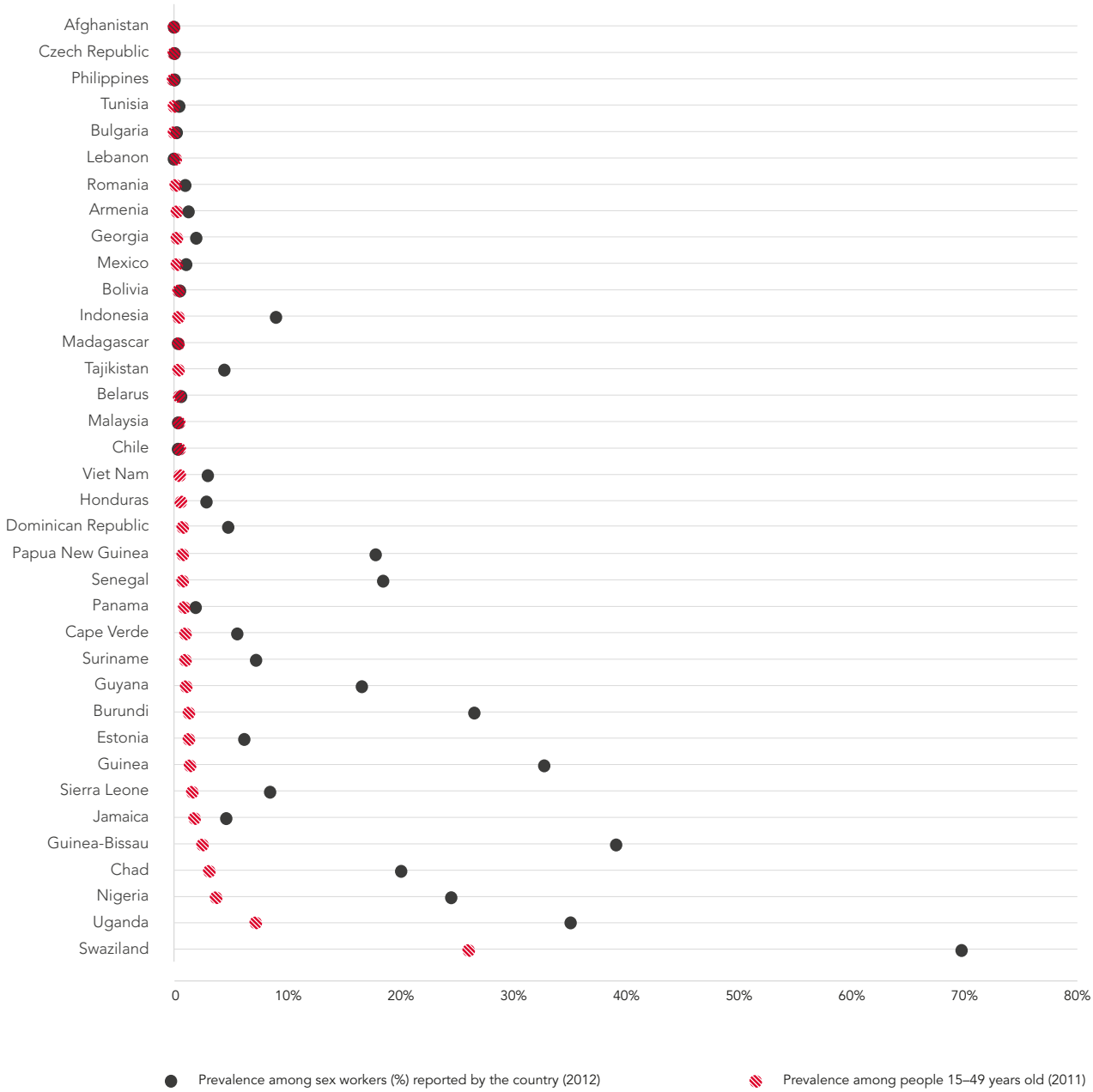
Fig. 1.3

HIV spending on prevention programmes for sex workers and their clients
30 low- and middle-income countries with available data, latest year available

Source: 2012 country progress reports (www.unaids.org/cpr).

Fig. 1.4

Prevalence of HIV infection among sex workers versus the general population in countries with available data, 2012



Sources: prevalence for the general population: UNAIDS estimates for 2011; prevalence for sex workers: 2012 country progress reports (www.unaids.org/cpr). Sex workers are classified as having received prevention services if they respond yes to whether they know where to get HIV testing and have been given condoms in the past 12 months.

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative. Data is only shown for countries which have reported a sample size greater than 100.

Table 1.2

Reported coverage of HIV prevention programmes among sex workers in selected countries, 2012 country reports

<25%

Afghanistan
Armenia
Bangladesh
Greece
Guyana
Indonesia
Nicaragua
Nigeria
Pakistan

25–49%

Azerbaijan
Benin
Bolivia
Brazil
Chile
Democratic Republic of the Congo
Dominican Republic
Honduras
Kyrgyzstan
Latvia
Madagascar
Morocco
Papua New Guinea
Suriname
The former Yugoslav Republic of Macedonia
Tunisia
Viet Nam

50–74%

Bulgaria
Burkina Faso
Chad
Côte d'Ivoire
France
Ghana
Lao People's Democratic Republic
Mexico
Mongolia
Paraguay
Philippines
Serbia
Thailand
Ukraine
Uzbekistan

75–100%

Angola
Belarus
Cape Verde
China
Cuba
Djibouti
Estonia
Guinea
Haiti
Jamaica
Kazakhstan
Mauritius
Myanmar
Senegal
Tajikistan
Togo

Non-reporting countries

Albania
Algeria
Andorra
Antigua and Barbuda
Argentina
Australia
Austria
Bahamas
Bahrain
Barbados
Belgium
Belize
Bhutan
Bosnia and Herzegovina
Botswana
Brunei Darussalam
Burundi
Cambodia
Cameroon
Canada
Central African Republic
Colombia
Comoros
Congo
Costa Rica
Croatia
Cyprus
Czech Republic
Democratic People's Republic of Korea
Denmark
Dominica
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Ethiopia
Fiji
Finland
Gabon
Gambia
Georgia
Germany
Grenada
Guatemala
Guinea-Bissau
Hungary
Iceland
India
Iran (Islamic Republic of)
Iraq
Ireland
Israel
Italy
Japan
Jordan
Kenya
Kiribati
Kuwait
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Mauritania
Micronesia (Federated States of)
Monaco
Montenegro
Mozambique
Namibia
Nauru
Nepal
Netherlands
New Zealand
Niger
Norway
Oman
Palau
Panama
Peru
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa
Spain
Sri Lanka
Sudan
Swaziland
Sweden
Switzerland
Syrian Arab Republic
Timor-Leste
Tonga
Trinidad and Tobago
Turkey
Turkmenistan
Tuvalu
Uganda
United Arab Emirates
United Kingdom
United Republic of Tanzania
United States of America
Uruguay
Vanuatu
Venezuela (Bolivarian Republic of)
Yemen
Zambia
Zimbabwe

Source: 2010 and 2012 country progress reports (www.unaids.org/cpr).

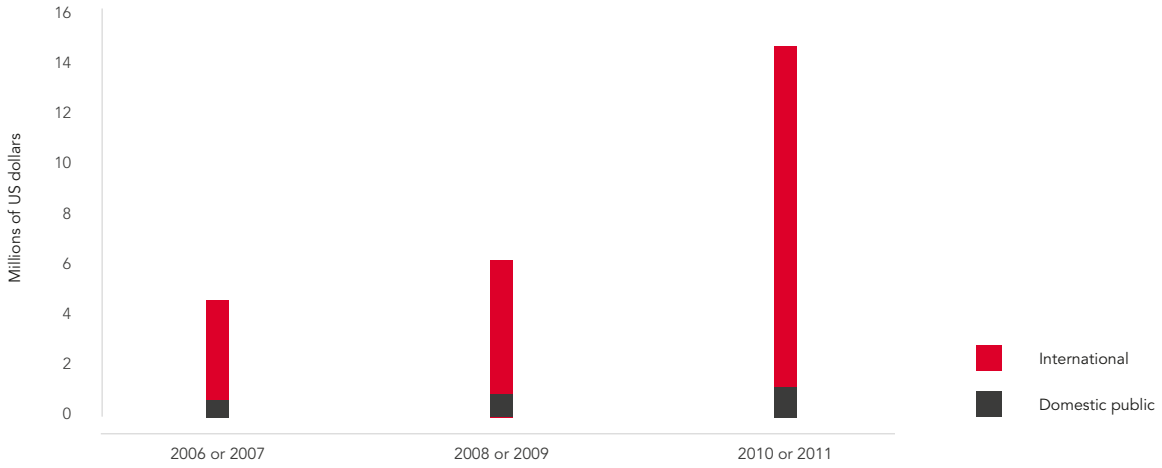
These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

RESPONDING TO THE GLOBAL HIV EPIDEMIC AMONG MEN WHO HAVE SEX WITH MEN

The HIV prevalence among men who have sex with men in capital cities is consistently higher than that in the general population (Fig. 1.6) *(13)*. The prevalence of HIV infection among men who have sex with men in surveys in capital cities is on average 13 times higher than that in the country's general population. Studies in East Asia suggest rising trends in HIV prevalence among men who have sex with men, and some evidence indicates that the global prevalence of HIV infection among men who have sex with men may have increased from 2010 to 2012, although data are limited and the use of diverse study methods creates difficulty in comparing results across settings and time *(13,14)*.

Fig. 1.5

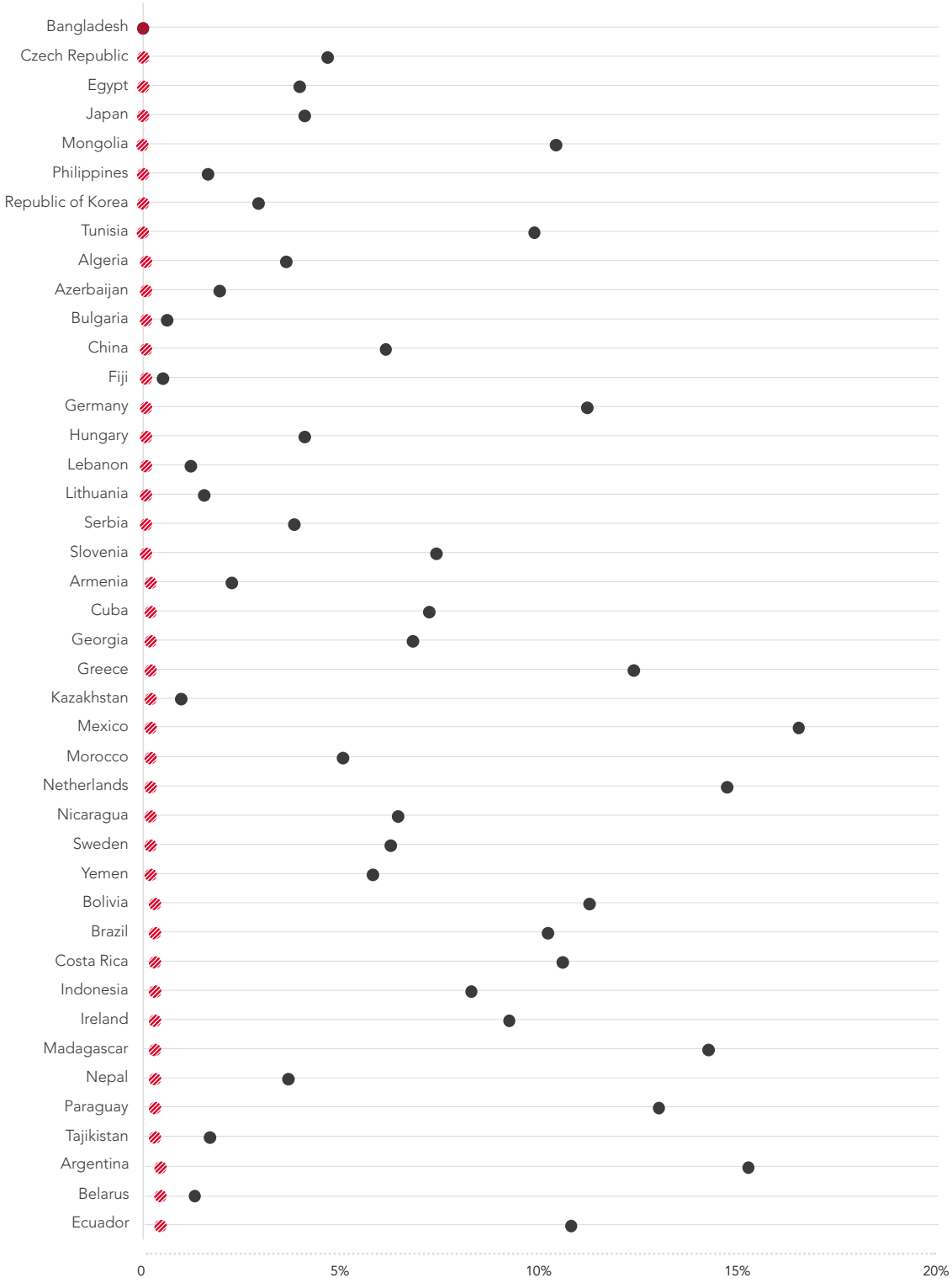
HIV spending on prevention programmes for men who have sex with men
21 low- and middle-income countries with available data, latest year available

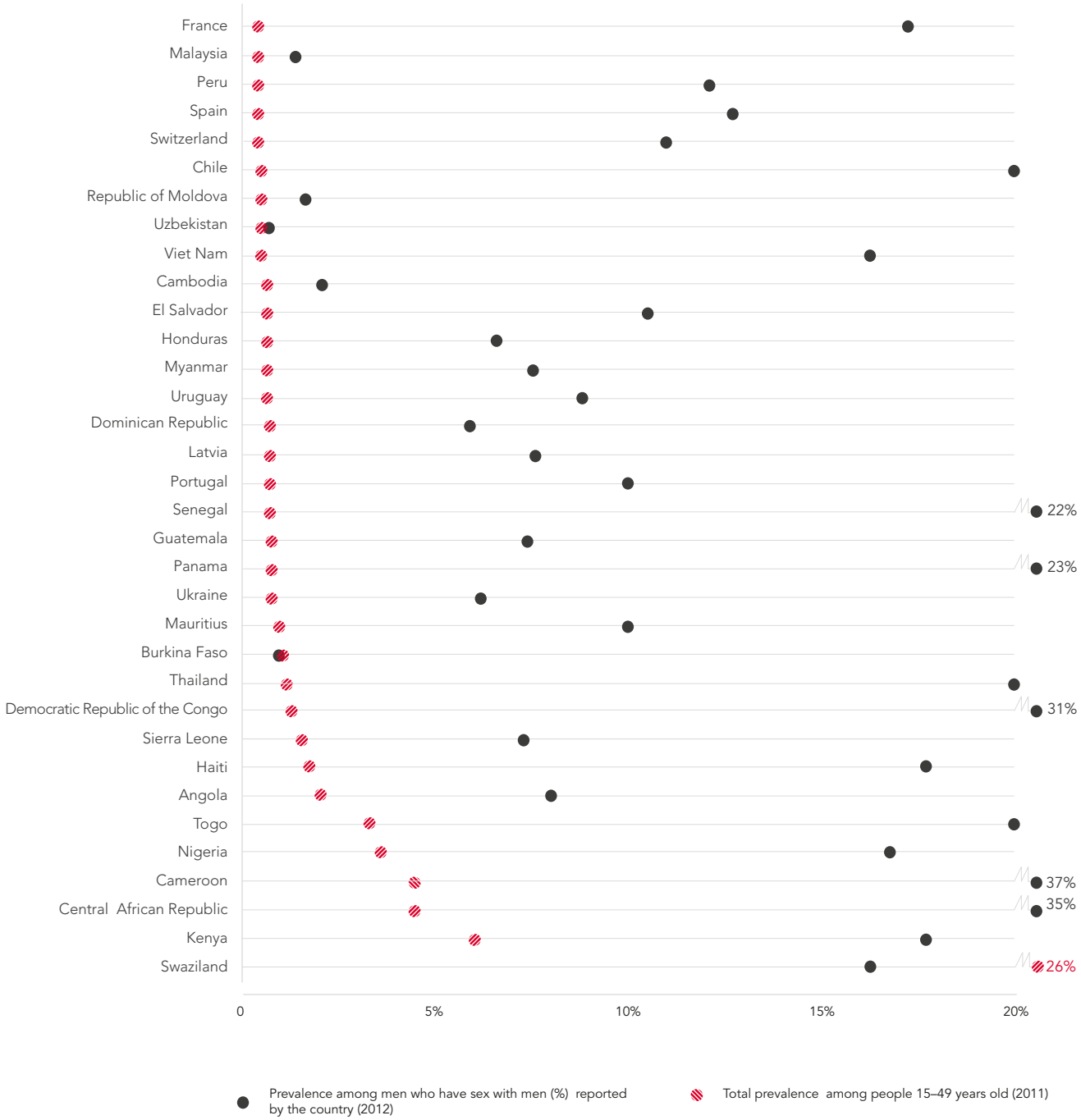


Source: 2012 country progress reports (www.unaids.org/cpr).

Fig. 1.6

Prevalence of HIV infection among men who have sex with men versus the general population in countries with available data, most recent year





Sources: prevalence in the general population: UNAIDS estimates for 2011; prevalence among men who have sex with men: 2012 country progress reports (www.unaids.org/cpr): the surveys are from multiple years between 2005 and 2011.
These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.
Data is only shown for countries which have reported a sample size greater than 100.

Prevention coverage remains inadequate for men who have sex with men. Globally, the median prevention coverage measured in surveys in capital cities is 55%, with a majority of countries reportedly achieving at least 40% coverage for men who have sex with men (Table 1.3). The median proportion of men who have sex with men who received an HIV test in the last 12 months is 38%, with fewer than 1 in 3 men being tested in the past 12 months in South and South-East Asia and Western and Central Europe, where men who have sex with men play a substantial role in national epidemics (Table 1.4).

One of the reasons for the persistent epidemic among men who have sex with men is that levels of consistent condom use are insufficient. Although a majority of surveyed men who have sex with men said that they used a condom during their last episode of sexual intercourse in 69 of 96 countries reporting, in only 13 of these countries did more than 75% do so (Table 1.5). More information is needed on the extent of non-condom use among regular partners of known concordant HIV status, but rates of consistent condom use in this population clearly need to increase to curb the epidemic.

38%
TESTED

The median proportion of men who have sex with men receiving an HIV test in the past 12 months is 38%.

More countries are acknowledging the existence of men who have sex with men as a key population in relation to the epidemic, reflected both in the inclusion of men who have sex with men in national strategies in 146 countries and in increased reporting of prevalence data. The number of countries reporting data on HIV prevalence among men who have sex with men rose from 67 in 2010 to 104 in 2012, with an additional 62 countries acknowledging the relevance of this indicator but reporting that data were unavailable. Eleven countries reported that this indicator would be irrelevant. Reporting on men who have sex with men has notably increased in sub-Saharan Africa: from 11 countries in 2010 to 22 countries in 2012. The countries that include men who have sex with men in national AIDS strategies reported data on this population, whereas only 4 of the 15 countries that do not include this population in their national strategies reported data on relevant indicators in 2012.

Funding for HIV programmes for men who have sex with men increased between 2006 and 2011. Among 21 countries reporting HIV spending data for men who have sex with men (with data available for at least one year in each of 2006–2007, 2008–2009 and 2010–2011), total spending increased 3.2-fold.

Although countries are increasingly recognizing the need to address HIV among men who have sex with men, recent increases in resources for HIV programmes for men who have sex with men have primarily resulted from the efforts of international donors. In 2010–2011, international funding accounted for 92% of all spending on HIV programmes for men who have sex with men. Among 58 countries reporting expenditure for men who have sex with men, 45 relied primarily on external sources for such programming, including 19 of 21 upper-middle-income countries.

Table 1.3

Reported levels of coverage of prevention programmes among men who have sex with men, most recent year

<25%

Azerbaijan
Bangladesh
Georgia
Indonesia
Nigeria
Philippines
Republic of Moldova
Viet Nam

25–49%

Brazil
Democratic Republic of the Congo
Honduras
Kyrgyzstan
Latvia
Mauritius
Mexico
Morocco
Nicaragua
Portugal
Republic of Korea
Serbia
Tajikistan
Thailand
The former Yugoslav Republic of Macedonia
Tunisia
Uzbekistan
Yemen

50–74%

Armenia
Belize
Bolivia (Plurinational State of)
Bulgaria
Cambodia
Cameroon
Chile
Costa Rica
Côte d'Ivoire
Czech Republic
Dominica
Ecuador
Germany
Mongolia
Myanmar
Papua New Guinea
Paraguay
Suriname
Sweden
Ukraine
United States of America

75–100%

Angola
Bahamas
Belarus
China
Cuba
Egypt
Ghana
Jamaica
Kazakhstan
Nepal
Saint Vincent and the Grenadines
Senegal
Seychelles

Non-reporting countries

Afghanistan
Algeria
Andorra
Antigua and Barbuda
Argentina
Australia
Austria
Bahrain
Barbados
Belgium
Benin
Bhutan
Bosnia and Herzegovina
Botswana
Brunei Darussalam
Canada
Cape Verde
Central African Republic
Chad
Comoros
Congo
Croatia
Cyprus
Democratic People's Republic of Korea
Djibouti
Dominican Republic
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Finland
France
Gabon
Gambia
Greece
Grenada
Guatemala
Guinea
Guinea-Bissau
Haiti
Hungary
Iceland
India
Iran (Islamic Republic of)
Iraq
Israel
Japan
Jordan
Kenya
Kiribati
Kuwait
Lao People's Democratic Republic
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Lithuania
Luxembourg
Malawi
Maldives
Mali
Malta
Marshall Islands
Mauritania
Micronesia (Federated States of)
Monaco
Montenegro
Mozambique
Namibia
Nauru
Netherlands
New Zealand
Niger
Norway
Oman
Pakistan
Palau
Peru
Poland
Qatar
Russian Federation
Rwanda
Saint Lucia
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Sierra Leone
Singapore
Slovakia
Solomon Islands
Somalia
South Africa
South Sudan
Spain
Sri Lanka
Sudan
Switzerland
Syrian Arab Republic
Tonga
Trinidad and Tobago
Turkey
Turkmenistan
Tuvalu
Uganda
United Arab Emirates
United Kingdom
United Republic of Tanzania
Uruguay
Vanuatu
Venezuela (Bolivarian Republic of)
Zambia
Zimbabwe

Source: 2012 country progress reports (www.unaids.org/cpr).

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

Table 1.4

Reported levels of coverage of HIV testing among men who have sex with men, most recent year

<25%

Azerbaijan
Bangladesh
Bosnia and Herzegovina
Brazil
Burundi
Cuba
Gambia
Lithuania
Mauritius
Montenegro
Nigeria
Philippines
Republic of Moldova
Sri Lanka
Tunisia

25–49%

Albania
Angola
Armenia
Belgium
Bolivia (Plurinational State of)
Bulgaria
Cambodia
Canada
Chile
China
Czech Republic
Dominica
Dominican Republic
Ecuador
Estonia
France
Georgia
Germany
Haiti
Honduras
Japan
Kenya
Kyrgyzstan
Latvia
Luxembourg
Madagascar
Malaysia
Mexico
Morocco
Myanmar
Nepal
Nicaragua
Republic of Korea
Romania
Saint Vincent and the Grenadines
Senegal
Serbia
Singapore
South Africa
South Sudan
Spain
Sweden
Switzerland
Tajikistan
Thailand
The former Yugoslav Republic of Macedonia
Timor-Leste
Ukraine
United Kingdom
Uruguay
Uzbekistan
Viet Nam
Yemen

50–74%

Argentina
Australia
Bahamas
Belarus
Belize
Cameroon
Costa Rica
Côte d'Ivoire
Egypt
Guyana
Jamaica
Kazakhstan
Mongolia
Netherlands
Norway
Panama
Papua New Guinea
Paraguay
Peru
Portugal
Seychelles
Swaziland
Togo
United States of America

75–100%

Burkina Faso
Central African Republic
El Salvador
Guatemala
Indonesia
Marshall Islands
Saint Kitts and Nevis
Suriname

Non-reporting countries

Afghanistan
Algeria
Andorra
Antigua and Barbuda
Austria
Bahrain
Barbados
Benin
Bhutan
Botswana
Brunei Darussalam
Cape Verde
Chad
Comoros
Congo
Croatia
Cyprus
Democratic People's Republic of Korea
Democratic Republic of the Congo
Djibouti
Equatorial Guinea
Eritrea
Ethiopia
Fiji
Gabon
Ghana
Grenada
Guinea
Guinea-Bissau
Hungary
Iceland
India
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kiribati
Kuwait
Lao People's Democratic Republic
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Malawi
Maldives
Malta
Mauritania
Micronesia (Federated States of)
Monaco
Mozambique
Namibia
Nauru
New Zealand
Niger
Oman
Pakistan
Palau
Qatar
Russian Federation
Rwanda
Saint Lucia
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Sierra Leone
Slovakia
Solomon Islands
Somalia
South Sudan
Syrian Arab Republic
Tonga
Trinidad and Tobago
Turkey
Turkmenistan
Tuvalu
Uganda
United Arab Emirates
United Republic of Tanzania
Vanuatu
Venezuela (Bolivarian Republic of)
Zambia
Zimbabwe

Source: 2012 country progress reports (www.unaids.org/cpr).

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

Table 1.5

Reported levels of condom use among men who have sex with men, most recent year

<25%

Egypt
Yemen

25–49%

Angola
Australia
Azerbaijan
Bangladesh
Czech Republic
Democratic Republic of the Congo
Estonia
Gambia
Guinea
Japan
Latvia
Lithuania
Malaysia
Morocco
Netherlands
Peru
Philippines
Romania
Sweden
Switzerland
The former Yugoslav Republic of Macedonia
Togo
Tunisia
United States of America
Uruguay

50–74%

Albania
Argentina
Armenia
Belarus
Belgium
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Brazil
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Canada
Central African Republic
Chile
China
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
France
Georgia
Germany
Haiti
Honduras
Indonesia
Kenya
Kyrgyzstan
Mauritius
Mexico
Mongolia
Montenegro
Nicaragua
Nigeria
Panama
Papua New Guinea
Paraguay
Portugal
Republic of Korea
Republic of Moldova
Saint Vincent and the Grenadines
Serbia
Sierra Leone
South Sudan
Spain
Sri Lanka
Suriname
Tajikistan
Timor-Leste
Ukraine
United Kingdom
Uzbekistan
Vanuatu

75–100%

Bahamas
Belize
Côte d'Ivoire
Guatemala
Jamaica
Kazakhstan
Myanmar
Nepal
Saint Kitts and Nevis
Senegal
Singapore
Thailand
Viet Nam

Non-reporting countries

Afghanistan
Algeria
Andorra
Antigua and Barbuda
Austria
Bahrain
Barbados
Benin
Bhutan
Botswana
Brunei Darussalam
Cape Verde
Chad
Comoros
Congo
Croatia
Cyprus
Democratic People's Republic of Korea
Djibouti
Equatorial Guinea
Eritrea
Ethiopia
Fiji
Gabon
Ghana
Grenada
Guinea-Bissau
Hungary
Iceland
India
Iran (Islamic Republic of)
Iraq
Israel
Jordan
Kiribati
Kuwait
Lao People's Democratic Republic
Lebanon
Lesotho
Liberia
Libya
Liechtenstein
Madagascar
Malawi
Maldives
Mali
Malta
Marshall Islands
Mauritania
Micronesia (Federated States of)
Monaco
Mozambique
Namibia
Nauru
New Zealand
Niger
Norway
Oman
Pakistan
Palau
Poland
Qatar
Russian Federation
Rwanda
Saint Lucia
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Slovakia
Solomon Islands
Somalia
South Africa
South Sudan
Swaziland
Syrian Arab Republic
Tonga
Trinidad and Tobago
Turkey
Turkmenistan
Tuvalu
Uganda
United Arab Emirates
United Republic of Tanzania
Venezuela (Bolivarian Republic of)
Zambia
Zimbabwe

Source: 2012 country progress reports (www.unaids.org/cpr).

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

MOVING FORWARD TOWARDS 2015: REDUCING SEXUAL TRANSMISSION BY 50%

Full and effective combination of available prevention strategies has conclusively demonstrated the capacity to rapidly reduce the number of people newly infected with HIV. To make the best use of these combination prevention options, countries need to closely focus on the driving forces and key populations at higher risk of their national epidemics. Behaviour change, biomedical interventions and structural approaches to reduce the underlying vulnerability to HIV infection should be implemented in concert for maximum impact.

Newly emerging evidence from Kenya and Malawi indicates that even quite small cash transfers can markedly affect the dynamics of sexual transmission of HIV. In Kenya, young people who received a cash transfer were less likely to have ever had sex and, when sexually active, less likely to have had more than two sexual partners in the past 12 months *(15)*. In Malawi, a cash transfer intervention led to significant declines in early marriage, teenage pregnancy and self-reported sexual activity *(16)*.

The promise of antiretroviral therapy in preventing HIV transmission, with well-established evidence in relation to mother-to-child transmission, has come into sharp focus during the past two years. In 2011, researchers reported that antiretroviral therapy reduces the odds of sexual transmission within serodiscordant heterosexual partners *(17)*, and in 2012 WHO issued guidelines on serodiscordant couples to recommend that the partner living with HIV be offered antiretroviral therapy regardless of his or her CD4 count *(18)*. In addition to the reduced transmission of HIV resulting from fully effective viral suppression among people living with HIV, trials have also indicated that antiretroviral medicines can reduce the likelihood that an uninfected person will acquire HIV. The potential public health impact of this strategy in reducing HIV incidence greatly depends on the extent to which potential HIV-uninfected users of antiretroviral medicines for prophylactic purposes are able to adhere to daily dosing regimens.

In priority countries in sub-Saharan Africa, additional steps are needed to accelerate the scaling up of voluntary medical male circumcision. Although some countries have reported strong demand for voluntary medical male circumcision where such services have been offered, generating robust demand for the service remains a challenge in other priority countries. Investing in community engagement and mobilization represents an urgent priority to accelerate scale-up. Intensive efforts are underway to evaluate potentially promising non-surgical devices for male circumcision. By avoiding the need for scalpels or sutures in circumcision, it is hoped that scale-up can be expedited through substituting trained nurses for surgeons, thus alleviating health worker shortages and reducing men's resistance

to undergoing the procedure. In 2012, field trials were underway in Rwanda and Zimbabwe for PrePex (a device that enables non-surgical and safe adult male circumcision) and in Kenya and Zambia for the Shang Ring (a circumcision tool that helps health care providers with limited training to perform circumcision). A new device for infants (AccuCirc) is also being evaluated in Botswana. Whether surgical or non-surgical, voluntary medical male circumcision is a procedure that has important cultural resonance, underscoring the need for a meaningful cultural discussion on the significance and benefits of circumcision.

Although encouraging progress has been made in stabilizing HIV prevalence and promoting condom use among workers in sex work, substantially greater gains will be needed to halve the sexual transmission of HIV among sex workers by 2015. Accurate estimates of the size and distribution of sex worker populations will assist countries in adhering to the "know your epidemic, know your response" approach to prevention planning. Programmatic experience has also shown that review and, where necessary, reform, of legal and policy frameworks to reduce stigma and discrimination towards sex workers can promote the increased use of prevention services.

Services to reduce the sexual transmission of HIV among transgender populations are also critical. The severe marginalization experienced by many transgender people, limited options for employment, persistent stigma and discrimination and, in many cases, targeted violence, are all factors that increase the vulnerability to HIV infection for this population (see Section 7 for additional information on transgender populations).

Reaching a higher proportion of men who have sex with men with effective programmatic efforts is critical if the world is to halve sexual transmission by 2015. This is one of many areas where the lack of domestic funding allocated towards sound programming not only jeopardizes the sustainability of these programmes but also suggests that a lack of national ownership is hampering the success of these efforts. HIV monitoring among men who have sex with men should be strengthened, and punitive legal frameworks should be revised to bring AIDS responses in accordance with human rights norms. In addition to efforts focused on HIV-related behaviour, access to antiretroviral therapy for men who have sex with men who are living with HIV and the potential use of pre-exposure prophylaxis should be combined together in a coordinated and accelerated effort to reduce the sexual transmission of HIV. Research to develop rectal microbicides should also continue as a potentially important measure for this population.

2 PEOPLE WHO INJECT DRUGS

The global goal of reducing the number of people who use drugs who acquire HIV infection by 50% by 2015 recognizes both the epidemic's extraordinary toll on this population and the fact that drug-related transmission is driving the expansion of the epidemic in many countries. Several countries that have implemented evidence-informed programmes for people who use drugs have dramatically reduced the number of these people who acquire HIV infection, with some countries approaching the elimination of drug-related transmission. However, globally we are far from halving the number of people who use drugs who are newly infected with HIV by 2015.

PEOPLE WHO INJECT DRUGS ARE EXTRAORDINARILY BURDENED

22×

People who inject drugs have 22 times the rate of HIV infection as the general population in 49 countries with available data.

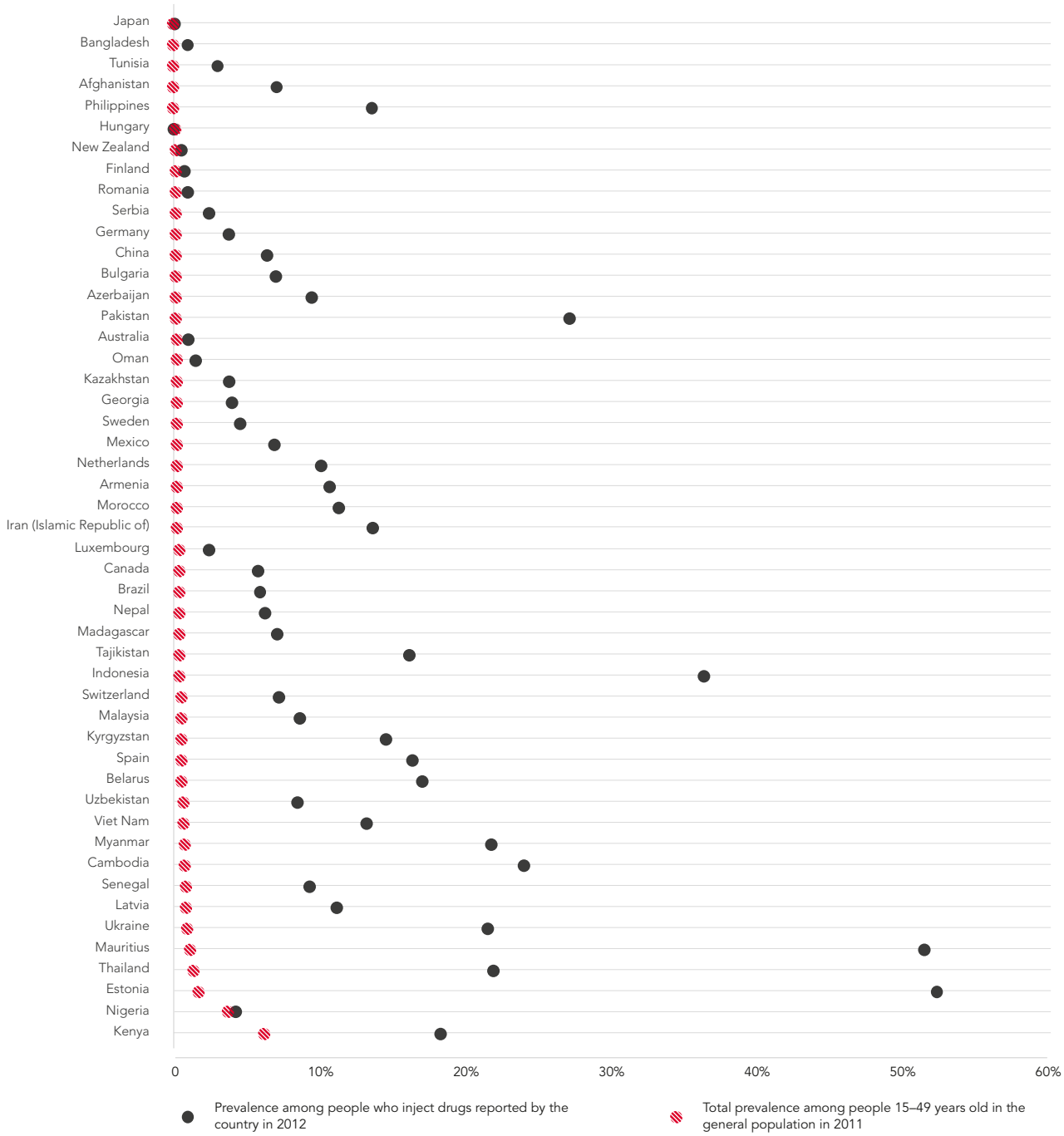
People who inject drugs are among the population groups most severely affected by HIV infection. In virtually all countries reporting data in 2012, the prevalence of HIV infection is higher among people who inject drugs than among the general population (Fig. 2.1). In 49 countries with available data, the prevalence of HIV infection is at least 22 times higher among people who inject drugs than for the population as a whole, with prevalence at least 50-fold higher in 11 countries. A 2007 study *(1)* estimated that about 16 million people inject drugs globally, including many younger than 25 years and 3 million of whom are living with HIV.

In addition to imposing extraordinary burdens on people who use drugs, drug-related transmission also undermines global efforts to lay the foundation for the eventual end of AIDS. In Eastern Europe and Central Asia, one of two regions where the number of people newly infected is rising, national epidemics are typically driven by drug use–related transmission and by further transmission to the sexual partners of people who use drugs.

Low- and middle-income countries, however, have had limited progress in slowing the spread of HIV among people who inject drugs. Nevertheless, transmission can be reduced substantially. Such countries as Australia and the United Kingdom that have implemented evidence-informed HIV prevention strategies have sharply reduced the number of people who inject drugs who acquire HIV infection, with some approaching the elimination of drug-related transmission.

Fig. 2.1

Prevalence of HIV infection among people who inject drugs versus the general population in countries with available data, most recent year



Sources: 2012 country progress reports (www.unaids.org/cpr) and UNAIDS estimates.

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative. Data is only shown for countries which have reported a sample size greater than 100.

EVIDENCE-INFORMED PROGRAMMES ARE BEING INADEQUATELY SCALED UP

According to country reports, nearly 80% of people who inject drugs reached in surveys in 49 capital cities have access to safe injecting equipment, with similar access reported for men and women. However, evidence from recently published studies *(2,3)* suggests that accessibility to needle and syringe programmes is low in most countries in which drug use among women is highly stigmatized and that access to any HIV services among women drug users remains very low compared with men drug users. In addition, country reports indicate that the scale of such programmes is inadequate, with most countries indicating that programmes annually provide fewer than 100 needles per person who injects drugs (Table 2.1).[1] A separate 2010 study *(4)* estimated that, globally, two needle-syringes (range 1–4) were distributed monthly per person who injects drugs per month, and another study *(5)* estimates that people who inject drugs only use sterile injecting equipment for 5% of injections globally.

Emerging evidence indicates that women who inject drugs may experience risks that are greater than for men who inject drugs *(6)*. In particular, women who inject drugs are more vulnerable to violence from intimate partners, police and sex-trade clients *(7)*. Combined with homelessness *(8)* and comorbid mental disorders *(9)*, these vulnerabilities may act synergistically to increase the risk of exposure to HIV. Clear evidence indicates that women who inject drugs and are living with HIV who become pregnant have a substantially lower likelihood of accessing services to prevent children from acquiring HIV infection than do other women living with HIV.

Countries also lag in scaling up other essential prevention measures for people who inject drugs (Tables 2.2 and 2.3). Reported condom use, for example, is lower among people who inject drugs reached in surveys in capital cities than for sex workers or men who have sex with men. Among 56 countries reporting data, the median condom use for people who inject drugs is 40% (30–48%), with only 3 countries reporting condom use above 75%.

HIV testing services are also failing to reach many people who inject drugs. Among 57 countries reporting, a median of 39% (22–60%) of people who inject drugs reached in surveys in capital cities reported having received an HIV test in the previous 12 months, with 8 countries reporting testing rates of at least 75%.

[1] Tracking the average number of needles distributed per person who injects drugs is difficult, since it requires reliably estimating the size of national populations using drugs.

Table 2.1

Number of syringes distributed through needle and syringe programmes per person who injects drugs, most recent year available

Low coverage <100

Afghanistan
Albania
Armenia
Azerbaijan
Belarus
Bosnia and Herzegovina
Bulgaria
Cyprus
Georgia
Greece
Indonesia
Iran (Islamic Republic of)
Latvia
Lithuania
Mauritius
Mexico
Morocco
Nepal
Pakistan
Poland
Republic of Moldova
Romania
Senegal
Serbia
Seychelles
Sri Lanka
Switzerland
Tajikistan
Thailand
The former Yugoslav Republic of Macedonia
Tunisia
Ukraine

Medium coverage 100–200

Cambodia
China
Estonia
Hungary
Kazakhstan
Kyrgyzstan
Luxembourg
Malaysia
Myanmar
Uzbekistan
Viet Nam

High coverage >200

Australia
Bangladesh
Czech Republic
Finland
Madagascar
Malta
New Zealand
Norway
Sweden

Non-reporting countries with people who inject drugs[a]

Algeria
Andorra
Argentina
Austria
Bahamas
Bahrain
Bhutan
Bermuda
Bolivia (Plurinational State of)
Brazill
Brunei Darussalam
Canada
Chile
Colombia
Costa Rica
Côte d'Ivoire
Croatia
Denmark
Djibouti
Dominican Republic
Ecuador
Egypt
El Salvador
Fiji
France
Gabon
Germany
Ghana
Guatemala
Honduras
Iceland
India
Iraq
Ireland
Israel
Italy
Japan
Jordan
Kenya
Kiribati
Kuwait
Lao People's Democratic Republic
Lebanon
Libya
Malawi
Maldives
Micronesia (Federated States of)
Monaco
Mongolia
Montenegro
Netherlands
Nicaragua
Nigeria
Oman
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Portugal
Qatar
Republic of Korea
Russian Federation
Samoa
San Marino
Saudi Arabia
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
South Africa
Spain
Sudan
Suriname
Swaziland
Syrian Arab Republic
Taiwan, China
Timor-Leste
Togo
Tonga
Turkey
Uganda
Uruguay
United Arab Emirates
United Kingdom
United Republic of Tanzania
United States of America
Vanuatu
Venezuela (Bolivarian Republic of)
Yemen
Zambia

[a] Mathers BM et al. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet*, 2010, 375:1014–1028.
Oman and Slovenia reported data on the number of syringes distributed but did not have available data on the estimated number of people who inject drugs.

Source: 2012 country progress reports (www.unaids.org/cpr).

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

Table 2.2

Reported HIV testing coverage among people who inject drugs, most recent year available

<25%

Afghanistan
Armenia
Azerbaijan
Bangladesh
Brazil
Georgia
Hungary
Iran (Islamic Republic of)
Malta
Montenegro
Morocco
Nepal
Nigeria
Pakistan
Philippines
Togo
Tunisia

25–49%

Albania
Australia
Bhutan
Bosnia and Herzegovina
Bulgaria
Cambodia
China
Czech Republic
Estonia
Germany
Mauritius
Mexico
Myanmar
Serbia
South Sudan
Sweden
Syrian Arab Republic
Tajikistan
Thailand
Ukraine
United States of America
Uzbekistan
Viet Nam

50–74%

Belarus
Finland
Kazakhstan
Kenya
Kyrgyzstan
Lithuania
Netherlands
Paraguay
Senegal
Switzerland
The former Yugoslav Republic of Macedonia

75–100%

Canada
Indonesia
Luxembourg
Malaysia
New Zealand
Romania
Seychelles

Non-reporting countries with people who inject drugs[a]

Andorra
Argentina
Armenia
Austria
Bahamas
Bahrain
Belgium
Bermuda
Bolivia (Plurinational State of)
Brunei Darussalam
Chile
Colombia
Costa Rica
Côte d'Ivoire
Croatia
Cyprus
Denmark
Djibouti
Dominican Republic
Ecuador
Egypt
El Salvador
Fiji
France
Gabon
Ghana
Greece
Guatemala
Honduras
Iceland
India
Iraq
Ireland
Israel
Italy
Japan
Jordan
Kiribati
Kuwait
Lao Pople's Democratic Republic
Latvia
Lebanon
Libya
Malawi
Maldives
Micronesia (Federated States of)
Monaco
Mongolia
Nicaragua
Norway
Oman
Panama
Papua New Guinea
Peru
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Russian Federation
Samoa
San Marino
Saudi Arabia
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
South Africa
Spain
Sri Lanka
Sudan
Suriname
Swaziland
Switzerland
Timor-Leste
Tonga
Turkey
Uganda
United Arab Emirates
United Kingdom
United Republic of Tanzania
Uruguay
Vanuatu
Venezuela (Bolivarian Republic of)
Yemen
Zambia

[a] Mathers BM et al. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet*, 2010, 375:1014–1028.

Source: 2012 country progress reports (www.unaids.org/cpr).

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

Table 2.3

Reported coverage of condom use among people who inject drugs, most recent year available

<25%

Azerbaijan
Georgia
Iran (Islamic Republic of)
Kenya
Mauritius
Pakistan
Sweden
Tunisia
United States of America

25–49%

Afghanistan
Albania
Algeria
Armenia
Bangladesh
Bosnia and Herzegovina
Brazil
Bulgaria
Canada
China
Estonia
Germany
Hungary
Japan
Kazakhstan
Kyrgyzstan
Lebanon
Lithuania
Madagascar
Malaysia
Mexico
Montenegro
Morocco
Nepal
New Zealand
Paraguay
Senegal
Serbia
South Sudan
Switzerland
Tajikistan
Thailand
Togo
Ukraine
Uzbekistan

50–74%

Belarus
Bhutan
Indonesia
Latvia
Micronesia (Federated States of)
Nigeria
Romania
The former Yugoslav Republic of Macedonia
Viet Nam

75–100%

Cambodia
Myanmar
Seychelles

Non-reporting countries with people who inject drugs[a]

Andorra
Argentina
Australia
Austria
Bahamas
Belgium
Bermuda
Bolivia (Plurinational State of)
Brunei Darussalam
Chile
Colombia
Costa Rica
Côte d'Ivoire
Croatia
Cyrprus
Czech Republic
Denmark
Djibouti
Dominican Republic
Ecuador
Egypt
El Salvador
Fiji
Finland
France
Gabon
Ghana
Greece
Guatemala
Honduras
Iceland
India
Iraq
Ireland
Israel
Italy
Jordan
Kiribati
Kuwait
Lao People's Democratic Republic
Libya
Luxembourg
Malawi
Maldives
Malta
Monaco
Mongolia
Netherlands
Nicaragua
Norway
Oman
Panama
Papua New Guinea
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Russian Federation
Samoa
San Marino
Saudi Arabia
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
South Africa
Spain
Sri Lanka
Sudan
Suriname
Swaziland
Syrian Arab Republic
Timor-Leste
Tonga
Turkey
Uganda
United Arab Emirates
United Kingdom
United Republic of Tanzania
Uruguay
Vanuatu
Venezuela (Bolivarian Republic of)
Yemen
Zambia

[a] Mathers BM et al. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet*, 2010, 375:1014–1028.

Source: 2012 country progress reports (www.unaids.org/cpr).

These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

INSUFFICIENT LEADERSHIP IN THE RESPONSE TO AIDS AMONG PEOPLE WHO INJECT DRUGS

15%
DOMESTIC FUNDING

In Eastern Europe and Central Asia, domestic public sector sources provide only 15% of spending on prevention programmes for people who inject drugs.

Allocation of robust domestic resources is the clearest test of leadership in addressing the HIV-related needs of people who inject drugs. Although funding for HIV prevention programmes for people who inject drugs has increased – doubling between 2006–2007 and 2010–2011 in 18 countries for which data were available – most of this increase results from the efforts of international donors, which accounted for 92% of total HIV spending on people who inject drugs in 2010–2011. In most countries, domestic public sector sources have yet to give priority to funding programmes to address the HIV-related needs of people who inject drugs.

These patterns are especially apparent in Eastern Europe and Central Asia, which remains a key to future success in meeting the global goal of halving the number of people who inject drugs who acquire HIV infection by 2015. In all countries in the region, external donors account for at least 60% of spending on HIV prevention programmes for people who inject drugs. Regionally, the Global Fund to Fight AIDS, Tuberculosis and Malaria is responsible for prevention programming for people who inject drugs, with domestic public sector sources accounting for a mere 15% of such prevention spending.

For prevention services for people who inject drugs, the share of countries in which the majority of funding is from external donors is high in Eastern Europe and Central Asia (10 of 10) and in Asia and the Pacific (11 of 13). In all regions, only 8 of 43 countries[1] reporting spending for people who inject drugs by donor source provided more than 75% from domestic sources for prevention programming for this key population at higher risk. At a time when the Global Fund and the broader international donor community are rethinking their funding approaches – with numerous donors taking steps to refocus support on the most resource-limited countries – these patterns raise profound concerns regarding the sustainability of prevention programming for people who inject drugs and call for increased national ownership of these programmes, especially in middle-income countries.

[1] Afghanistan (2011), Angola (2011), Argentina (2009), Armenia (2011), Azerbaijan (2011), Bangladesh (2011), Belarus (2011), Brazil (2009), Bulgaria (2011), Burundi (2010), Cambodia (2009), Colombia (2011), Georgia (2011), Ghana (2010), Guatemala (2010), Haiti (2011), India (2011), Indonesia (2010), Jamaica (2010), Kazakhstan (2011), Kenya (2010), Kyrgyzstan (2011), Lao People's Democratic Republic (2011), Lithuania (2011), Madagascar (2011), Malaysia (2011), Mauritius (2010), Mexico (2009), Myanmar (2011), Nepal (2009), Nigeria (2010), Pakistan (2010), Philippines (2011), Republic of Moldova (2011), Romania (2011), Sri Lanka (2010), Swaziland (2009), Tajikistan (2011), Thailand (2011), the former Yugoslav Republic of Macedonia (2010), Ukraine (2010), Uzbekistan (2011) and Viet Nam (2010).

HALVING THE NUMBER OF PEOPLE WHO INJECT DRUGS ACQUIRING HIV INFECTION: TOWARDS 2015

Available evidence indicates that the world is far from being on track to achieve the global target for people who inject drugs. Substantially stronger commitment is urgently needed to bring evidence-informed responses to scale. As many countries fail to report data on HIV and people who inject drugs, immediate steps are needed to improve the reporting of sex-aggregated epidemiological and HIV service coverage data for this population, with the aim of ensuring reliable national estimates of the total number of people who inject drugs. Countries that do not currently address the needs of people who inject drugs in their national AIDS strategies should take immediate steps to rectify this. Governments must urgently commit major new resources to comprehensive evidence-informed prevention programmes for people who inject drugs and intensify efforts to increase the scale of HIV testing, opioid substitution therapy needle distribution and condom use.

Fig. 2.2

HIV spending on people who inject drugs
18 low- and middle-income countries with available data, latest year available

Source: 2012 country progress reports (www.unaids.org/cpr).

3 HIV INFECTION AMONG CHILDREN AND KEEPING THEIR MOTHERS ALIVE

The world has embarked on an historic effort to end new HIV infections among children and reduce the number of women living with HIV who die from pregnancy-related causes. Stakeholders have joined together to develop the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive *(1)*. In 2011, the world made additional progress in advancing towards the 2015 goal, generating significant confidence in the feasibility of eliminating new infections among children by 2015.

THE NUMBER OF CHILDREN NEWLY INFECTED WITH HIV CONTINUES TO DECLINE

409 000

In the three years 2009 to 2011, antiretroviral prophylaxis prevented 409 000 children from acquiring HIV infection in low- and middle-income countries.

In 2011, 330 000 [280 000–390 000] children acquired HIV infection. This represents a 43% decline since 2003 (when 560 000 [510 000–650 000] children became newly infected) and a 24% drop since 2009 (when 430 000 [370 000–490 000] children acquired HIV infection).

More than 90% of the children who acquired HIV infection in 2011 live in sub-Saharan Africa. There, the number of children newly infected fell by 24% from 2009 to 2011. The number of children acquiring HIV infection also declined significantly in the Caribbean (32%) and Oceania (36%), with a more modest decline in Asia (12%). Declines have also been modest in Latin America (24%), Eastern Europe and Central Asia (13%). However, these three regions had already significantly reduced the numbers of children newly acquiring HIV infection. The Middle East and North Africa is the only region that has yet to see a reduction in the number of children newly infected.

In countries with generalized epidemics that account for the overwhelming majority of the children newly infected, major gains have occurred during the past decade. In six countries (Burundi, Kenya, Namibia, South Africa, Togo and Zambia), the number of children newly infected declined by 40–59% from 2009 to 2011. In 16 additional countries, declines of 20–39% occurred during the same period.

Table 3.1

Percentage decrease between 2009 and 2011 in the number of children (0–14 years old) acquiring HIV infection in countries with generalized epidemics

Increased	1–19%	20–39%	40–59%
Angola	Benin	Botswana[a]	Burundi
Congo	Burkina Faso	Cameroon	Kenya
Equatorial Guinea	Central African Republic	Côte d'Ivoire	Namibia
Guinea-Bissau	Chad	Ethiopia	South Africa
	Djibouti	Ghana	Togo
	Eritrea	Guinea	Zambia
	Gabon	Haiti	
	Mozambique	Lesotho	
	Nigeria	Liberia	
	South Sudan	Malawi	
	United Republic of Tanzania	Papua New Guinea	
		Rwanda	
		Sierra Leone	
		Swaziland	
		Uganda	
		Zimbabwe	

Sources: UNAIDS estimates.

[a] Note: the baseline year for the Global Plan is 2008. Some countries had already made important progress in reducing the number of new HIV infections among children in the years before 2009, notably Botswana which, by 2009, already had 92% coverage of antiretroviral medicines among pregnant women. In countries with high coverage, further declines in HIV infections among children are harder to achieve.

Progress has not been universally apparent, however, underscoring the importance of intensified action to achieve the global goal of zero new infections among children by 2015. In 11 countries, the number of children newly infected has declined modestly by 1–19% since 2009, and this has actually increased in four countries: Angola, Congo, Equatorial Guinea and Guinea-Bissau (Table 3.1).

Although reductions in the number of adults acquiring HIV infection are helping to lower children's risk of acquiring HIV, recent gains in bringing antiretroviral- and infant feeding–based prevention services to scale are primarily responsible for the sharp reductions in the number of children newly infected. From 2009 to 2011, antiretroviral prophylaxis prevented 409 000 children from acquiring HIV infection in low- and middle-income countries.

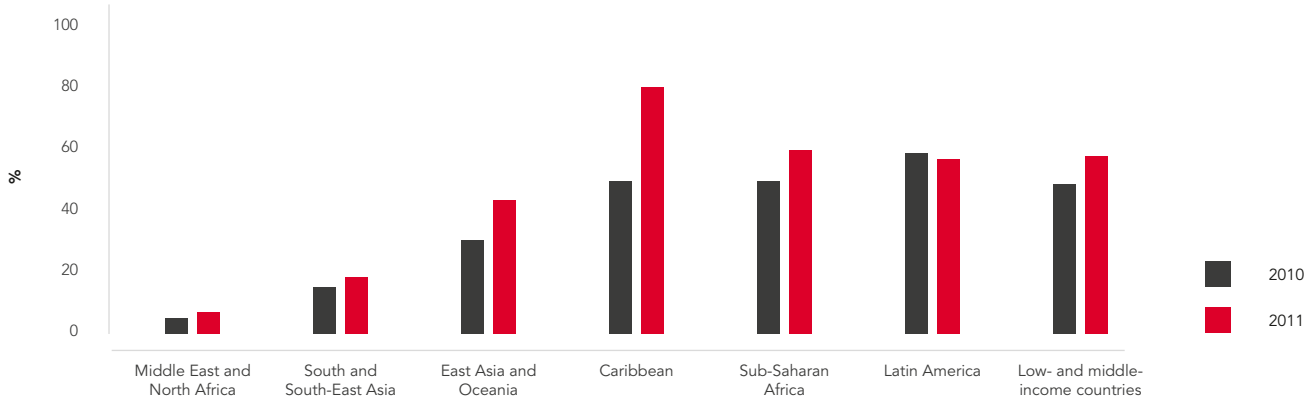
A BLUEPRINT TO ELIMINATE NEW HIV INFECTIONS AMONG CHILDREN

Four key actions are recommended to reduce the number of children acquiring HIV infection: (1) strengthen primary HIV prevention services to ensure that reproductive-age women and their partners avoid HIV infection, (2) take steps (such as providing contraceptives and counselling) to meet the unmet need for family planning among women living with HIV, (3) provide HIV testing, counselling and antiretroviral medicines in a timely manner to pregnant women living with HIV to prevent transmission to their children and (4) ensure proper and timely HIV care, treatment and support for women living with HIV, children living with HIV and their families.

With respect to preventing children from acquiring HIV infection, the state of the art is rapidly evolving, as new evidence emerges regarding the most effective methods of reducing the risk of transmission. Similarly, countries need to adapt existing systems and approaches as new evidence becomes available. Critical decisions include whether to maintain lifelong triple antiretroviral therapy for pregnant women living with HIV who initiate treatment at CD4 counts above 350 per ml, whether to include efavirenz in combination regimens for pregnant women and the type and duration of recommended infant-feeding practices to maximize prevention benefits for the child.

Fig. 3.1

Percentage of pregnant women living with HIV receiving effective antiretroviral regimens for preventing mother-to-child transmission, by region, 2010 and 2011



Coverage for Eastern Europe and Central Asia is not reported because the data have not been completely validated.

Sources: 2012 country progress reports (www.unaids.org/cpr) and UNAIDS estimates.

PROVIDING SERVICES TO THE PEOPLE WHO NEED THEM

Little evidence indicates that programmes to reduce unintended pregnancies have substantially changed since the advent of programmes to prevent children from acquiring HIV infection. Only 5 of 15 countries in sub-Saharan Africa with available national household surveys showed a decline of more than 5 percentage points in the unmet need for family planning between 2000 and 2011.

In low- and middle-income countries, coverage of effective antiretroviral regimens for preventing mother-to-child transmission reached 57% [51–64%] in 2011. Although high-income countries have long maintained near-universal coverage for antiretroviral medicines for pregnant women, only the Caribbean has approached similarly high coverage levels at 79% [67–97%] (Fig. 3.1). In sub-Saharan Africa, home to 92% of pregnant women living with HIV, the percentage of pregnant women living with HIV who received antiretroviral therapy or prophylaxis is now 59% [53–66%]. Reported coverage is believed to be substantially lower in South and South-East Asia (18% [13–23%]) and in the Middle East and North Africa (7% [6–9%]). However, the fertility patterns among women in the populations with behaviour that increases the risk of HIV transmission are not well understood in countries with concentrated epidemics, creating difficulty in estimating service coverage because of difficulty in estimating the number of pregnant women living with HIV in such settings.

Table 3.2

Percentage of pregnant women receiving antiretroviral regimens (excluding single-dose nevirapine) for preventing mother-to-child transmission in countries with a generalized epidemic, 2011

<25%	25–49%	50–74%	75–100%
Angola	Benin	Burundi	Botswana
Chad	Burkina Faso	Cameroon	Ghana
Congo	Central African Republic	Côte d'Ivoire	Haiti
Djibouti	Gabon	Kenya	Namibia
Eritrea	Guinea	Lesotho	South Africa
Ethiopia	Guinea-Bissau	Liberia	Swaziland
Nigeria	Papua New Guinea	Malawi	Zambia
South Sudan		Mozambique	
		Rwanda	
		Sierra Leone	
		Togo	
		Uganda	
		United Republic of Tanzania	
		Zimbabwe	

Sources: 2012 country progress reports (www.unaids.org/cpr) and UNAIDS estimates.

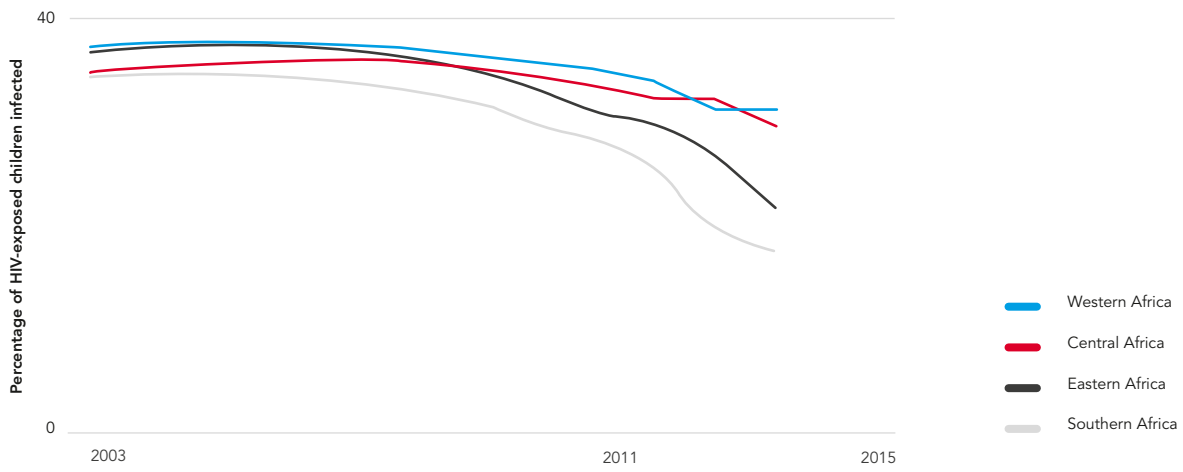
The percentage of pregnant women and infant pairs receiving antiretroviral medicines to prevent mother-to-child transmission exceeds 50% in most countries with generalized epidemics and available data. Coverage of antiretroviral regimens exceeds 75% in 8 countries with generalized epidemics, with an additional 13 countries reporting coverage from 50% to 74% (Table 3.2).

In breastfeeding populations, providing antiretroviral medicines to the mother or the infant during breastfeeding is also critically important for avoiding transmission to the child *(2)*. Among the 21 Global Plan priority countries in sub-Saharan Africa, the proportion of pairs of women living with HIV and infants provided with prophylaxis during breastfeeding has increased since 2009.

Fig. 3.2 illustrates transmission rates among children in different sub-regions of sub-Saharan Africa. As the results demonstrate, some regions have made strong progress: southern Africa, the subregion in sub-Saharan Africa with the highest coverage of services to prevent children from acquiring HIV infection, has achieved the lowest post-breastfeeding transmission rate (17%). The central and western Africa subregion, by contrast, still has transmission rates close to 30% because of lower service coverage, especially for prophylaxis during the breastfeeding period.

Fig. 3.2

Trends in mother-to-child transmission rates by subregion in sub-Saharan Africa, 2000–2011



Source: UNAIDS estimates.

For the children who do become infected with HIV, international guidelines recommend that all children younger than two years start immediately on antiretroviral therapy, whereas older children follow different guidelines based on their CD4 levels *(3)*. In 2011, only 28% [25–31%] of children 0–14 years old who were eligible were receiving the life-saving medicines. Depending on the age of the child when infected, this could mean death within less than one year *(4)*.

Ensuring treatment access for mothers living with HIV benefits not only mothers themselves but also their children, since studies indicate that children whose mothers die also have an increased risk of death regardless of the child's HIV status. The percentage of treatment-eligible pregnant women living with HIV who are receiving antiretroviral therapy for their own health in 2011 was 30% [27–32%] – lower than the estimated coverage for all adults eligible for antiretroviral therapy (according to WHO guidelines) of 54% [51–59%]. Qualitative research is needed to determine why, despite higher levels of access to health care, pregnant women are not starting, or being reported to start, antiretroviral therapy. Recent estimates suggest that pregnancy-related deaths among women living with HIV have declined from 46 000 in 2005 to an estimated 37 000 in 2010. More effort is needed to ensure that pregnant women tested for HIV during antenatal care are also tested for eligibility for antiretroviral therapy.

Since pregnant women living with HIV have a much higher risk of developing TB, TB screening, prevention and infection control are integral components of the package of care for eliminating mother-to-child transmission. The risk of developing active TB is more than 10 times higher among pregnant women living with HIV than among HIV-negative pregnant women. In addition, TB is associated with a range of extremely poor obstetric and perinatal outcomes, including more than double the risk of HIV transmission to the unborn child, a 2.2- to 3.2-fold increased risk of maternal mortality and a 3.4-fold increased risk of infant mortality *(5)*. Since antiretroviral therapy reduces the risk of TB by 65% irrespective of CD4 count, combining early antiretroviral therapy with regular TB screening at each health visit helps ensure that eligible mothers are provided isoniazid preventive treatment or early treatment for active TB, giving both mother and child a much better chance of survival.

Pregnant women living with HIV in humanitarian crisis settings are at particular risk. To reach the objective of no child born with HIV infection and keeping their mothers alive, humanitarian actors should scale up prevention services and ensure that forcibly displaced women have access to HIV prevention services, treatment, care and support.

30%

TREATMENT COVERAGE

Only 30% of eligible pregnant women were receiving antiretroviral therapy for their own health in 2011, compared with 54% for all eligible adults.

NATIONAL POLICIES NEED STRENGTHENING

Among the 22 priority countries included in the Global Plan,[1] 21 have developed national targets for preventing children from becoming newly infected with HIV and have aligned their national strategies with the elements of the Global Plan. However, available evidence reveals persistent shortcomings in policy frameworks and clinical practices in many of these countries. In 2011, for example, 32 countries (including 12 countries with a high burden of HIV infection) reported they were still providing some pregnant women with suboptimal single-dose nevirapine regimens for preventing children from acquiring HIV infection.

Although breastfeeding is the norm throughout most of sub-Saharan Africa and many other parts of the world, only 10 of 43 countries in this region reported the number of breastfeeding women or infants who were receiving antiretroviral prophylaxis during breastfeeding. These disappointing results may be partly explained by weak reporting mechanisms, but they are also likely to reflect challenges that countries are experiencing in linking breastfeeding women with needed services and support at both the facility and community levels.

National and global leadership in the quest to eliminate new infections among children also needs to improve. Thirteen of the 22 Global Plan priority countries reported on trends in spending on services to prevent children from becoming newly infected with HIV between 2008 and 2010. The resources dedicated to programmes to prevent children from acquiring HIV infection has increased in some countries (Botswana, Burundi, Cameroon, Ghana and Kenya), but declines in funding (Angola, Chad and Namibia) or inconsistent spending patterns (the Democratic Republic of the Congo, India, Lesotho and Nigeria) are reported elsewhere, according to reported AIDS spending data.

ELIMINATING NEW HIV INFECTIONS AMONG CHILDREN AND KEEPING THEIR MOTHERS ALIVE: TOWARDS 2015

Achieving 57% coverage of services to prevent children from acquiring HIV infection represents a major accomplishment. However, reaching the global goal of eliminating new HIV infections among children by 2015 will require not only accelerated efforts to bring services to prevent children from acquiring HIV infection to scale but also steps to ensure that all programmatic elements of the Global Plan are fully implemented. In particular, reaching global goals will be impossible without preventing reproductive-age women from acquiring HIV infection and enabling women living with HIV to make decisions about their reproductive life. The most effective prophylactic regimens must be used, and prevention efforts must extend beyond the antenatal period to

[1] The Global Plan priority countries include: Angola, Botswana, Burundi, Cameroun, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

encompass the duration of breastfeeding as well *(6)*. Early diagnosis and treatment will be critical for improving the survival of children exposed to HIV and for ensuring high-quality programmes. Partners will need to collaborate to retrain nurses and ensure that all clinical settings have access to essential medicines.

Intensified efforts are needed to deliver timely, high-quality treatment and care to women living with HIV. An estimated 70% [68–73%] of pregnant women with CD4 counts below 350 per ml are not receiving antiretroviral therapy – a pattern that undermines women's health as well as global efforts to prevent transmission to their children.

Growing evidence indicates the wisdom of continuing to provide mothers living with HIV with the same combination regimens they take as prophylaxis during pregnancy for the remainder of their lives (Option B+). This approach has the potential to reduce transmission rates for future births, lower the odds of transmission to sexual partners, improve maternal survival and promote simplified treatment regimens *(7)*. It is essential that this be implemented with the informed consent of the women concerned and in a rights-based manner.

2.5×

Children of mothers in marginalized populations experience HIV transmission nearly 2.5 times higher than in the general population.

Integrating comprehensive prevention and antiretroviral services with maternal, neonatal and child health services will improve the efficiency and effectiveness of all interventions. By packaging services, women are more likely to obtain the services they require and service efficiency will be enhanced *(8)*. Service integration is especially important in countries with generalized HIV epidemics, since HIV care is a substantial burden for already weak health care systems.

Additional efforts are also needed to minimize social and structural impediments to scaling up. Community programmes that mentor mothers, support disclosure, promote the involvement of men and boys and reduce stigma and discrimination are all critical to promote access to essential services and retain families in care. In addition, even in countries that have reached high levels of service coverage, concerted efforts are needed to reach the most marginalized and vulnerable populations, such as women who use drugs, women who sell sex, women in prison, illegal migrants and ethnic minorities. The marginalized groups, who are often missed by mainstream maternal and child health services, experience rates of HIV transmission from mother to child that are nearly 2.5 times higher than that of the general population *(9)*.

Involving affected communities, innovation and commitment will be required to alleviate the stigma that would deter women living with HIV and vulnerable women from attending antenatal care. Recognizing the unique opportunity to eliminate new HIV infections among children by 2015, national and international partners also need to ensure that competing health priorities do not crowd out essential support for HIV prevention services.

4 TREATMENT

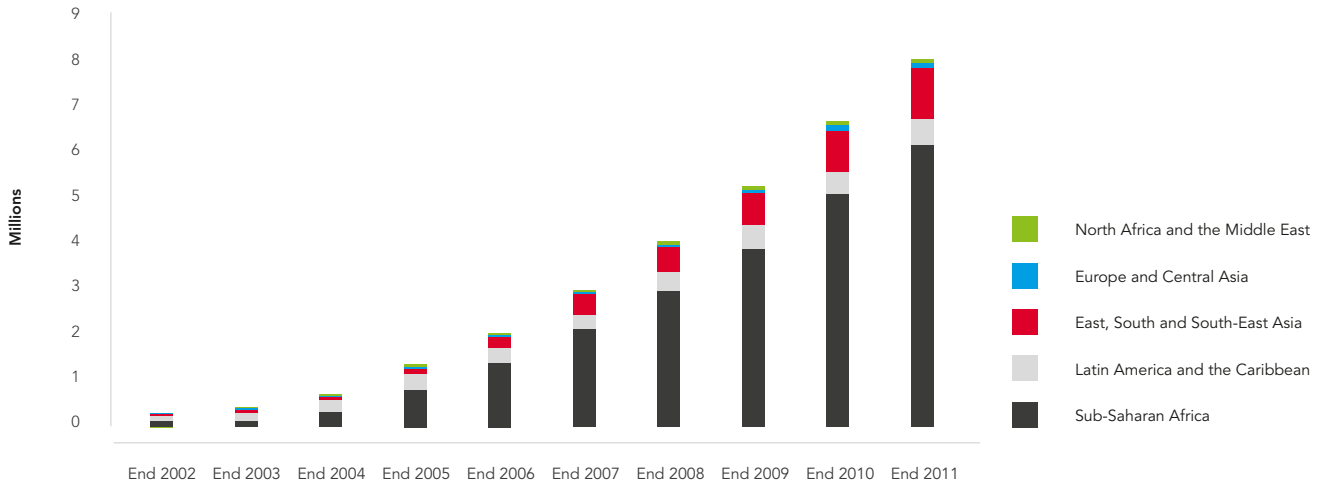
The rapid expansion of antiretroviral therapy – one of the most remarkable achievements in recent public health history – continued in 2011. More people initiated antiretroviral therapy in 2011 than in any previous year, with the number of people living with HIV receiving treatment rising by 21% compared with 2010 based on data from country progress reports. Expanding coverage is saving lives, since about half of the people with a CD4 count less than 350 per ml, the current threshold for initiating treatment, would be expected to die within two years if they did not get antiretroviral therapy. This accelerating pace needs to be sustained if the world is to achieve the goal of reaching 15 million people with HIV treatment by 2015.

PROMISING TRENDS IN TREATMENT COVERAGE

Antiretroviral therapy reached 8 million people by the end of 2011 – a 20-fold increase since 2003 (Fig. 4.1). Since 1995, antiretroviral therapy has added 14 million life-years in low- and middle-income countries, including 9 million in sub-Saharan Africa.

Fig. 4.1

Number of people receiving antiretroviral therapy in low- and middle-income countries, by region, 2002–2011



Source: 2012 country progress reports (www.unaids.org/cpr).

In 2011, for the first time, a majority (54%) of people eligible for antiretroviral therapy in low- and middle-income countries were receiving it. Latin America (68%), the Caribbean (67%), and Oceania (69%) had the highest coverage. Coverage in sub-Saharan Africa is modestly higher than the global average, with 56% of eligible individuals receiving therapy. Coverage remains low in Eastern Europe and Central Asia (25%) and in the Middle East and North Africa (15%).

The number of countries achieving at least 80% treatment coverage increased from 7 in 2009 to 10 in 2011, and the number of countries with coverage less than 20% fell from 28 in 2009 to 10 in 2011. This represents real progress, although the fact that fewer than 1 in 5 people who are eligible for treatment receive it in 10 countries demands urgent attention.

Antiretroviral therapy coverage remains higher for women (68%) than for men (47%) in low- and middle-income countries. The treatment access gap for children also persists, with global coverage much lower for children (28%) than for adults (58%). Forty-two countries provide antiretroviral therapy to fewer than 1 in 5 treatment-eligible children, versus 10 with adult treatment coverage less than 20%. However, more countries have achieved 80% antiretroviral coverage for children (18) than have reached this goal for adults (14).

Access and continuity of HIV treatment remains an important issue for populations affected by humanitarian crises. In 2011, 93% of refugees in Asia, Africa, Latin America and the Middle East and North Africa had access to antiretroviral therapy at a level similar to that of the surrounding population.

28%

COVERAGE FOR CHILDREN

HIV treatment coverage is 68% for women and 47% for men in low-and middle-income countries, compared with 28% for children worldwide.

IMPROVING PROGRAMME OUTCOMES

Compelling evidence indicates that programme implementers are benefiting from lessons learned over the past decade to enhance the success of treatment initiatives. Task-shifting and declining drug costs allow treatment to be delivered to more individuals with the same finite resources. In Mozambique, enhanced programme monitoring helped to reduce the costs of antiretroviral therapy per person by 45% from 2009 to 2011 *(1)*. According to a 2012 study by the Clinton Health Access Initiative of more than 160 clinics in five countries in sub-Saharan Africa *(2)*, the cost per person of delivering HIV treatment has steadily declined over time.

FURTHER REDUCING TREATMENT COSTS

In addition to reducing per-person treatment costs by enhancing programme management, efforts are also needed to further reduce the cost of antiretroviral medicines. Countries, with the support of international partners, should take steps to build local pharmaceutical capacity and take full advantage of the flexibilities permitted under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement. As recommended by the WHO Consultative Expert Working Group, urgent attention should focus on developing innovative funding mechanisms to spur additional health research and development for HIV and other health problems confronting low- and middle-income countries, with particular attention to developing affordable new tools to address priority health issues.

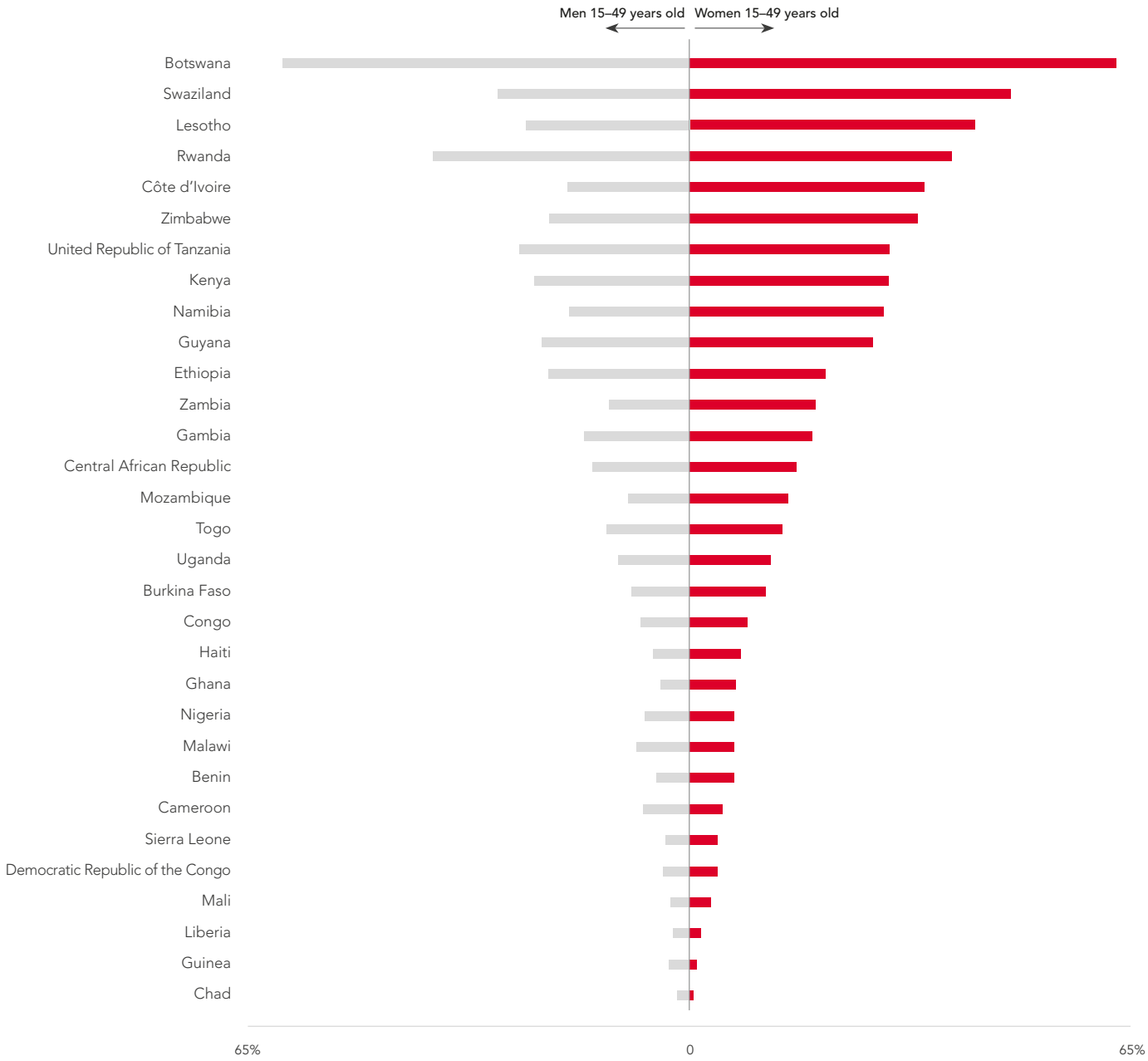
ENGAGING COMMUNITIES IN THE PUSH TO EXPAND TREATMENT ACCESS

Treatment 2.0, a programmatic approach to catalyse the next phase of HIV treatment, calls for the full involvement of people living with HIV and affected communities in planning, implementing and evaluating high-quality, rights-based HIV care and treatment programmes. Community leadership has the potential to generate robust, sustainable demand for treatment services and to improve treatment adherence and other treatment-related outcomes. Although a recent review of available experience indicated that 70% of the people in clinic-based treatment programmes in sub-Saharan Africa were still receiving antiretroviral therapy two years after initiating treatment, two-year retention rates rose to 98% in a programme in Mozambique that used community support strategies to complement clinical services. UNAIDS is working to build the evidence base for community involvement to strengthen programmes for HIV care and treatment.

Efforts are underway to improve results at each stage of the treatment continuum. Surveys conducted between 2004 and 2011 in 14 countries in sub-Saharan Africa show that the percentage of adults who received an HIV test in the previous 12 months has significantly increased as antiretroviral therapy programmes have been scaled up and as countries have invested in a broader array of testing strategies, such as provider-initiated testing and counselling, rapid testing technologies and home-based testing campaigns (Fig. 4.2). Innovative approaches, including multi-disease prevention campaigns in Kenya and Uganda, have demonstrated the feasibility and potential of community-based testing approaches. In 14 countries studied in sub-Saharan Africa, testing rates tend to be higher among women than among men, perhaps in part because of the increased availability of testing in antenatal settings. Although the trend towards increased population-based testing rates is encouraging, the available evidence does not conclusively demonstrate that testing programmes are reaching the age and population cohorts at highest risk.

Fig. 4.2

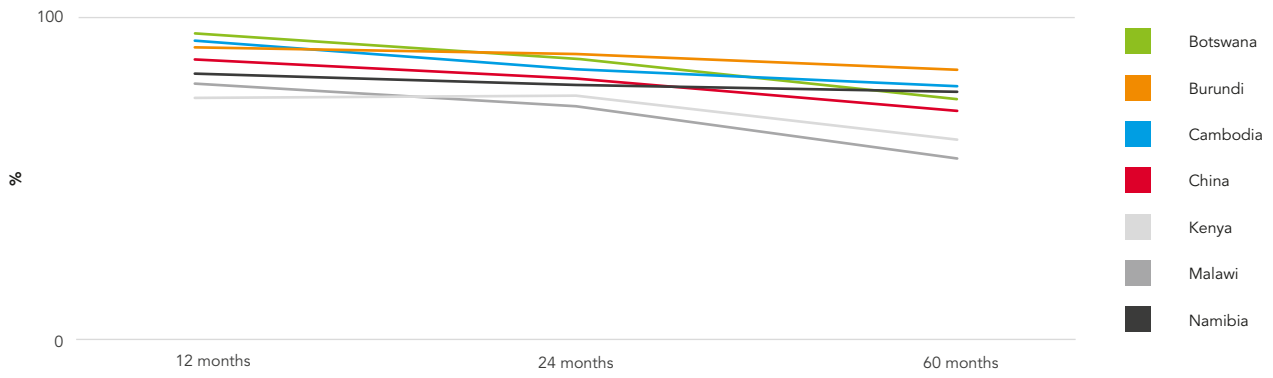
Percentage of women and men aged 15–49 years who received an HIV test in the past 12 months and received their results, 2004-2011



Source: Demographic and Health Surveys (www.measuredhs.com).

Fig. 4.3

Retention rate for antiretroviral therapy at 12, 24 and 60 months in selected countries, 2012 country reports



Source: 2012 country progress reports (www.unaids.org/cpr).

IMPROVING RETENTION ON TREATMENT

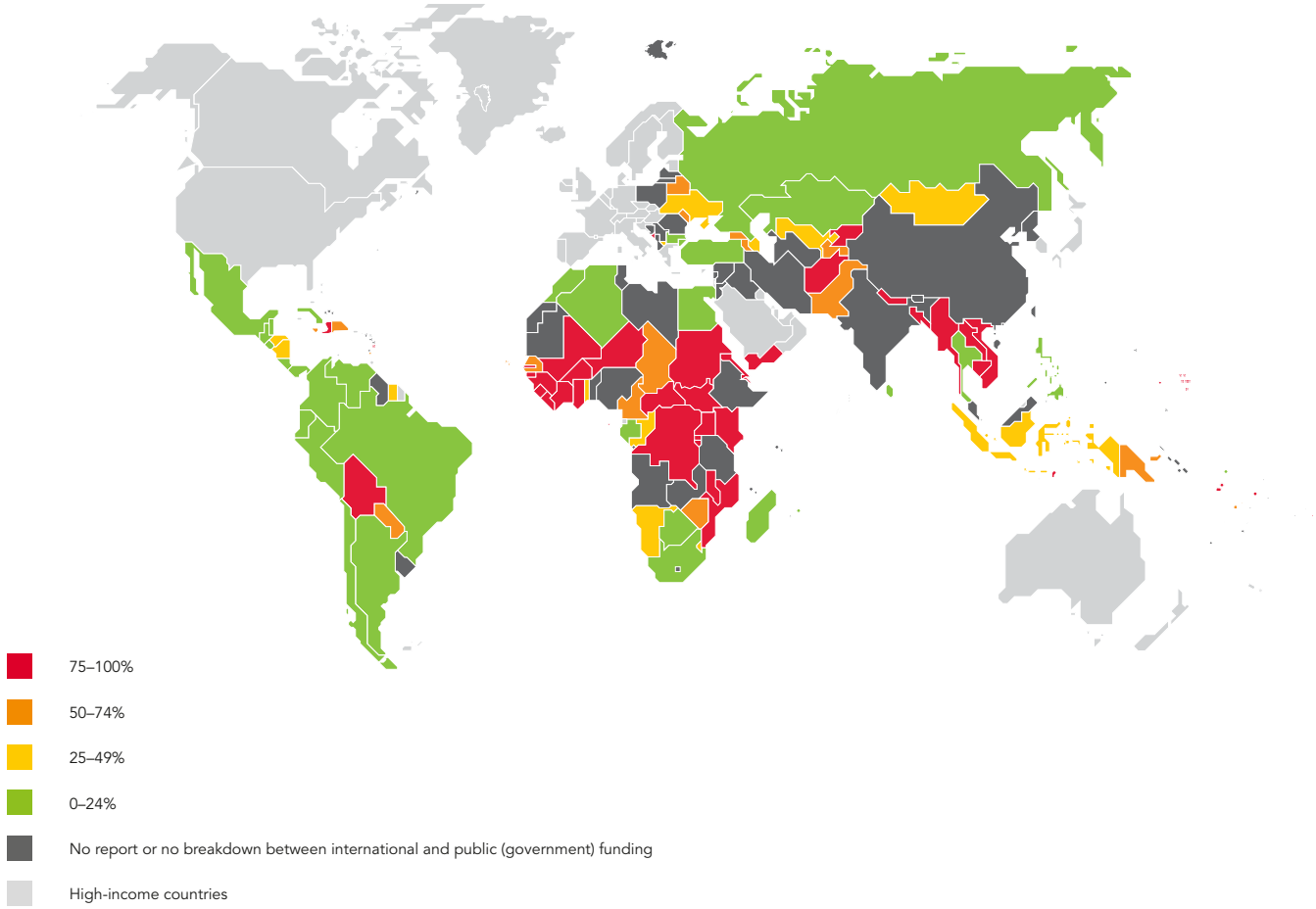
The evidence continues to highlight the urgent need to improve retention rates for people enrolled in HIV care and treatment. Nearly half of all people who initiated antiretroviral therapy at the same treatment centre in Malawi are no longer in care five years later, and this proportion is nearly 40% in Kenya (Fig. 4.3). Drawing reliable conclusions on trends in retention rates is difficult, since few countries produce consistent nationwide data that permit this to be tracked over time, and continued reporting for people who transfer to other centres is a major obstacle.

GLOBAL RELIANCE ON AID FOR TREATMENT

Despite considerable efforts to increase domestic funding, many countries rely highly on international aid for treatment, care and support (Fig. 4.4). International funding accounted for more than half of the spending in 59 countries and for more than 75% in 43 of the 102 low- and middle-income countries that reported at least once on the share of international and public (government) spending on treatment from 2007 to 2011.

Fig. 4.4

Share of care and treatment expenditure originating from international assistance, low- and middle-income countries, 2007–2011



Source: 2012 country progress reports (www.unaids.org/cpr).

REACHING 15 MILLION PEOPLE WITH HIV TREATMENT BY 2015: MOVING FORWARD TOWARDS 2015

At the current annual pace at which treatment is being scaled up, reaching 15 million people with antiretroviral therapy by 2015 is feasible. However, reaching this target will require intensified efforts to improve the efficiency and effectiveness of treatment programmes.

Maximizing the therapeutic and preventive benefits of treatment requires substantially greater success in closing gaps in the treatment continuum. People living with HIV need to be diagnosed early in the course of infection through testing services that are simple and easy to access, those who test positive must be linked to care that they can easily access and swiftly evaluated, antiretroviral therapy must be initiated in a timely manner, people must be retained in treatment programmes and individuals must receive support in adhering to prescribed regimens. Drug supply systems must become more reliable, programmes must better leverage opportunities to link treatment to other programmes (such as couples counselling and testing, initiatives for voluntary medical male circumcision and opioid substitution therapy) and communities need to be better engaged in supporting treatment initiatives.

Further reducing the cost of antiretroviral therapy will be essential, especially for the second- and third-line regimens that will increasingly be needed in future years. Strategies to manage intellectual property that are oriented towards public health goals, such as the full use, as required, of flexibilities permitted under international regulations such as the Agreement on Trade-Related Aspects of Intellectual Property Rights administered by the World Trade Organization, will play a critical role. International actors should avoid provisions in free-trade agreements that potentially undermine access to affordable, life-saving medicines and health technologies.

Intensified efforts are needed to improve treatment coverage among children, especially those who are youngest and most vulnerable, and to reach more men earlier with HIV testing and treatment services in high-prevalence settings. Health systems need to be more responsive to the needs of vulnerable populations. Health reporting systems need to be strengthened to monitor treatment retention by age and sex. Finally, greater efforts are needed to speed the next phase of HIV treatment by accelerating implementation research and heeding the lessons learned in different parts of the world (Table 4.1).

Table 4.1

Proportion of eligible people receiving antiretroviral therapy in selected low- and middle-income countries at the end of 2011[a]

<20%

Afghanistan
Bolivia (Plurinational State of)
Iran (Islamic Republic of)
Latvia
Madagascar
Pakistan
Somalia
Sudan
South Sudan
Yemen

20–39%

Algeria
Angola
Armenia
Azerbaijan
Bangladesh
Bhutan[b]
Bulgaria
Central African Republic
Chad
Djibouti
Egypt
Indonesia
Kazakhstan
Kyrgyzstan
Lebanon
Liberia
Lithuania[b]
Malaysia
Mauritania
Mauritius
Morocco
Myanmar
Nepal
Niger
Nigeria
Republic of Moldova
Russian Federation
Sri Lanka
Tajikistan
Ukraine

40–59%

Burkina Faso
Burundi
Cameroon
Cape Verde
Colombia
Congo
Côte d'Ivoire
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guatemala
Guinea
Guinea-Bissau
Haiti
Honduras
India
Lao People's Democratic Republic
Lesotho
Mali
Mozambique
Panama
Philippines
Sao Tome and Príncipe[b]
Senegal
Sierra Leone
Suriname
Togo
Turkey
Uganda
United Republic of Tanzania
Uruguay
Viet Nam

60–79%

Argentina
Belize
Benin
Brazil
Chile
Ecuador
El Salvador
Georgia
Jamaica
Kenya
Malawi
Nicaragua
Papua New Guinea
Paraguay
Peru
Romania
Serbia
South Africa
Thailand
Tunisia
Venezuela (Bolivarian Republic of)
Zimbabwe

≥80%

Botswana
Cambodia
Cuba
Dominican Republic
Guyana
Mexico
Namibia
Rwanda
Swaziland
Zambia

[a] The table does not include countries with fewer than 100 people who need antiretroviral therapy.
[b] Countries with an estimated antiretroviral therapy need of less than 1000 people. The data for these countries should be interpreted cautiously because of how ranges of uncertainty affect the estimates.

Source: UNAIDS estimates.

5 TUBERCULOSIS AND HIV

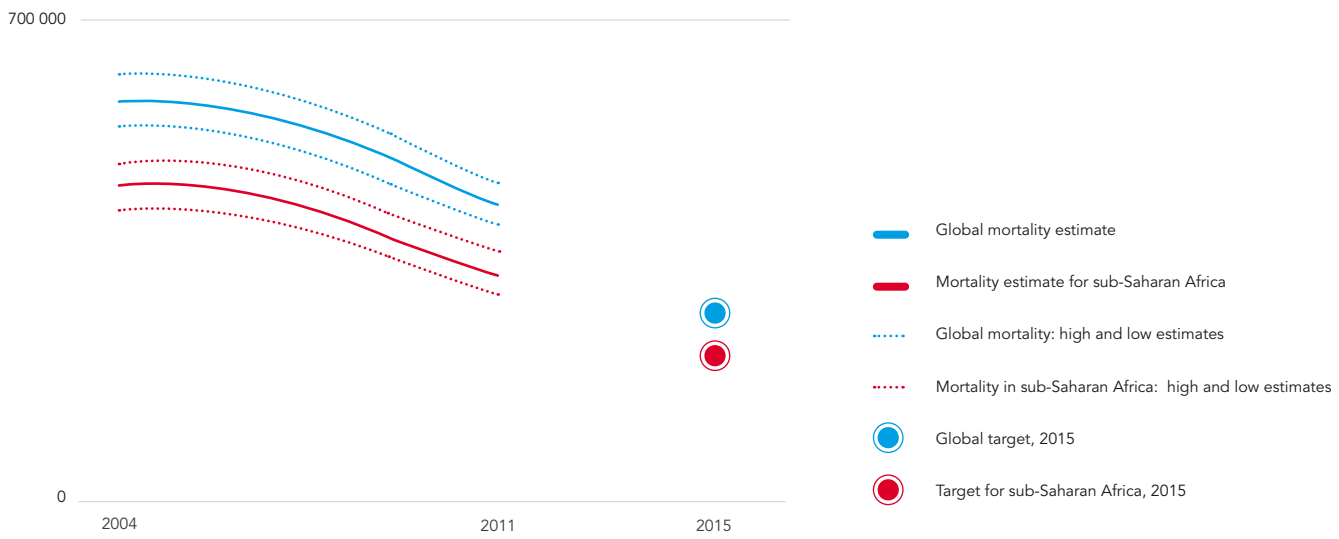
Major strides have been made towards the global goal of reducing the number of TB-related deaths among people living with HIV by 50% by 2015. Since 2004, TB-related deaths among people living with HIV have fallen by 25% worldwide (Fig. 5.1) and by 28% in sub-Saharan Africa, home to nearly 80% of all people living with both TB and HIV. WHO estimates that scaling up collaborative HIV and TB activities meant that an estimated 1.3 million people avoided dying from AIDS-related causes from 2005 to 2011.

In 2011, people living with HIV accounted for 1.1 million (13%) of the estimated 8.7 million people who developed TB worldwide. Of the people with TB who received an HIV test result, 23% tested positive in 2011 (Table 5.1) *(1)*.

Several critical steps are needed to build on recent gains and reach the global target of halving TB-related deaths among people living with HIV.

Fig. 5.1

Estimated number of TB-related deaths among people living with HIV, 2004–2011



Source: *Global tuberculosis report 2012*. Geneva, World Health Organization, 2012 (www.who.int/tb/publications/global_report/en).

Antiretroviral therapy significantly reduces the risk of people acquiring and dying from TB by repairing their immune systems damaged by HIV infection. Early antiretroviral therapy therefore needs to continue being urgently scaled up to both prevent and treat TB among people living with HIV. According to a 2011 meta-analysis *(2)*, antiretroviral therapy reduces the risk of TB illness among people living with HIV by 65%. All people living with both HIV and TB should start antiretroviral therapy as soon as possible regardless of their CD4 count.

Table 5.1

HIV testing, treatment for people living with HIV and TB and preventing TB among people living with HIV, by region, 2011 (numbers in thousands except where indicated)

	Estimated number of people acquiring TB who are living with HIV (thousands)			Number of people with TB with known HIV status (thousands)	% of people with notified TB tested for HIV	% of tested people with TB who are living with HIV	% of people identified as living with HIV and TB starting antiretroviral therapy	Number of people living with HIV screened for TB
	Best estimate	Low estimate	High estimate					
Caribbean	6.2	5.4	7.2	14 248	71	20	31	2 341
East Asia	13	9.2	18	227 528	21	2.1	36	179 946
Eastern Europe and Central Asia	20	17	22.4	169 870	60	6.8	42	8 245
Latin America	29	26	32	101 272	50	17	70	312
Middle East and North Africa	7.3	6.4	8.3	26 636	19	4.8	57	974
North America	1	0.9	1.2	9 056	76	8.3	NA	NA
Oceania	2.2	1.4	3.2	6 432	33	8.7	67	2 182
South and South-East Asia	164	140	190	882 810	30	7.1	58	448 468
Sub-Saharan Africa	874	800	951	1 005 082	69	46	46	2 798 326
Western and Central Europe	2.7	2.4	2.9	25.436	30	3.5	81	928
TOTAL	1 100	1 000	1 200	2 468 370	40	23	48	3 441 722

NA: not available.

Source: *Global tuberculosis report 2012*. Geneva, World Health Organization, 2012 (www.who.int/tb/publications/global_report/en).

48%
TREATED FOR HIV

Fewer than half of all people living with tuberculosis and HIV received antiretroviral therapy in 2011.

Globally in 2011, fewer than half (48%) of the people with TB with a documented HIV-positive test result obtained antiretroviral therapy (Table 5.1). In sub-Saharan Africa, only 46% of the people living with both HIV and TB initiated HIV treatment. Of the 41 countries with a high burden of HIV infection and TB (accounting for 97% of the estimated global number of people living with HIV and TB *(3)*), the percentage of people with TB with a documented HIV-positive test result receiving antiretroviral therapy exceeds 75% in only 6: Angola, Brazil, Cambodia, Myanmar, Rwanda and Sudan (Table 5.2) *(1)*.

Since prompt diagnosis is required for effective treatment, and sometimes survival, the fact that more people with TB are being tested for HIV is promising. From 2010 to 2011, the proportion of people with TB receiving HIV testing rose from 33% to 40%, with 2.46 million people with TB being tested for HIV in 2011.

Testing rates in 2011 were higher (at 45%) in the 41 countries with a high burden of HIV infection and TB, which accounted for nearly 90% of all the people with TB receiving HIV testing and reached 69% in the African Region of WHO. Half of the 41 countries provided HIV testing among at least 75% of all people with TB in 2011, although testing lags in many countries. Although Myanmar reports high coverage of antiretroviral therapy among people living with HIV, its coverage is challenged by low HIV testing rates among people with TB (Table 5.2) *(1)*.

Among people living with HIV, 3.2 million were reported to have been screened for TB in 2011, and 460 000 people living with HIV without active TB received isoniazid preventive therapy. TB screening among people living with HIV rose almost two-fold in South Africa, and the number of people living with HIV receiving preventive TB therapy increased nearly three-fold, from 146 000 in 2010 to 373 000 in 2011 *(1)*.

Although recent gains are heartening, additional initiatives are needed to strengthen the response to the linked epidemics of HIV and TB. Testing everyone with TB for HIV provides the essential entry point to care for undiagnosed individuals living with HIV. Similarly, scaling up the three I's for HIV and TB (intensified TB case-finding; isoniazid preventive therapy and infection control for TB *(3)*) and initiating antiretroviral therapy early are crucial for HIV programmes in preventing and reducing the burden of TB among people living with HIV. Everyone enrolled in HIV care should be screened for TB, people living with HIV without active TB should receive isoniazid preventive therapy and antiretroviral therapy should be provided to everyone living with HIV and TB regardless of their CD4 count. All HIV care facilities should ensure that adequate TB infection control measures are in place to limit the transmission of TB and ensure a safer environment for service users and health care staff. Further efforts are also needed to strengthen case reporting and the tracking of progress of the collaborative HIV and TB activities by HIV stakeholders through harmonized indicators *(4,5)* and globally recommended patient monitoring systems *(6)*.

Table 5.2

People with TB initiating antiretroviral therapy and percentage of people with notified TB tested for HIV in the 41 countries with a high burden of HIV and TB with data available

PERCENTAGE OF PEOPLE IDENTIFIED AS LIVING WITH HIV AND TB WHO INITIATED ANTIRETROVIRAL THERAPY

<25%

Central African Republic
Democratic Republic of the Congo
Haiti

25–50%

Botswana
Burundi
China
Congo
Côte d'Ivoire
Ethiopia
Ghana
Indonesia
Lesotho
Mozambique
Nigeria
Sierra Leone
South Africa
Uganda
Ukraine
United Republic of Tanzania
Viet Nam

51–75%

India
Kenya
Malawi
Mali
Namibia
Swaziland
Thailand
Zambia
Zimbabwe

76–100%

Angola
Brazil
Cambodia
Myanmar
Rwanda
Sudan

PERCENTAGE OF PEOPLE WITH NOTIFIED TB WHO WERE ALSO TESTED FOR HIV

<25%

Angola
China
Congo
Indonesia
Myanmar
Sudan

25–50%

Central African Republic
Chad
Democratic Republic of the Congo
Djibouti
Ethiopia
India
Mali

51–75%

Brazil
Burundi
Haiti
Thailand
Ukraine
Viet Nam

76–100%

Botswana
Burkina Faso
Cambodia
Cameroon
Côte d'Ivoire
Ghana
Kenya
Lesotho
Malawi
Mozambique
Namibia
Nigeria
Russian Federation
Rwanda
Sierra Leone
South Africa
Swaziland
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Source: 2012 country progress reports (www.unaids.org/cpr).

6 RESOURCES AND SPENDING

Encouraging signs emerged in 2011 in the quest to close the global AIDS resource gap, as HIV spending increased by 11% compared with 2010. Especially noteworthy was a 15% rise in HIV expenditure by low- and middle-income countries, with domestic spending accounting for a majority of all HIV expenditure for the first time. However, total global HIV investment in 2011 was US$ 16.8 billion, compared to the global goal of US$ 22 billion to US$ 24 billion in annual HIV spending in 2015.

TRACKING SPENDING ON HIV

In 2012, 127 countries (including 112 low- and middle-income countries) reported on HIV spending (Table 6.1). East Asia, Central and South America and Eastern Europe and Central Asia had the highest reporting rates, with more than 80% of countries providing data on spending.

The comprehensiveness of national funding reports varies. Of the 127 countries, 11 countries only reported their total HIV spending, failing to differentiate spending by category. Eighty-one low- and middle-income countries reported spending on antiretroviral therapy in 2012 (similar to reporting in 2010), while 79 reported expenditure data on services to eliminate new infections among children (an increase of 6%).

RESOURCES AVAILABLE FOR HIV PROGRAMMES IN LOW- AND MIDDLE-INCOME COUNTRIES

Low- and middle-income countries are driving the global increase in HIV spending. Although international funding has stagnated with the onset of the global economic downturn, domestic spending has been continually increasing. Domestic public and private HIV spending in low- and middle-income countries rose from US$ 3.9 billion in 2005 to almost US$ 8.6 billion in 2011 (Fig. 6.1). This increase in domestic outlays has not only provided essential new funding for HIV programmes but also clearly indicates the growth in country ownership of national AIDS responses.

Table 6.1

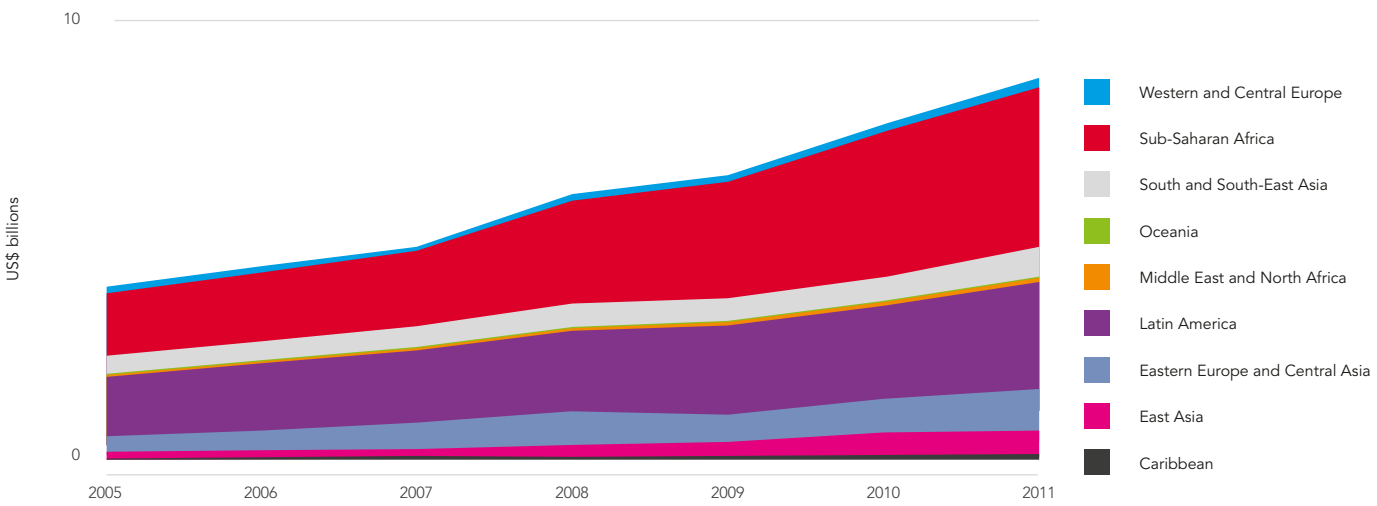
Reporting AIDS spending in 2012

	Number of countries	Reporting	Not reporting	Response rate
Eastern Europe and Central Asia	12	10	2	83%
Central and South America	19	17	2	89%
South and South-East Asia	19	15	4	79%
Sub-Saharan Africa	46	35	11	76%
Caribbean	13	9	4	69%
Oceania	14	11	3	79%
Middle East and North Africa	20	14	6	70%
East Asia	5	5	0	100%
Western and Central Europe	42	11	31	26%
North America	2	0	2	0%
TOTAL	192	127	65	66%

Source: 2012 country progress reports (www.unaids.org/cpr).

Fig. 6.1

Domestic public and private resources available for HIV in low- and middle-income countries in current billions of US dollars, 2005–2011



Source: UNAIDS estimates.

WHO PAYS FOR THE AIDS RESPONSE?

Although domestic spending is growing in importance, donor contributions continue to play a critical role in funding the AIDS response, especially in low- and middle-income countries (Fig. 6.2).

Increasingly, many middle-income countries have assumed a greater role in funding their own national responses. South Africa, for example, increased domestic HIV spending five-fold from 2006 to 2009, while domestic HIV spending by Botswana more than doubled from 2006 to 2011. However, many upper-middle-income countries are still not fully assuming the responsibility of funding their AIDS response, with half of upper-middle-income countries allowing external donors to fund 50% or more of their HIV programmes for key populations at higher risk.

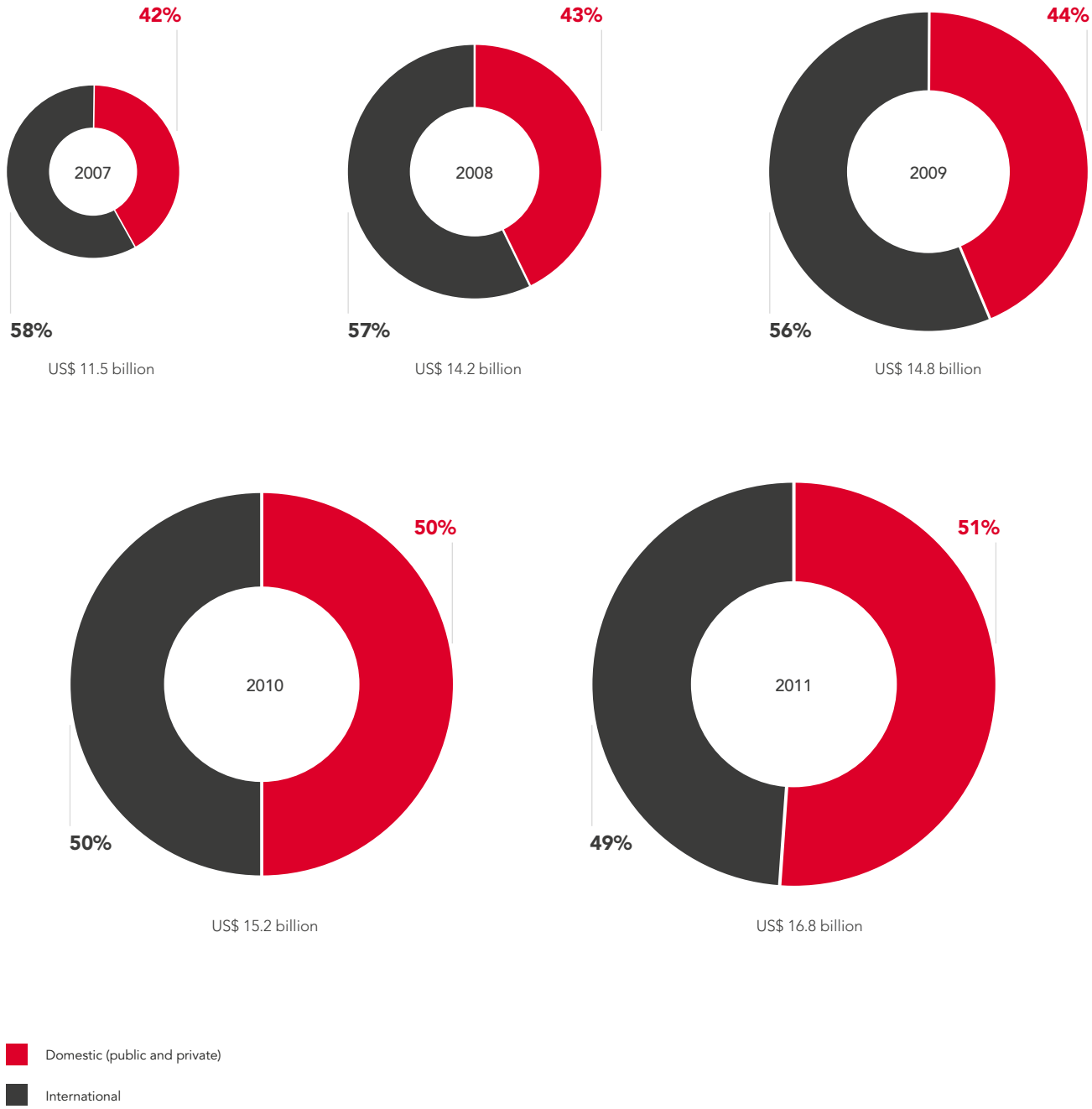
Zambia's domestic health budget for 2012 is 45% larger than in 2011, although total health expenditure remains short of the 15% share of the national budget for health agreed to in the Abuja Declaration *(1)*.

Some low-income countries have also taken important steps to increase domestic HIV investment: Kenya doubled its domestic HIV spending from 2008 to 2010, Togo doubled its domestic spending from 2007 to 2010 and Rwanda doubled its domestic HIV spending from 2006 to 2009.

Although domestic investment for HIV programmes has increased, many countries still rely heavily on international assistance. Overall, international sources provided 36% of the US$ 9.4 billion spent on HIV in the 107 low- and middle-income countries that reported on this in 2006-2011. Among these countries, 82 received more than 25% of their total spending from international sources, including 61 countries that received more than half their HIV funding from abroad and 38 countries that relied on international sources for 75% or more. Among 33 Sub-Saharan African countries with available data on international funding in the period 2009 to 2011, 26 received more than half of their HIV funding from international resources, including 19 countries that relied on external sources for 75% or more (Table 6.2).

Fig. 6.2

Resources available for HIV in low- and middle-income countries in billions of US dollars, 2007–2011



Source: UNAIDS estimates.

Table 6.2

Percentage of HIV funding coming from international sources, in low- and middle-income countries reporting, most recent year[a]

≥ 75%

Afghanistan 2011
Bangladesh 2011
Bolivia (Plurinational State of) 2011
Burkina Faso 2010
Burundi 2010
Cambodia 2009
Cape Verde 2011
Central African Republic 2011
Côte d'Ivoire 2009
Democratic Republic of the Congo 2010
Djibouti 2011
Fiji 2011
Ghana 2010
Guinea 2011
Guinea-Bissau 2010
Haiti 2011
Kenya 2010
Kiribati 2011
Lao People's Democratic Republic 2011
Liberia 2011
Malawi 2011
Mali 2010
Micronesia (Federated States of) 2011
Myanmar 2011
Nepal 2009
Niger 2011
Papua New Guinea 2010
Rwanda 2009
Sao Tome and Príncipe 2011
Sierra Leone 2009
Solomon Islands 2011
Sudan 2009
Tajikistan 2011
Tunisia 2011
Tuvalu 2011
Vanuatu 2011
Viet Nam 2010
Zimbabwe 2011

50–74%

Armenia 2011
Belarus 2011
Belize 2010
Benin 2010
Cameroon 2010
Chad 2011
Congo 2010
Georgia 2011
Indonesia 2010
Jamaica 2010
Kyrgyzstan 2011
Madagascar 2011
Mongolia 2011
Nicaragua 2010
Nigeria 2010
Pakistan 2010
Palau 2011
Republic of Moldova 2011
Saint Vincent and the Grenadines 2011
Suriname 2011
Swaziland 2009
Togo 2010
Yemen 2011

25–49%

Angola 2011
Antigua and Barbuda 2011
Azerbaijan 2011
Bulgaria 2011
Gabon 2011
Grenada 2011
Guatemala 2010
Honduras 2010
Jordan 2011
Lebanon 2011
Marshall Islands 2011
Mauritius 2010
Morocco 2011
Namibia 2010
Peru 2010
Philippines 2011
Samoa 2011
Sri Lanka 2010
The former Yugoslav Republic of Macedonia 2010
Ukraine 2010
Uzbekistan 2011

<25%

Algeria 2011
Argentina 2009
Botswana 2011
Brazil 2010
Chile 2010
China 2011
Colombia 2011
Costa Rica 2010
Cuba 2011
Democratic People's Republic of Korea 2011
Ecuador 2010
El Salvador 2010
Iran (Islamic Republic of) 2009
Kazakhstan 2011
Latvia 2011
Lithuania 2011
Malaysia 2011
Mexico 2009
Panama 2010
Romania 2011
Seychelles 2011
South Africa 2009
Syrian Arab Republic 2011
Thailand 2011
Venezuela (Bolivarian Republic of) 2011

[a] This table lists only countries that reported international contributions for 2009–2011. These figures exclude private funding for HIV, for which data is only available in a handful of countries.

Source: 2012 country progress reports (www.unaids.org/cpr).

Although the increase in domestic spending has helped to narrow the AIDS resource gap, robust and reliable donor support will remain crucial in achieving global AIDS goals. This is especially true for the low-income countries, which will likely remain dependent on donors in the near term. International funding is critical for low-income countries with a high prevalence of HIV infection, since such countries would have limited capacity to fully close gaps created by any future cutbacks in international support. Low-income countries with a high prevalence of HIV infection include Central African Republic, Kenya, Malawi, Mozambique, Uganda and Zimbabwe.

MAXIMIZING THE STRATEGIC USE OF FINITE RESOURCES

The investment approach[1] aims to promote the most strategic use of limited AIDS resources by allocating spending among six basic programmatic activities,[2] critical enablers for successful responses and initiatives that promote synergy with broader development sectors. The spending data of 100 countries reporting detailed spending on activities defined as people-centred basic programme activities show a need for more effort in funding services to eliminate new infections among children and prevention programmes for key populations at higher risk to reach more efficient investment on HIV by 2015 (Fig. 6.3). Investment clearly needs to be increased in all areas by 2015, with prevention programmes being particularly underfunded. The proportional spending needs to increase 2.9-fold for programmes for preventing children from acquiring HIV infection, 3-fold for voluntary medical male circumcision programmes and 4-fold for programmes for key populations at higher risk.

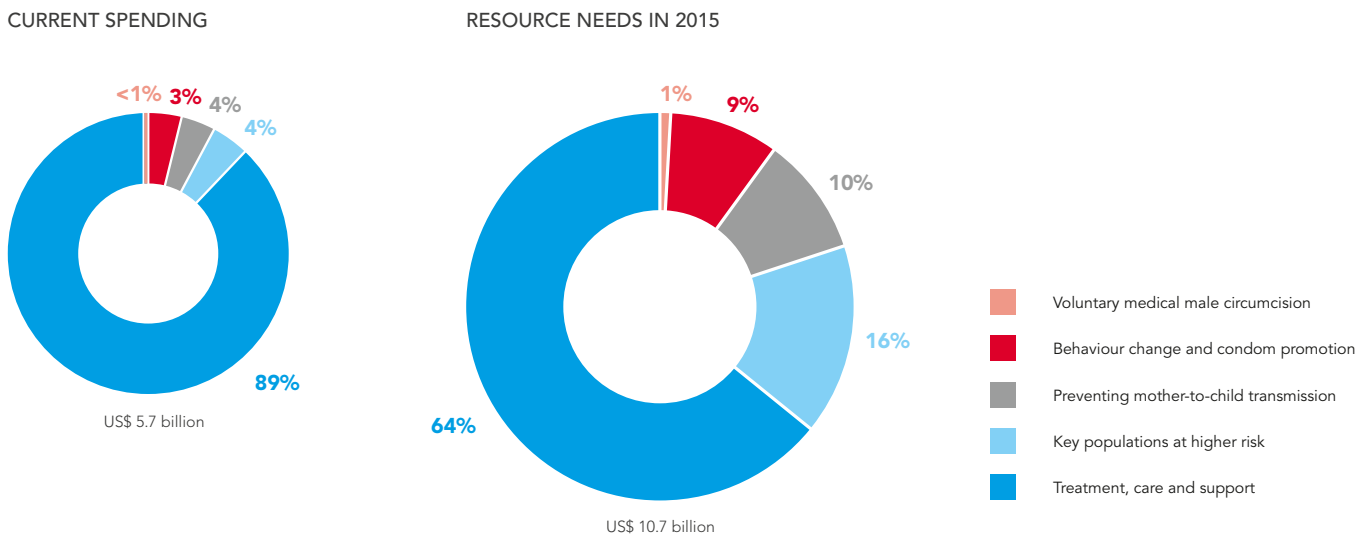
In 2012, UNAIDS is working with at least 49 countries to assess national spending priorities, with the aim of implementing more effective and efficient HIV programmes.

An important strategy for enhancing value for money is to maximize impact and cost-efficiency by focusing limited resources where the epidemic is most severe and on the populations in greatest need. The spending pattern differs between regions and countries according to their type of epidemic. In some settings, investing more strategically requires focusing a larger share of prevention spending on the general population.

[1] In 2012, UNAIDS set forth a new Investment Tool for a more strategic and effective AIDS response. Countries are advised to tailor this approach to national conditions *(2)*.
[2] Under the Investment Tool, basic programmatic activities include programmes for key populations at higher risk; eliminating new infections among children; behaviour change programmes; promoting and distributing condoms; treatment, care and support for people living with HIV; and voluntary medical male circumcision in countries with a high prevalence of HIV infection and low rates of circumcision.

Fig. 6.3

Proportional spending on people-centered basic programme activities in 100 low- and middle-income countries: current versus 2015 projection according to the Investment Tool

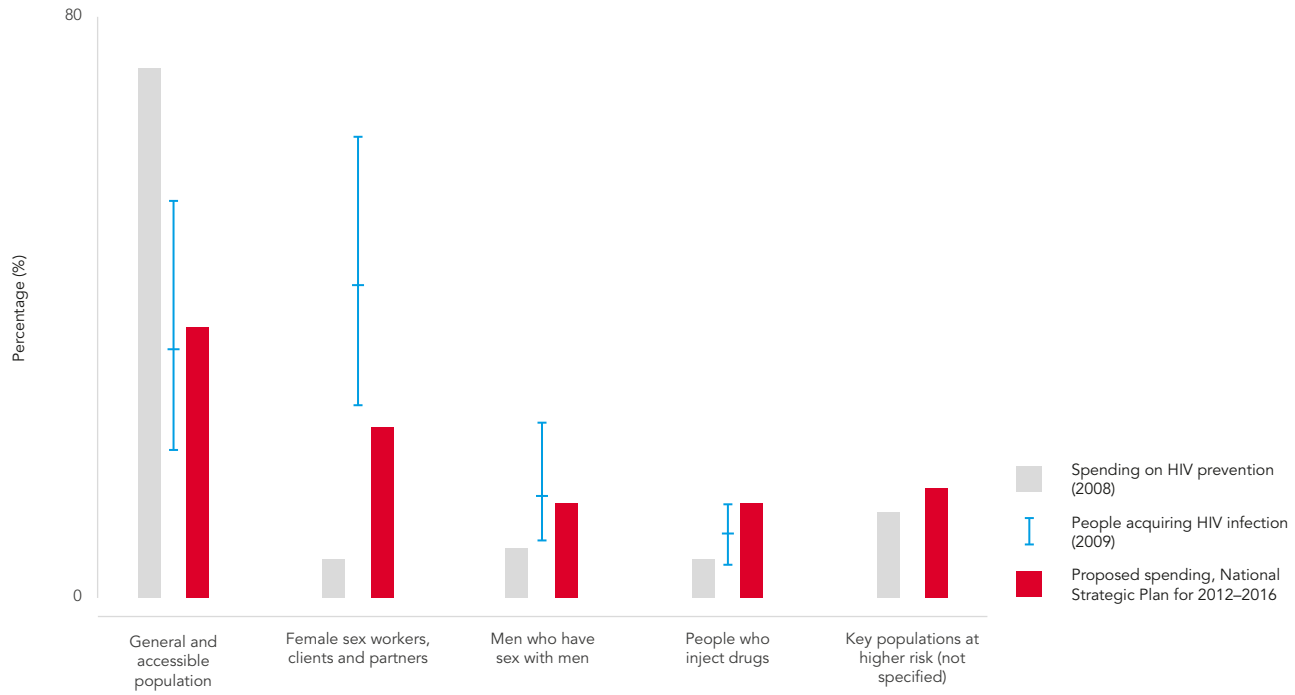


Sources: 2012 country progress reports (www.unaids.org/cpr) and Schwartländer B et al. Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet*, 2011, 377:2031–2041.

In other countries, the focus needs to be on the key populations that represent the largest share of the people newly infected. Morocco has used strategic information to optimize the allocation of resources. The distribution of the people newly infected with HIV according to the mode of transmission was compared with recent spending patterns to focus future prevention planning (Fig. 6.4). The modes of transmission analysis indicated that the main factors in the HIV epidemic in Morocco are unprotected paid sex, sex between men and the sharing of contaminated drug-injecting equipment. The comparison to spending patterns showed that HIV prevention spending in 2008 did not match the distribution of people newly infected with HIV in Morocco. As a result, projected resource needs for future prevention interventions were revised. The 2012–2016 National Strategic Plan for Morocco now proposes to allocate 63% of AIDS resources towards prevention among key populations at higher risk, up from about 25% according to the 2008 spending assessment.

Fig. 6.4

Reallocation of resources to programmes for key populations at higher risk of HIV infection in Morocco



Source: *HIV modes of transmission in Morocco*. Rabat, Morocco Ministry of Health, National STI/HIV Programme, 2010.

CLOSING THE RESOURCE GAP: MOVING FORWARD TO 2015

Multiple avenues will need to be pursued if the world is to reach the target of mobilizing US$ 22 billion to US$ 24 billion annually for the AIDS response. Countries should ensure that HIV spending is focused on effective investment and should take steps to further increase their domestic spending, including developing innovative and sustainable AIDS funding sources. Efforts must be intensified to improve the efficiency of AIDS spending through such means as capturing productivity gains, further reducing the costs of antiretroviral medicines, integrating services and improving service delivery. Economic growth in low- and middle-income countries can help expand the fiscal space for HIV investment, and further efforts are needed to cultivate emerging economies as international AIDS donors. In the context of shared responsibility and global solidarity, current international donors must also remain engaged in closing the resource gap for countries in need. Only by applying the investment approach and working within a framework of shared responsibility will countries reach their 2015 goal.

7 GENDER AND THE HIV RESPONSE

In the 2011 Political Declaration on HIV and AIDS, countries pledged to eliminate gender inequalities and gender-based abuse and violence and to increase the capacity of women and girls to protect themselves from HIV. Efforts to accelerate progress towards this goal continue to be undermined by inadequate resources for initiatives to address the epidemic's gender dimensions as well as the persistence of gender-based violence. However, experiences from diverse settings provide inspiration and guidance, demonstrating the feasibility of the aspiration to end gender inequalities, combat gender-based violence and link women and girls to the services they need.

GENDER INEQUALITY DRIVES THE HIV EPIDEMIC

HIV continues to profoundly affect women and girls across all regions. For example, in sub-Saharan Africa, the region most severely affected by HIV, women represent 58% of the people living with HIV and bear the greatest burden of care.

The lower socioeconomic and political status women are assigned, including unequal access to education and employment, and fear or experience of violence compound women's greater physiological vulnerability to HIV. Because of social and economic power imbalances between men and women and the associated limitations in access to services, many women and girls have little capacity to negotiate sex, insist on condom use or otherwise take steps to protect themselves from HIV.

Gender norms also increase men's vulnerability to HIV, encouraging high-risk behaviour and deterring them from seeking sexual health services or acknowledging their lack of knowledge about HIV *(1)*. In addition, stigma and discrimination against transgender people render them highly vulnerable to HIV and impede their access to HIV service and secure livelihoods.

ENSURING EQUITABLE ACCESS TO SERVICES

Although the growing availability of HIV testing and prevention services in antenatal settings offers women an entry point to HIV services, overall access to HIV services remains insufficient for pregnant women living with HIV and their male partners. Whereas 57% of pregnant women living with HIV in low- and

middle-income countries received antiretroviral prophylaxis in 2011, only 30% of pregnant women who need antiretroviral therapy for their own health obtain this life-saving treatment.

UNAIDS-led participatory assessments *(2)* of gender-related barriers to services to prevent infants from becoming newly infected with HIV underscore the negative effect of gender inequality. Female study participants cited their lack of decision-making power, lack of access to resources, fear of violence and abandonment and cultural attitudes towards sex, pregnancy and HIV as significant barriers to services.

Outside the realm of motherhood, women and girls face similar barriers to HIV prevention and testing services. Throughout their life cycle, women face harmful gender norms that increase their vulnerability to HIV; indeed, they are often blamed for contracting HIV and face stigma and discrimination because of perceived immorality *(3)*.

Similarly, gender norms of masculinity discourage men from seeking help and admitting ill health *(4)*. Men have consistently lower rates of HIV testing than do women, lower CD4 counts when accessing treatment and poorer adherence. As a result, men have higher mortality rates *(5)*. Men's disproportionately poorer access to antiretroviral therapy has been documented across southern Africa *(6)* and in numerous countries, including Kenya *(7)*, Malawi *(8)*, South Africa *(9)* and Zambia *(10)*.

ADDRESSING GENDER INEQUALITY THROUGH HIV POLICIES

Nearly all countries now include women-focused initiatives in their national AIDS strategies (Fig. 7.1). However, country reports show varied understanding of what it means to "include women" in national AIDS responses, suggesting that current approaches may be only partial, inadequately rights-based and inadequately focused on the meaningful involvement of women and girls. Many fewer countries actually budget for specific HIV-related activities for women and girls than the number that target women in their national strategies.

In 2011 (Fig. 7.2), only one third of countries had brought female condom programming to scale nationally, and a similar proportion were integrating HIV and sexual and reproductive health services. Only about 1 in 10 countries effectively engage men and boys in the AIDS response at the national level. Even though the Convention on the Elimination of All Forms of Discrimination against Women is the key global accountability mechanism for women's rights, few countries involve women living with HIV in national reporting.

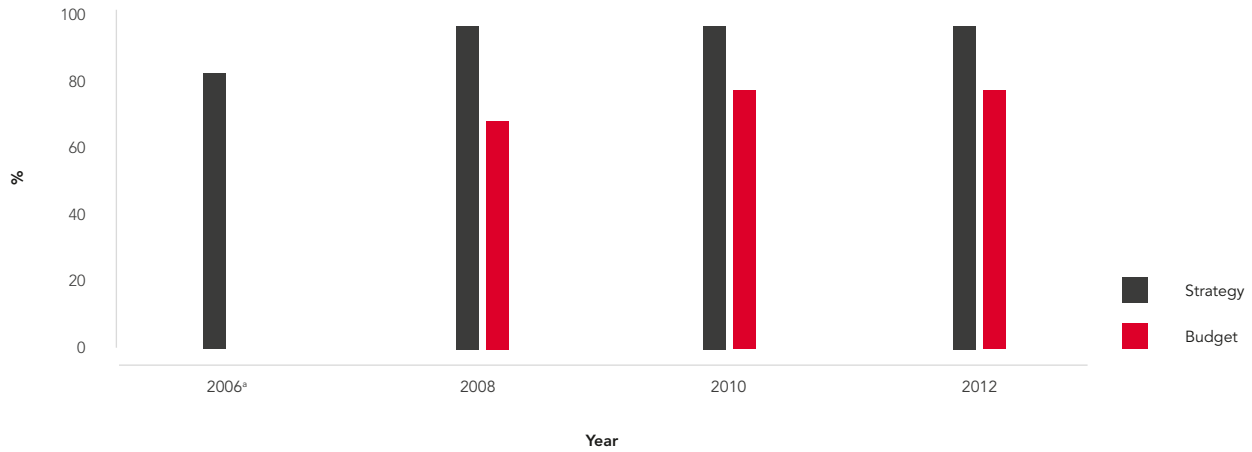
10%

MEN AND BOYS

Only 10% of countries are effectively engaging men and boys in their national AIDS response.

Fig. 7.1

Percentage of UNAIDS priority countries reporting that they include and budget for women in their HIV-related multisectoral strategies, 2006–2012

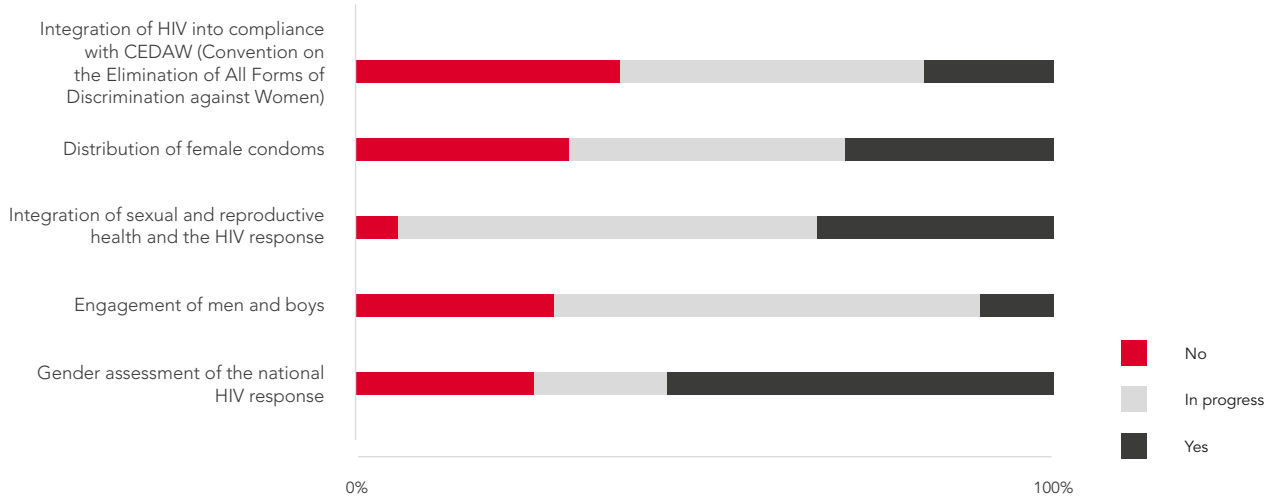


[a] No budget data are available for 2006.

Sources: data from the NCPI 2006–2012 (www.unaids.org/ncpi) for 21 countries reporting consistently in all four reporting rounds in 2006–2012.

Fig. 7.2

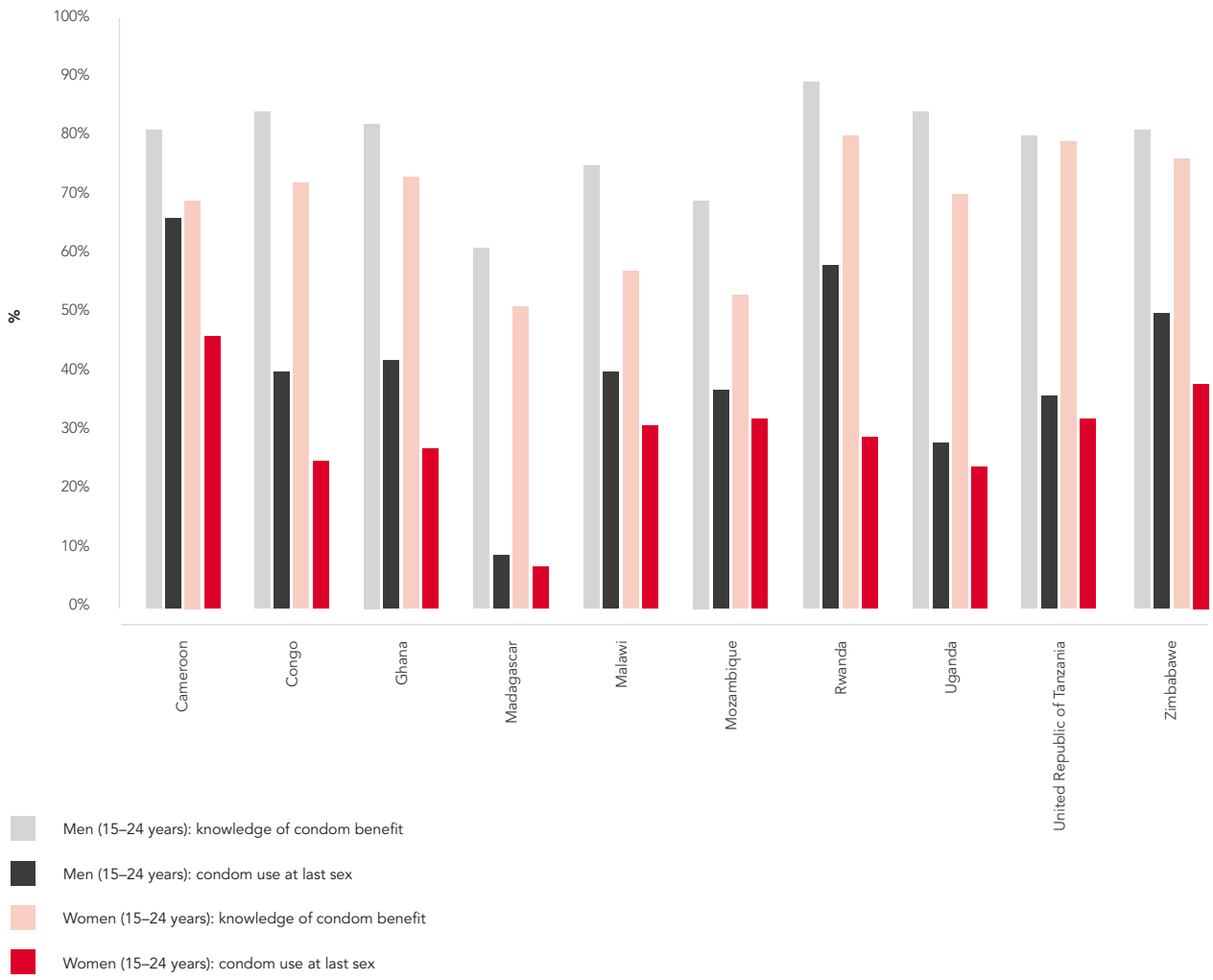
Selected markers from the UNAIDS gender scorecard responses in 2011: percentage of 94 countries at various levels of progress



Source: *Scorecard on gender equality in national HIV responses: documenting country achievement and the engagement of partners under the UNAIDS Agenda for Women, Girls, Gender Equality and HIV.* Geneva, UNAIDS, 2011.

Fig. 7.3

Knowledge about condoms and reported condom use at last sex among young men and women with more than one sexual partner in the past 12 months – selected countries in sub-Saharan Africa, latest available data



Source: Demographic and Health Surveys (www.measuredhs.com).

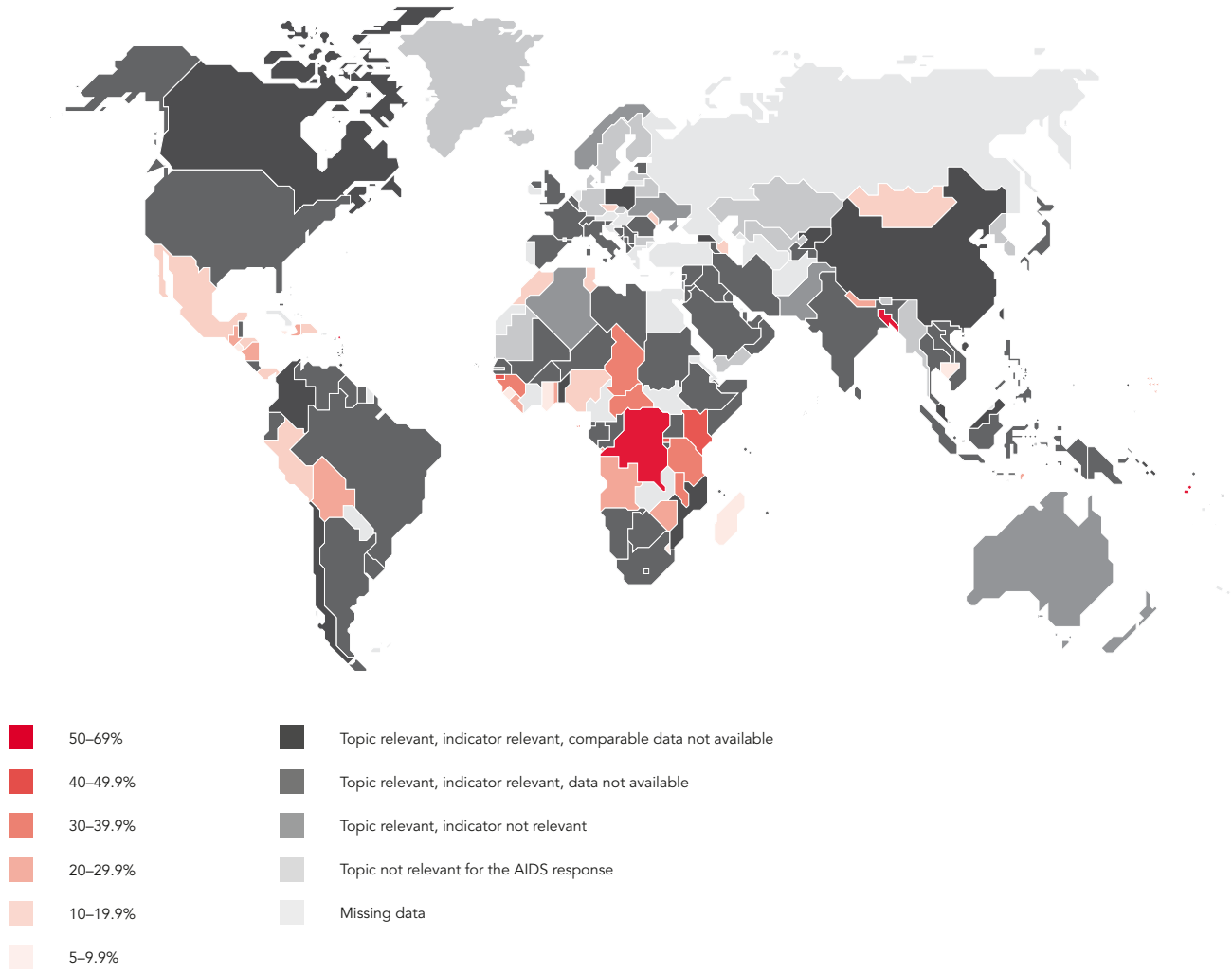
The failure to implement appropriate policies to address the needs and rights of women and girls undermines efforts to curb the spread of HIV. For example, in many countries, young women are consistently less likely than young men to know about the protective benefits of condoms or to report condom use during sexual intercourse (Fig. 7.3).

Sexual, physical and emotional abuse of women is among the most brutal manifestations of gender inequality. Gender-based violence is a global phenomenon, with reported national prevalence of intimate-partner violence in the past 12 months ranging from 5% to 69% among women in diverse countries studied (Fig. 7.4). In Swaziland *(11)* and the United Republic of Tanzania *(12)*, nearly 1 in 3 girls and women aged 13–24 years reported experiencing at least one incident of sexual violence before age 18.

In addition to violating women's human rights, gender-based violence is both a cause and effect of HIV transmission. Fear of violence undermines the capacity of women and girls to negotiate safer sex, and the experience of violence is associated with

Fig. 7.4

Prevalence of intimate-partner violence in the past 12 months for countries with reported data and for countries without data if they reported the indicator as being relevant or not

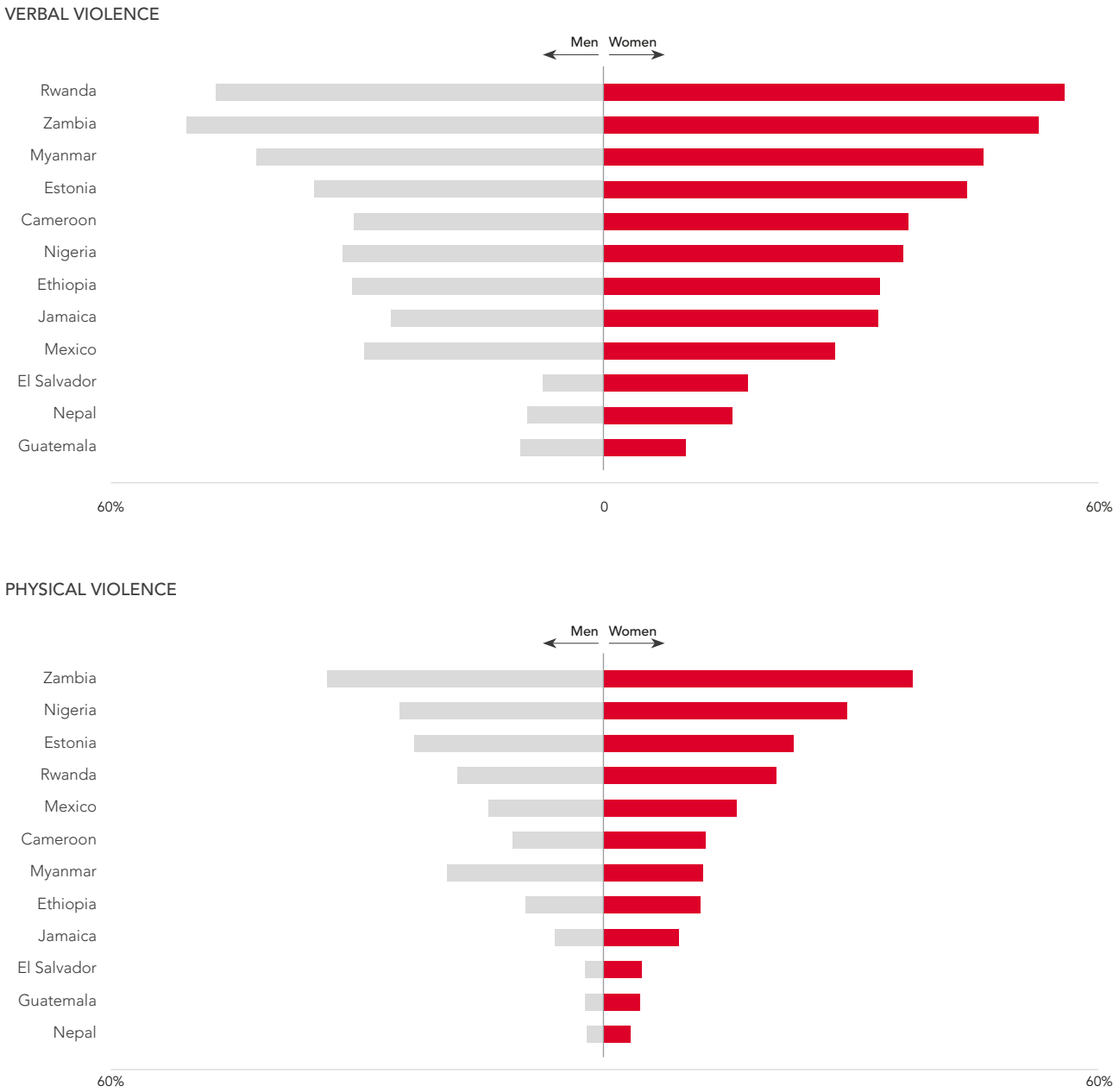


Source: 2012 country progress reports (www.unaids.org/cpr).

increased sexual risk behaviour in later years *(13)*. According to surveys through the People Living with HIV Stigma Index, women living with HIV are more frequent targets of verbal abuse and physical violence than men living with HIV and also report higher levels of shame and suicidal thoughts (Fig. 7.5).

Fig. 7.5

Percentage of men and women living with HIV experiencing verbal and physical violence, countries with available sex-disaggregated data



Sources: surveys conducted using the People Living with HIV Stigma Index to be published at www.stigmaindex.org.

ADDRESSING THE HIV-RELATED NEEDS OF TRANSGENDER PEOPLE

43%
TRANSGENDER POLICIES

Only 43% of countries report that their national AIDS strategies address transgender people.

The estimated 15 million transgender people around the globe *(14)* have a disproportionate risk of acquiring HIV infection, with HIV prevalence as high as 68% *(14,15)* and considerable vulnerability to gender-based violence. Transgender people confront high rates of stigma and discrimination by engaging in a gender expression that differs from their birth-assigned sex. Their vulnerability is further exacerbated by inadequate access to information, services and economic opportunities. As a result, transgender people often rely on sex work as their only source of income and survival, with involvement in sex work by up to 44% of transgender people *(16,17)*.

Although recognition is growing of the epidemic's severity among transgender people and organization is increasing within transgender communities to advocate for their rights, transgender people remain severely underserved in the AIDS response. Prevention programmes rarely address the specific vulnerability of transgender people. As a result, transgender people remain largely invisible in the AIDS response: in 2012, only 43% of countries reported that their national AIDS strategies address transgender people. Forty per cent of countries report that government provides less than 25% of their transgender programmes and services *(18,19)*.

BUILDING ON PROVEN SUCCESSES: THE WAY FORWARD

Although the barriers posed by gender inequalities are severe and often daunting, these socially constructed impediments can be influenced by well-designed initiatives that aim to alter harmful gender norms. For example, in Malawi, where the HIV prevalence among women 15–24 years old is more than twice that of their male peers, the Coalition of Women Living with HIV/AIDS has used an evidence-informed approach to challenge prevailing gender norms through effective communication. Participants' condom uptake had increased, gender-based violence declined and the number of men having multiple, concurrent partnerships had fallen. Broader community engagement also helped to alleviate HIV-related stigma and discrimination, as reflected in an increase in the number of people publicly disclosing their HIV status and a growth in support group participation *(20)*.

Building on such successes, countries should empower women and girls in all their diversity, including women living with HIV, as leaders to catalyse essential cultural shifts towards gender equality and access to quality services. Adequate funding to address the epidemic's gender dimensions is an essential element of the response. Countries should engage men and boys to promote healthy gender norms and adapt

HIV programmes to ensure that they reach all those in need, including marginalized groups such as transgender people. Efforts to combat gender-based violence, which enhance women's access to integrated HIV and sexual and reproductive health services, should be strengthened. In addition, the economic empowerment of women, including steps to ensure women's full enjoyment of property and inheritance rights and pursuing other promising strategies such as conditional cash transfers to encourage school attendance and access to school-based information and support, are also critical elements of an effective HIV response and broader sustainable development as a whole.

8 STIGMA, DISCRIMINATION AND THE LAW

Although much has been accomplished in addressing stigma, discrimination and punitive approaches since HIV infection first emerged, much work still remains to achieve the vision of zero discrimination by 2015. Eliminating stigma and discrimination will require laws and policies that ensure the full realization of all human rights in the context of HIV as well as programmatic responses that empower people living with HIV and help forge social norms of tolerance, solidarity and non-discrimination.

Fear, ignorance and discrimination regarding HIV continue to exact profound human costs, including in the worst forms – abusive treatment and violence. Negative attitudes and beliefs within communities can also increase internalized self-stigma, including guilt, shame and alienation felt by people living with HIV. According to data collected through the People Living with HIV Stigma Index,[1] more than half (52%) of people living with HIV in Zambia report having been verbally abused as a result of their HIV status (Table 8.1), and 1 in 5 people living with HIV in Nigeria and Ethiopia reported feeling suicidal.

The persistence of stigma and discrimination also undermines efforts to deliver essential HIV prevention and treatment services. In Nigeria, more than 1 in 5 (21%) people living with HIV say they have been denied health services as a result of their HIV infection. According to a nine-country study by the International Labour Organization and the Global Network of People Living with HIV, the percentage of people living with HIV who reported discriminatory attitudes among employers and co-workers ranged from 8% in Estonia to 54% in Malaysia *(1)*.

Highly marginalized and/or criminalized populations, including men who have sex with men, transgender people, people who use drugs and sex workers, face even higher levels of stigma and discrimination, including those relating to HIV (Fig. 8.1). In July 2012, the UNDP-led Global Commission on HIV and the Law, an independent body comprising health, social, legal and political leaders from around the world, detailed the close link between criminalized status, high levels of stigma (due to HIV and other status) and the inability to access and remain engaged in HIV services *(2)*.

[1] The People Living with HIV Stigma Index is a qualitative research tool developed by and for people living with HIV. More than 40 countries have already reported data under the index, with surveys undertaken from 2008 to 2011. See www.stigmaindex.org. Sampling methods differ between countries, and caution should be taken in comparing results from different countries.

Table 8.1

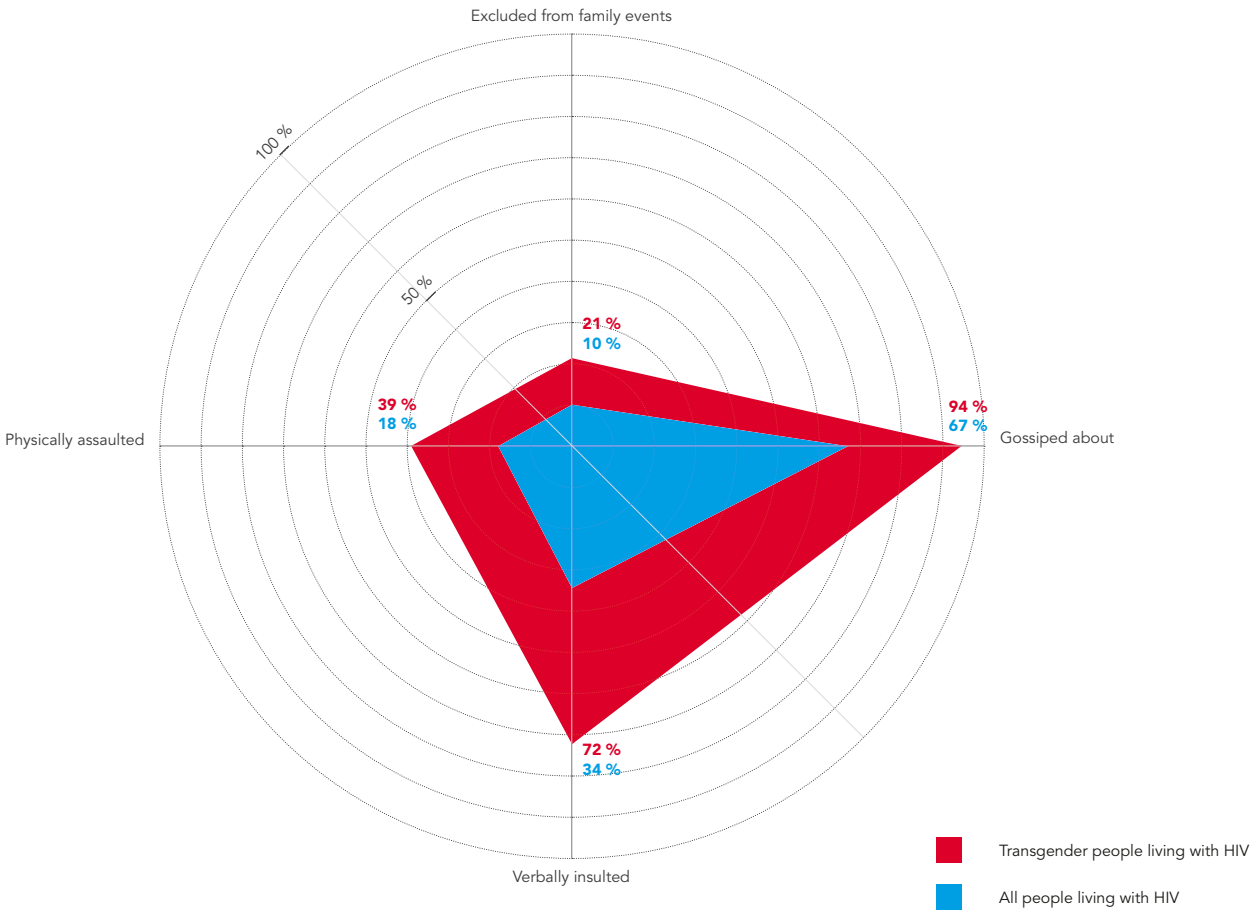
Results of surveys using the People Living with HIV Stigma Index, selected countries, 2008–2011

	Experiencing stigma in family and community (%)		Experiencing violence (%)		Stigma and discrimination in the workplace (%)		Internalized stigma (%)		Access to health care (%)	
	Excluded from family events	Gossiped about	Verbally insulted	Physically assaulted	Employment opportunity refused	Loss of job or income	Feel ashamed	Feel suicidal	Denied health services including dental care	Denied sexual and reproductive health services
Argentina	12	57	34	18	13	21	28	14	16	5
Cameroon	13	51	35	12	7	23	35	5	13	5
El Salvador	10	48	31	7	8	19	…	17	8	4
Estonia	7	63	39	24	…	29	42	10	8	2
Ethiopia	26	69	32	11	24	42	46	20	7	6
Guatemala	4	19	10	3	3	18	42	14	6	6
Jamaica	10	55	30	8	…	17	…	…	6	…
Kenya	30	79	56	31	…	41	42	16	…	…
Mexico	10	67	34	18	5	23	36	18	14	2
Myanmar	15	45	18	10	15	…	81	25	10	20
Nepal	6	36	12	3	8	12	49	15	7	2
Nigeria	34	54	35	28	…	29	63	20	21	8
Rwanda	22	42	53	20	37	65	22	14	8	13
Ukraine	7	59	42	15	….	…	37	8	…	8
Zambia	28	75	52	24	…	37	37	14	8	10

Sources: surveys conducted using the People Living with HIV Stigma Index to be published at www.stigmaindex.org.

Fig. 8.1

Level of stigma and discrimination experienced by transgender people living with HIV in Mexico



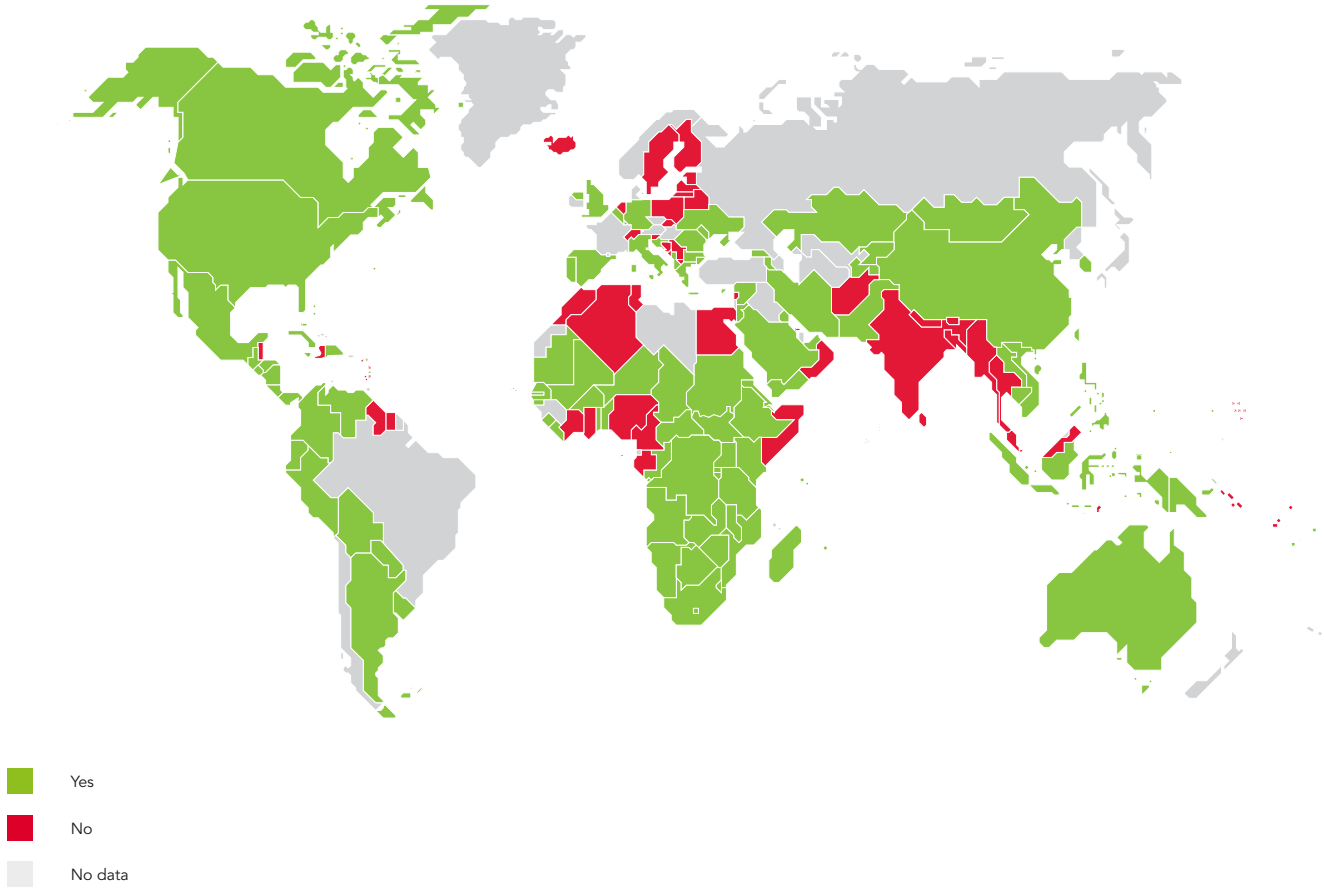
Source: data collected using the People Living with HIV Stigma Index in Mexico in 2011.

LAWS CAN PROTECT PEOPLE LIVING WITH HIV

In 2012, 61% of countries reported the existence of anti-discrimination laws that protect people living with HIV (Fig. 8.2) *(3)*. Thus, in the epidemic's fourth decade, nearly 4 in 10 countries worldwide still lack any specific legal provisions to prevent or address HIV-related discrimination.

Fig. 8.2

Countries reporting non-discrimination laws or regulations that specify protections for people living with HIV, 2012, nongovernmental sources



Source: 2012 NCPI country reporting, nongovernmental sources (www.unaids.org/ncpi).

Even when such laws exist, they often provide little meaningful protection. For example, although an HIV anti-discrimination law is in place in Ukraine, no regulations have been approved to implement the law and subject violators to penalties. According to surveys in more than 40 countries through the People Living with HIV Stigma Index, few people who have experienced HIV-related discrimination know where or how to seek legal redress.

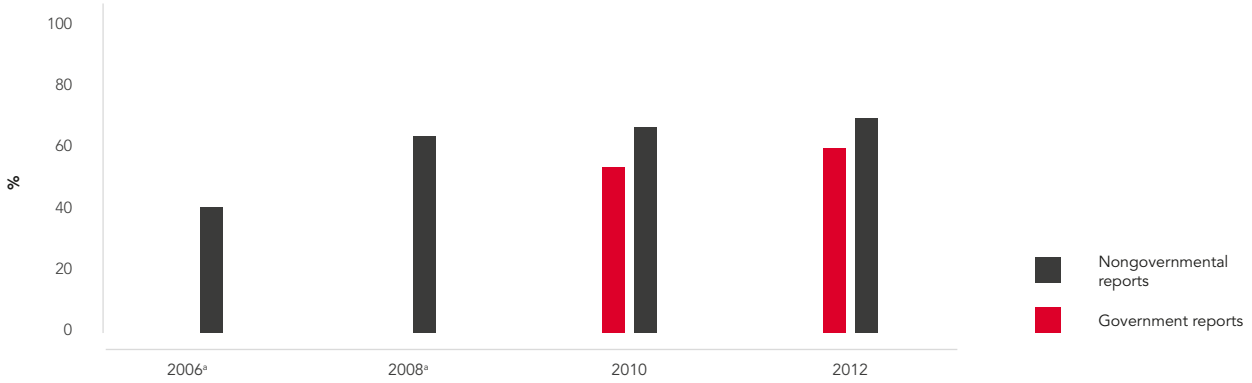
Some gains have been made in expanding access to justice for people living with HIV. The proportion of countries reporting the existence of HIV-related legal services has increased from 45% in 2008 to 55% in 2012, and the share of countries reporting to have trained judges and magistrates on HIV and discrimination rose from 46% to 57%. In 2012, 59% of countries indicated that mechanisms were in place to address cases of HIV-related discrimination, although coverage typically remains low *(3)*.

LAWS PUNISHING PEOPLE LIVING WITH HIV AND KEY POPULATIONS AT HIGHER RISK

Little progress has been made in reforming laws that discriminate against people living with HIV and other key populations at higher risk. In 2012, nongovernmental informants in 70% of countries and national governments in 60% reported the existence of laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups (Fig. 8.3). Although these figures are clearly cause for concern, they are promising in another respect, since acknowledging the existence of such laws is a critical first step towards reforming them.

Fig. 8.3

Percentage of countries reporting having laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations at higher risk and vulnerable groups, 82 countries reporting consistently for 2006–2012



[a] Governments were not asked this question in 2006 and 2008, and there are therefore no data for this.

Source: 2012 NCPI country reporting (www.unaids.org/ncpi).

As of 2012, about 60 countries have adopted laws that specifically criminalize HIV transmission, with some 600 convictions reported in 24 countries *(2,4)*. According to a 2012 global review, more than 40% of United Nations Member States (78 of 193 countries) criminalize same-sex relations, with some jurisdictions permitting imposition of the death penalty for convictions under such laws *(5)*. Similarly, a 2011 review *(6)* found that punitive policies pertaining to drug use – including criminalization of those dependent on drugs, compulsory drug detention or prohibiting syringe and needle programmes and other harm-reduction measures – undermine efforts to deliver life-saving HIV services for people who use drugs. Laws deeming some aspect of sex work to be illegal are in place in the majority of countries and are often used to justify harassment, extortion and violence against sex workers by police and clients, which places them at increased risk of HIV infection *(7)*. By contrast, some countries have reformed laws to decriminalize key populations at higher risk: for instance, Portugal decriminalized drug possession and use in 2000, and New Zealand adopted the Prostitution Reform Act 2003 that decriminalized sex work. Elsewhere, pragmatic arrangements have been made with police to ensure that law enforcement does not act as an obstacle to HIV prevention and treatment. Such programmes are reported, among others, in Australia, India, Indonesia, Papua New Guinea and Thailand *(8)*.

60

COUNTRIES CRIMINALIZE

In 2012, about 60 countries had laws criminalizing HIV transmission.

The urgent, evidence-informed recommendations of the Global Commission on HIV and the Law call on governments to review their legal frameworks and, as needed, repeal or reform laws to support a human rights–based AIDS response. The Global Commission recommended that countries prohibit HIV-related discrimination; refrain from explicitly criminalizing HIV exposure, non-disclosure or transmission; protect women and children in the context of HIV; use the law to ensure access to treatment; and take steps to remove punitive or discriminatory laws and policies regarding key populations at higher risk and vulnerable groups, including people who use drugs, sex workers, men who have sex with men, transgender people, prisoners and migrants *(2)*.

Particular stigma frequently affects refugees, who are often erroneously accused of increasing HIV-related risks for local communities. In reality, refugees frequently migrate from areas with lower HIV prevalence *(9)*, and experience demonstrates that access to information, goods and services within refugee camps improves knowledge and attitudes regarding safer sex (*10)*. In yet another sign of stigma and discrimination, asylum-seekers are sometimes required to undergo mandatory HIV testing to be granted refugee status.

PROGRAMMATIC EFFORTS ADDRESS STIGMA AND DISCRIMINATION

Specific programmatic initiatives are needed to accelerate progress towards the elimination of stigma and discrimination. In 2012, 81% of countries report having programmes in place to reduce stigma and discrimination as part of their national AIDS response *(3)*.

62%

In Round 10 of Global Fund grants, 62% included activities to address stigma and human rights, up from 13% in Round 8.

There are some signs that these efforts are showing results. In Lesotho, where instances of HIV-related stigma and discrimination have declined, more than 80% of the population reported in 2009 that they would be willing to care for a person living with HIV, would accept teachers living with HIV in the classroom or would buy fresh fruits and vegetables from a vendor living with HIV – a sharp increase over the 50–55% who responded favourably to the same questions in 2006 *(3)*. Haiti reports that a community-based stigma reduction campaign was associated with a significant increase in the number of people accessing testing for HIV and tuberculosis *(3)*. In the United States, the Patient Protection and Affordable Care Act also prohibits discriminatory private insurance practices against people living with HIV *(3)*.

People living with HIV are leading the way in combating HIV stigma and discrimination in many parts of the world. In a case brought by three women living with HIV who had been sterilized without their informed consent, the High Court of Namibia issued a ruling in July 2012 requiring medical practitioners to obtain informed consent before performing such a procedure *(3)*. A woman living with HIV in Vanuatu has travelled throughout the country to challenge the stigmatizing perceptions of communities, church groups and other stakeholders *(3)*.

Although programmatic gains have been made in addressing stigma and discrimination, more must be done. The percentage of Global Fund grants that include activities addressing stigma and human rights rose from 13% in Round 8 to 62% in Round 10, although such activities are frequently not integrated into grant work plans, budgets and performance frameworks *(11)*. However, a Global Fund review in July 2012 *(12)* found "only feeble advances in improvement of the human rights environment as concerns disease outcomes".

MOVING FORWARD TOWARDS 2015

The persistence of stigma, discrimination and punitive laws underscores the need for greatly expanded action to ground AIDS responses in human rights. Countries should take steps to better understand and address the factors that contribute to vulnerability to HIV and impede service access; take steps to measure and reduce stigma and discrimination; initiate legal reform as well as pragmatic steps to enforce protective laws and improve access to justice; and work to ensure a safe and dignified space to permit people living with HIV to lead the work against stigma and discrimination. The Positive Health, Dignity and Prevention policy framework provides a structure for this approach that places the voices, leadership and health of people living with HIV at the heart of any effective response to HIV *(13)*.

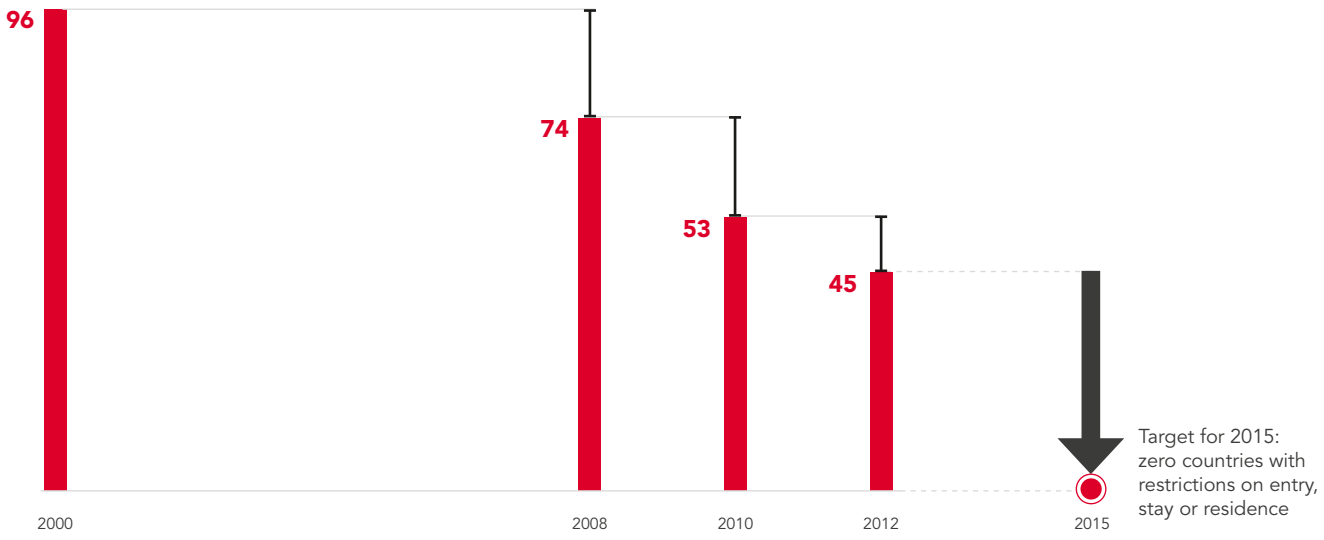
9 ELIMINATING RESTRICTIONS ON ENTRY, STAY AND RESIDENCE

There are encouraging signs that governments are rethinking their outdated and discriminatory HIV-related restrictions on entry, stay and residence, although countries need to accelerate progress to reach the goal of eliminating such restrictions by 2015.

Most of these restrictions were imposed in the early years of the epidemic, when little was understood about HIV prevention and effective HIV treatment did not exist. In 2012, governments increasingly recognize that these restrictions make no sense in a world in which HIV exists in every country, people living with HIV are living long and productive lives and equal freedom of movement is not only a human right but essential in a globalized world. Of note is the decline in the number of countries, territories and areas with HIV-related travel restrictions from 96 in 2000 to 45 in 2012 (Fig. 9.1).

Fig. 9.1

Number of countries with restrictions on entry, stay and residence for people living with HIV, 2000–2012 and 2015 target



Sources: for 2000: Weissner P, Haerry D. Entry and residency restrictions for people living with HIV. *International Task Team on HIV-related Travel Restrictions, First Meeting, 24–25 February 2008, Geneva, Switzerland* ; for 2008, 2010 and 2012: UNAIDS database on HIV-related restrictions on entry, stay and residence.

Since 2010, Armenia, China, Fiji, Namibia, the Republic of Korea, the Republic of Moldova, Ukraine and the United States of America have repealed such restrictions, bringing their national laws into accordance with recommended international norms. Countries that have removed these restrictions have reported no negative effects, either in terms of costs or public health *(1)*.

The nature and severity of HIV-related restrictions on entry, stay and residence vary. Five countries (Brunei Darussalam, Oman, Sudan, United Arab Emirates and Yemen) maintain a blanket ban on entry by people living with HIV. Five other countries (Egypt, Iraq, Qatar, Singapore and Turks and Caicos Islands) require individuals wishing to stay for short periods (10–90 days) to demonstrate that they are HIV-negative. Laws in 20 countries provide for deporting individuals discovered to be living with HIV (Fig. 9.2). Where such restrictions continue to exist, other forms of HIV stigma and discrimination are usually common, including among nationals living with HIV.

20

COUNTRIES DEPORT

Laws in 20 countries provide for deporting individuals discovered to be living with HIV.

HIV-related restrictions on entry, stay and residence impose severe burdens on people living with HIV and their households. The effects of such restrictions are most severe for migrant workers, who play an increasingly prominent role in the global economy and in development. From 2005 to 2010, the number of international migrants rose from 191 million to 214 million *(2)*.

The negative consequences of HIV-related restrictions for migrant workers are vividly reflected by experience in the Gulf States, an important destination for millions of migrant workers. The six members of the Gulf Cooperation Council – Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates – all mandatorily test people seeking to come to the Gulf countries to work and require them to be periodically tested to renew visas. Those who become HIV-positive while working in the Gulf are often quarantined, summarily deported, denied appropriate health care and ostracized upon returning to their home countries. The effects of such discriminatory treatment include mental trauma, stress and loss of income and opportunity. Migrants' HIV-positive test results are shared with all approved by the medical centres in the Gulf Cooperation Council, with such workers categorized as "permanently unfit" to enter any Gulf Cooperation Council country in the future, further denying opportunities *(3)*.

Over time, HIV-related restrictions on entry, stay and residence have clearly become not only discriminatory, lacking in scientific basis, but also counterproductive for business. "HIV-related travel restrictions not only hurt individuals, they hurt businesses," reports Chip Bergh, CEO of Levi Strauss & Co., a leading international apparel manufacturer. "In today's competitive landscape, where global business travel is essential, we need to be able to send our talent and skills where they are needed."

MOVING TOWARDS 2015

Swifter progress will be required to remove all HIV-related restrictions on entry, stay and residence by 2015. National coalitions or task forces can help to educate decision-makers and lay the groundwork for national action to remove such restrictions. Government officials, especially in health ministries, have an important role in showing how such restrictions do not protect public health and are irrational in today's world. Labour ministries also have a role to play in ensuring that discriminatory practices against labour migrants are halted. As businesses increasingly recognize the potential damage these restrictions pose to international business, the private sector constitutes a potentially powerful voice for eliminating them. Instead of such restrictions, sufficient HIV information and services for HIV prevention and treatment should be ensured for all those entering and leaving each country – nationals and non-nationals alike.

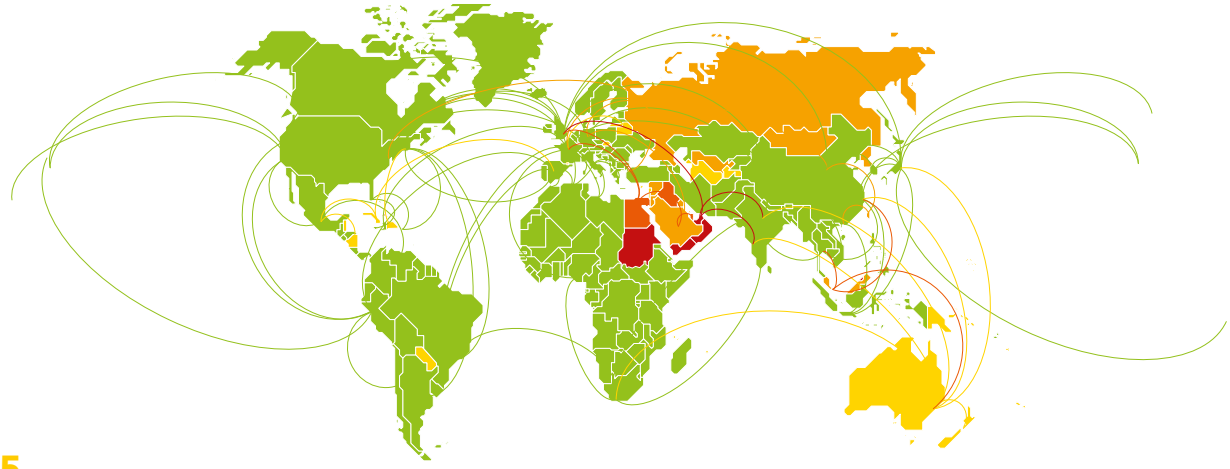
Fig. 9.2

Countries with HIV-related restrictions on entry, stay and residence in 2012

132 countries, territories and areas have no HIV-specific restriction on entry, stay and residence:

Albania
Antigua and Barbuda
Argentina
Armenia
Austria
Azerbaijan
Bangladesh
Barbados
Belgium
Benin
Bosnia and Herzegovina
Botswana
Brazil
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Canada
Central African Republic
Chad
Chile
China
China, Hong Kong Special Administrative Region
Colombia
Congo
Costa Rica
Democratic Republic of the Congo
Côte d'Ivoire
Croatia
Czech Republic
Denmark
Djibouti
Dominica
Ecuador
El Salvador
Estonia
Ethiopia
Finland
Fiji
France
Gabon
Gambia
Georgia
Ghana
Greece
Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Holy See
Hungary
Iceland
India
Indonesia
Iran (Islamic Republic of)
Ireland
Italy
Jamaica
Japan
Kazakhstan
Kenya
Kosovo[a]
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libya
Liechtenstein
Luxembourg
Madagascar
Malawi
Maldives
Mali
Malta
Mauritania
Mexico
Micronesia (Federated States of)
Monaco
Montenegro
Morocco
Mozambique
Myanmar
Namibia
Nepal
Netherlands
Nigeria
Norway
Pakistan
Panama
Peru
Philippines
Poland
Portugal
Republic of Korea
Republic of Moldova
Romania
Rwanda
San Marino
Senegal
Serbia
Sierra Leone
Slovenia
Somalia
South Africa
Spain
Sri Lanka
Saint Kitts and Nevis
Saint Lucia
Swaziland
Sweden
Switzerland
United Republic of Tanzania
Thailand
The former Yugoslav Republic of Macedonia
Togo
Trinidad and Tobago
Tunisia
Turkey
Uganda
Ukraine
United Kingdom
United States of America
Uruguay
Vanuatu
Venezuela (Bolivarian Republic of)
Viet Nam
Zambia
Zimbabwe

[a] In accordance with United Nations Security Council resolution 1244 (1999).



45

countries, territories, and areas impose some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status:

Andorra
Aruba
Australia
Bahrain
Belarus
Belize
Brunei Darussalam
China, Province of Taiwan
Comoros
Cuba
Cyprus
Democratic People's Republic of Korea
Dominican Republic
Egypt
Iraq
Israel
Jordan
Kuwait
Lebanon
Lithuania
Malaysia
Marshall Islands
Mauritius
Mongolia
New Zealand
Nicaragua
Oman
Papua New Guinea
Paraguay
Qatar
Russian Federation
Samoa
Saudi Arabia
Singapore
Slovakia
Solomon Islands
Sudan
Syrian Arab Republic
Tajikistan
Tonga
Turkmenistan
Turks and Caicos Islands
United Arab Emirates
Uzbekistan
Yemen

20

countries deport individuals once their HIV-positive status is discovered:

Bahrain
Brunei Darussalam
China, Province of Taiwan
Democratic People's Republic of Korea
Egypt
Iraq
Jordan
Kuwait
Malaysia
Mongolia
Oman
Qatar
Russian Federation
Saudi Arabia
Singapore
Sudan
Syrian Arab Republic
United Arab Emirates
Uzbekistan
Yemen

5

countries require that a person be able to show they are HIV negative to be allowed to stay for even short periods (10 to 90 days):

Egypt
Iraq
Qatar
Singapore
Turks and Caicos Islands

5

countries have a complete bar on the entry and stay of people living with HIV:

Brunei Darussalam
Oman
Sudan
United Arab Emirates
Yemen

Source: UNAIDS database on HIV-related restrictions on entry, stay and residence.

10 INTEGRATION

With the aim of taking AIDS out of isolation, the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS *(1)* calls for eliminating parallel systems for HIV-related services, broader health systems strengthening and integrating the AIDS response in global health and development efforts. A more integrated approach will strengthen the reach and impact of the AIDS response, leverage HIV-related gains to generate broader health and development advances and enhance the long-term sustainability of the AIDS response.

The AIDS movement has a tradition of leadership emerging from marginalized groups and refuses to accept that cutting-edge medicine is reserved for high-income countries and is therefore at the forefront of health and development efforts determined to shape a new world *(2)*.

As the reach of AIDS programmes has expanded, so too have opportunities to integrate HIV into broader health efforts, and the resulting systems are proving greater than the sum of their parts. The number of health facilities with integrated HIV and TB screening, diagnosis and treatment has rapidly increased since 2005, with especially noteworthy progress in sub-Saharan Africa, the region with the highest prevalence of HIV, TB and HIV and TB coinfection *(3)*. According to a recent programme evaluation of 16 community clinics and a district hospital in rural Swaziland, integrating TB case-finding into routine HIV care delivery is both operationally feasible and effective *(4)*. In 2012, South Africa launched an integrated five-year strategy addressing HIV, TB and sexually transmitted infections.

Services to prevent children from acquiring HIV infection have been integrated into maternal and child health services in all 22 priority countries of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. A review of 10 studies in diverse countries found that integrating provider-initiated HIV testing and counselling into antenatal settings increased testing levels by 10–66%, with testing uptake of at least 85% found in 8 studies *(5)*. However, such gains are threatened in settings with limited access to facility-based antenatal care or weak systems for commodity forecasting, procurement and supply chain management.

HIV is also being integrated into sexual and reproductive health services in countries all over sub-Saharan Africa. For example, Tanzania, Malawi, Botswana, Burkina Faso and Zimbabwe have recently completed rapid assessment to inform their strategies and to determine priorities for their national plans towards the

scale-up and intensification of integration. Kenya is evaluating a national strategy that, beginning in 2002, integrated HIV counselling and testing into family planning services. Measuring the effectiveness and impact of these links has been hindered by the lack of standard indicators, prompting a group of experts from national governments, donors, United Nations agencies and civil society to identify a set of relevant indicators.

As access to antiretroviral therapy expands and survival improves for people living with HIV, HIV care and treatment programmes are increasingly focusing on managing chronic disease. In Ethiopia *(6)*, lessons learned in the AIDS response are now informing clinical management of diabetes; two Médicins Sans Frontières clinics in Cambodia *(6)* have combined services for HIV, diabetes and hypertension; FHI360 has added services for noncommunicable diseases to existing HIV programmes in Kenya *(6)*; and South Africa *(6)* has embarked on an integrated testing campaign focused on HIV, high blood pressure and diabetes *(7)*. The September 2011 United Nations High-Level Meeting on Non-communicable Diseases renewed global efforts in tacking these growing challenges; arising from the Summit, UNAIDS and WHO have agreed to accelerate collaboration in integrating HIV and noncommunicable disease programmes.

Opportunities to multiply beneficial outcomes through joint approaches with AIDS initiatives exist across the range of social and economic development programmes. A recent review by the World Bank of more than 120 cash transfer programmes in sub-Saharan Africa *(8)* demonstrated that some types of social protection investment addressing economic and social vulnerabilities of those in greatest need are already reaching households with orphans and vulnerable children and high rates of dependence, providing opportunities for the most vulnerable HIV-affected households to leverage resources, mitigating the impact of the epidemic.

An estimated 10% of the world's population is living with disabilities *(9)*. Although there are few data on the prevalence of HIV infection among people with disabilities, studies on hearing-impaired populations suggest a prevalence equal to or higher than that of the rest of the community *(10)*. In 2012, 41% of countries reported that their multisectoral AIDS strategy included integrated efforts to address people with disabilities *(7,11)*.

Given the particular effects of HIV on marginalized and often criminalized populations, criminal justice and law enforcement programming is a clear candidate for more integrated efforts. One-time training sessions for police are giving way to an integrated approach, in which HIV becomes a permanent part of curricula and in-service training for uniformed services in several countries. For example, harm reduction began to be integrated into the training of the Royal Malaysian Police in 2009, and HIV training has been integrated at all levels of police in Nepal.

71

COUNTRIES INTEGRATE DISABILITIES

In 2012, 71 countries reported multisectoral AIDS strategies that integrate efforts to address people with disabilities.

The Thai sex worker organization SWING partnered with the National Police Cadet Academy of Thailand in an effort to overcome a pattern of persistent violence and abuse male sex workers felt they were subjected to by police officers. Four years of an annual training programme created a core of police cadets on which sex workers and SWING have continued to be able to draw, with positive changes in the attitudes of police officers noted and new avenues of redress available in cases of harassment *(12)*.

MOVING FORWARD TOWARDS 2015: TAKING AIDS OUT OF ISOLATION

Maximizing synergy and integrating HIV responses into wider health and development efforts are critical to the effectiveness and sustainability of the response. The many programmatic opportunities for integration now require a more systematic evidence base that refines the current understanding of where, when and how programmes should optimally be placed and the circumstances in which positive synergy between programmes can be realized. Indicators for integrated approaches – and the integration of existing monitoring systems in different sectoral platforms – need to be developed, allowing regular reporting to track progress in integration.

Box 10.1. Improving integration and increasing the involvement of men in reproductive, maternal, child and newborn health services

The involvement of men in the health of their families, whether as fathers or sexual partners, is now acknowledged to have beneficial effects *(13–15)*. Providing services jointly to partners, instead of separate individuals, is associated with behaviour change to protect the uninfected partner and can significantly reduce the risk of HIV transmission *(15)*. Many countries are therefore experimenting with various strategies to strengthen opportunities for engaging men within service delivery *(16,17)*.

Efforts are being made in numerous situations to integrate services for men into reproductive, maternal, newborn and child health services. Increasing the number of male health personnel providing HIV services, offering men's services in parallel with reproductive, maternal, newborn and child health services and providing services for couples are all examples of innovative and promising initiatives.

Studies in Rwanda and Zambia *(18,19)* have shown that the engagement of men was associated with a two thirds reduction in the number of people newly infected with HIV. Where couples counselling is offered, it must be sensitive to the needs of the women who may be deterred by the "requirement" that their husbands or partners attend with them. Similarly, programmes need to be sensitive to the fact that some pregnant women may not have partners.

In an effort to improve HIV services for men while expanding services to prevent mother-to-child transmission, Rwanda has developed a family package of support. The integrated package of services is in accordance with national strategies to prevent children from acquiring HIV infection but also emphasizes the participation of men and encourages male partners to participate in HIV counselling and testing. Elements of the campaign include:

- promoting HIV counselling and testing for couples as a national strategy;
- mobilizing communities with local authorities and community health-care workers;
- building the capacity of health care personnel on HIV counselling and testing for couples;
- organizing weekend HIV counselling and testing sessions for partners who are not available on weekdays; and
- introducing invitation letters for male partners.

The family package approach has been credited with a dramatic increase in couple testing, from a national average of 33% of male partners being tested in 2005 to 78% in 2008. The number of couples tested through the programme for preventing mother-to-child transmission increased from 58 700 in 2005 to 229 200 in 2008. Within the programme, HIV testing coverage increased from 10% of the total number of expected pregnant women in 2002 to 50% in 2005 and 75% in 2008. The prevalence of HIV among pregnant women and their male partners also declined: from 9.1% in 2003 to 3.0% in 2008 among pregnant women and from 10.2% in 2003 to 3.1% in 2008 among male partners *(20)*.

A study of 456 pregnant women living with HIV and 140 partners in Kenya *(21)* showed that the women with a male partner attending at antenatal care had a 45% lower combined risk of the infant acquiring HIV infection or dying among compared with those with no male partner attending.

Box 10.2. Pink Ribbon Red Ribbon

Pink Ribbon Red Ribbon is an innovative global health public private partnership that builds on the lessons and experiences gained in the AIDS response to combat cervical cancer and breast cancer in countries in sub-Saharan Africa and Latin America. Led by the George W. Bush Institute, UNAIDS, the United States President's Emergency Plan for AIDS Relief and Susan G. Komen for the Cure, Pink Ribbon Red Ribbon is working to expand the availability of vital cervical cancer screening and treatment – especially for women living with HIV at high risk – and to promote breast cancer education.

Pink Ribbon Red Ribbon uses the scaling up of HIV prevention and treatment as a platform to provide additional life-saving prevention and treatment services to women, including human papillomavirus prevention and cervical cancer screening and treatment. Human papillomavirus coinfection is common among people living with HIV, in part because HIV and human papillomavirus share a set of risk factors and both are transmitted sexually. Infections with high-risk strains of human papillomavirus, when undetected and untreated, are the leading cause of cervical cancer in women and penile and anal cancer in men. The prevalence of human papillomavirus is often higher among people living with HIV *(22)*.

Launched in September 2011, Pink Ribbon Red Ribbon has already making significant progress. Using the convening power and leadership of UNAIDS to ensure high-level commitment to achieving the goals of Pink Ribbon Red Ribbon in project countries, UNAIDS country offices have worked closely with the Governments of Botswana and Zambia to develop strategies for integrating cervical cancer screening into HIV services. Efforts to provide high-level advocacy and communication strategies linking HIV responses with cervical and breast cancer have generated calls to include preventing cervical cancer in the next Rwanda National Strategic Plan on HIV and AIDS (2013–2017) and to include cervical cancer in the Botswana National Operational Plan on HIV 2012–2016. As a part of the focus on mobilizing women living with HIV to become involved in planning and programme reviews, the United Nations Joint Team in Rwanda is advocating for including civil society organizations, especially women's organizations, in national plans on HIV and cervical cancer.

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ANNEXES

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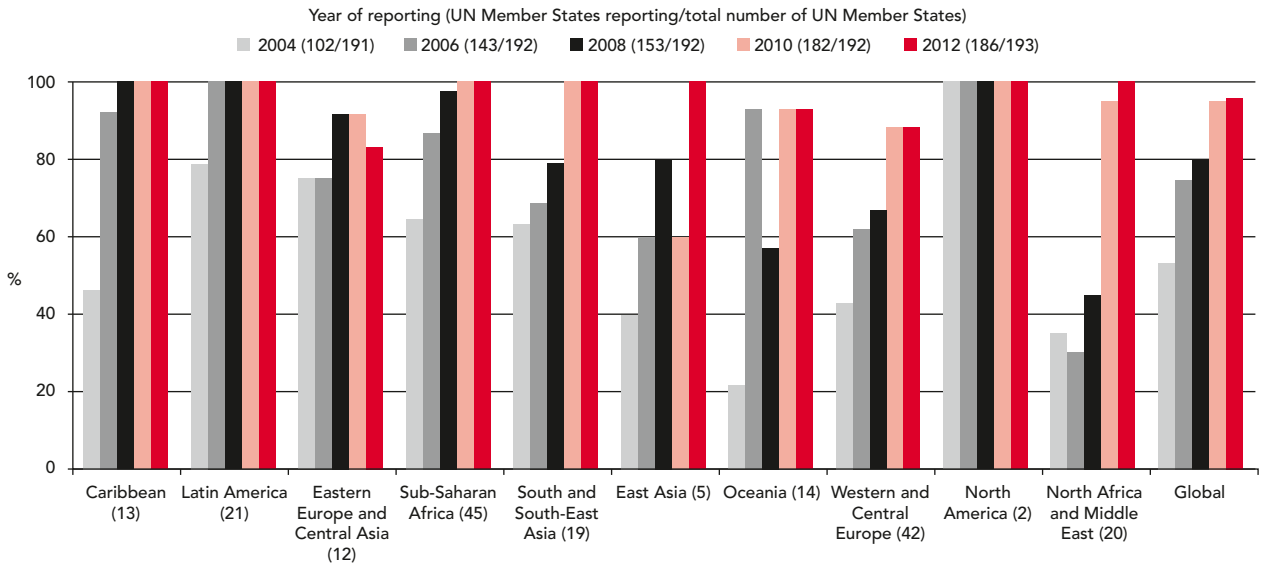
ANNEXES

MONITORING PROGRESS IN NATIONAL RESPONSES TO HIV

In June 2011 at the High Level Meeting on AIDS, the UN Member States unanimously endorsed the 2011 **Political Declaration on HIV/AIDS** and its new targets for 2015. The new declaration builds on the decade of progress that started in the UN General Assembly Special Session on AIDS in 2001, and the declaration of commitment that had set targets for 2010. Aiming to halt and reverse the spread of HIV and AIDS by 2015 , the declaration has evolved to **ten specific targets** that help countries to measure their progress, as well as to prioritize their interventions depending on their epidemic.

UNAIDS and its constituents reviewed the previous global AIDS indicator set and proposed a revised set, which was then mapped against the targets from the 2011 Political Declaration. The indicators were published in October 2011 in the **Global AIDS Response Progress Reporting Guidelines**. Full definitions of the indicators are also available in the **Indicator Registry**.

Reporting rates by region



Source: Country Progress Reports 2012.

While countries have been building their systems to monitor the AIDS response, there is clear evidence of those investments starting to pay back. Both the number of countries reporting on AIDS as well as the quality of reports and data have increased dramatically. Response rates have increased from 102 (53%) Member States in 2004 to a record 186 (96%) in 2012 (see graph for regional response rates and trends over time).

Besides the global and national capacity building efforts, one of the success factors has been the online reporting. This has enabled countries to provide the data at their convenience, sharing it with their constituents in advance in a consultative manner. In many countries the ease of consultation has increased the transparency of the process, enabled greater participation of the civil society, and reduced the need for shadow reports.

The online reporting has also enabled greater collaboration between global agencies, inclusion of alternative/additional indicators, and harmonization of reporting processes which used to be separate (Universal Access, Dublin Declaration). This has been appreciated by the member states. In a post-reporting survey 74% of the responding countries found this useful.

To promote the use of the data UNAIDS has made it all publicly accessible through **AIDSinfo**. The database contains the latest country reported data and epidemiological estimates on HIV and AIDS, and allows tracking progress against the targets. The tables, maps and graphs help the countries to assess their data, as well as to communicate with ease how they are contributing to the global targets. The data annexes presented in this report reflect the current data in AIDSinfo at the time of the launch of the report.

Further information on country progress in the AIDS response can be found in the narrative **Country Progress Reports** and in the **National Commitments and Policies Instrument Reports**.

All data has been reported by the member states, except where mentioned otherwise. Comparisons over time and between different countries are recommended for epidemiological indicators, ART and PMTCT programme coverage indicators, and for indicators derived from representative surveys. For other types of data, comparisons should be done with caution, given the possibility of differences in methodology and representativeness of data for different years and countries.

ESTIMATED HIV PREVALENCE ADULT (AGES 15-49)

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Bahamas	3.50	3.30	3.60	2.80	2.60	3.00
Barbados	0.80	0.60	1.00	0.90	0.70	1.10
Cuba	<0.1	<0.1	<0.1	0.20	0.20	0.20
Dominican Republic	1.00	0.90	1.20	0.70	0.60	0.80
Haiti	2.60	2.20	3.00	1.80	1.50	2.10
Jamaica	2.40	1.90	3.00	1.80	1.40	2.30
Trinidad and Tobago	1.30	1.20	1.40	1.50	1.40	1.60
EAST ASIA						
China	…	…	…	<0.1	<0.1	0.10
Japan	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Korea Rep	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Mongolia	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
EASTERN EUROPE AND CENTRAL ASIA						
Armenia	0.20	<0.1	0.70	0.20	0.10	0.40
Azerbaijan	<0.1	<0.1	0.10	0.10	0.10	0.10
Belarus	<0.1	<0.1	0.20	0.40	0.30	0.60
Georgia	<0.1	<0.1	0.10	0.20	0.10	0.30
Kazakhstan	<0.1	<0.1	0.10	0.20	0.20	0.20
Kyrgyzstan	<0.1	<0.1	<0.1	0.40	0.30	0.60
Republic of Moldova	0.40	0.30	0.50	0.50	0.40	0.60
Russian Federation	…	0.50	0.80	…	0.80	1.40
Tajikistan	0.20	<0.1	0.40	0.30	0.20	0.40
Ukraine	0.80	0.60	1.10	0.80	0.60	1.00
LATIN AMERICA						
Argentina	0.30	0.30	0.40	0.40	0.30	0.50
Belize	2.30	1.40	3.70	2.30	2.00	2.60
Bolivia	0.50	0.30	0.70	0.30	0.10	0.50
Brazil	0.40	0.40	0.40	0.30	0.30	0.40
Chile	0.50	0.30	0.80	0.50	0.30	0.70
Colombia	0.50	0.30	0.80	0.50	0.30	0.80
Costa Rica	0.20	0.20	0.20	0.30	0.20	0.30
Ecuador	0.40	0.10	0.90	0.40	0.20	1.10
El Salvador	0.40	0.20	0.70	0.60	0.30	1.60
Guatemala	0.50	0.20	1.40	0.80	0.20	3.50
Guyana	1.90	1.30	2.70	1.10	0.80	1.50
Honduras	…	1.40	2.40	…	0.50	0.90
Mexico	0.20	0.20	0.20	0.20	0.20	0.30
Nicaragua	<0.1	<0.1	0.20	0.20	0.10	0.50
Panama	1.40	0.90	2.30	0.80	0.50	1.30
Paraguay	0.10	<0.1	0.30	0.30	0.10	0.80

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Peru	0.50	0.40	0.70	0.40	0.20	1.10
Suriname	2.70	1.80	3.90	1.00	0.70	1.50
Uruguay	0.60	0.30	2.00	0.60	0.20	2.00
Venezuela	0.40	0.20	1.00	0.50	0.30	1.30
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	<0.1	<0.1	…	0.10	0.10
Djibouti	2.70	2.20	3.20	1.40	1.10	2.00
Egypt	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Iran	0.10	0.10	0.10	0.20	0.10	0.20
Lebanon	<0.1	<0.1	0.10	0.10	0.10	0.10
Morocco	<0.1	<0.1	<0.1	0.20	0.10	0.20
Somalia	0.80	0.60	1.20	0.70	0.40	1.00
Sudan	0.50	0.40	0.70	0.40	0.30	0.50
Tunisia	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Yemen	0.10	<0.1	0.20	0.20	0.10	0.20
OCEANIA						
Australia	0.10	0.10	0.20	0.20	0.10	0.20
Fiji	<0.1	<0.1	<0.1	0.10	<0.1	0.10
New Zealand	<0.1	<0.1	<0.1	0.10	0.10	0.10
Papua New Guinea	0.80	0.60	1.10	0.70	0.60	0.80
SUB-SAHARAN AFRICA						
Angola	1.70	1.20	2.60	2.10	1.50	3.20
Benin	1.70	1.40	2.00	1.20	1.10	1.40
Botswana	27.00	25.70	28.40	23.40	22.30	24.60
Burkina Faso	2.10	1.80	2.60	1.10	1.00	1.50
Burundi	3.50	3.10	4.10	1.30	1.20	1.60
Cameroon	5.10	4.70	5.60	4.60	4.30	5.00
Cape Verde	1.00	0.70	1.40	1.00	0.70	1.40
Central African Republic	8.10	7.10	8.90	4.60	3.20	5.00
Chad	3.70	3.00	4.60	3.10	2.70	4.20
Comoros	<0.1	<0.1	<0.1	0.10	<0.1	0.10
Congo	3.80	3.30	4.40	3.30	2.90	3.70
Côte d'Ivoire	6.20	5.60	6.70	3.00	2.70	3.40
Equatorial Guinea	2.50	1.90	3.00	4.70	4.30	6.80
Eritrea	1.10	0.70	2.00	0.60	0.30	1.50
Ethiopia	3.60	3.30	3.90	1.40	1.30	1.60
Gabon	5.20	3.60	7.40	5.00	3.60	7.50
Gambia The	0.80	0.40	1.80	1.50	0.70	2.90
Ghana	2.20	1.90	2.50	1.50	1.30	1.70
Guinea	1.50	1.10	2.10	1.40	1.10	1.80
Guinea-Bissau	1.40	1.00	1.80	2.50	2.10	3.00

ESTIMATED HIV PREVALENCE ADULT (AGES 15-49)

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Kenya	8.50	8.20	8.80	6.20	5.90	6.30
Lesotho	23.40	22.40	24.50	23.30	22.50	24.30
Liberia	2.50	1.70	3.30	1.00	0.80	1.40
Madagascar	0.30	0.20	0.60	0.30	0.20	0.40
Malawi	13.80	12.80	14.70	10.00	9.50	10.60
Mali	1.60	1.30	2.00	1.10	0.80	1.50
Mauritania	0.60	0.40	1.20	1.10	0.60	2.00
Mauritius	0.90	0.60	1.30	1.00	0.70	1.40
Mozambique	9.70	8.70	11.00	11.30	10.00	12.70
Namibia	15.50	12.40	18.90	13.40	10.80	16.40
Niger	0.80	0.80	1.00	0.80	0.70	0.90
Nigeria	3.70	3.00	4.10	3.70	3.30	4.00
Rwanda	4.10	3.60	4.70	2.90	2.60	3.50
Sao Tome and Principe	0.90	0.70	1.20	1.00	0.60	1.40
Senegal	0.50	0.40	0.60	0.70	0.60	0.90
Sierra Leone	0.90	0.60	1.30	1.60	1.20	2.20
South Africa	15.90	15.10	16.80	17.30	16.60	18.10
South Sudan	…	…	…	3.10	2.10	4.20
Swaziland	22.20	20.80	23.50	26.00	24.80	27.20
Tanzania	7.20	6.80	7.70	5.80	5.40	6.20
Togo	4.10	3.10	5.10	3.40	2.70	4.30
Uganda	6.90	6.20	7.20	7.20	6.90	7.70
Zambia	14.40	13.50	15.40	12.50	11.70	13.80
Zimbabwe	25.00	23.80	26.00	14.90	14.30	15.70
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Bangladesh	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Bhutan	<0.1	<0.1	<0.1	0.30	0.20	0.60
Cambodia	1.20	0.90	1.60	0.60	0.50	0.90
Indonesia	<0.1	<0.1	<0.1	0.30	0.20	0.40
Lao PDR	0.10	<0.1	0.30	0.30	0.20	0.40
Malaysia	0.40	0.20	0.50	0.40	0.40	0.40
Maldives	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Myanmar	0.80	0.70	0.90	0.60	0.50	0.80
Nepal	0.40	0.20	0.70	0.30	0.20	0.70
Pakistan	<0.1	<0.1	<0.1	0.10	0.10	0.30
Philippines	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Singapore	0.10	<0.1	0.10	0.10	0.10	0.10
Sri Lanka	<0.1	<0.1	0.60	<0.1	<0.1	0.10
Thailand	1.70	1.70	1.70	1.20	1.10	1.20
Viet Nam	0.30	0.20	0.30	0.50	0.40	0.60

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Austria	0.10	<0.1	0.20	0.40	0.30	0.50
Belgium	0.20	0.10	0.20	0.30	0.30	0.40
Bulgaria	<0.1	<0.1	<0.1	0.10	0.10	0.10
Canada	0.30	0.20	0.30	0.30	0.30	0.40
Croatia	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Czech Republic	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Denmark	0.10	0.10	0.10	0.20	0.20	0.20
Estonia	0.60	0.50	0.80	1.30	1.10	1.60
Finland	<0.1	<0.1	<0.1	0.10	0.10	0.10
France	0.40	0.30	0.40	0.40	0.30	0.50
Germany	0.10	<0.1	0.10	0.10	0.10	0.20
Greece	0.10	0.10	0.20	0.20	0.10	0.20
Hungary	<0.1	<0.1	<0.1	0.10	<0.1	0.10
Iceland	0.20	0.20	0.30	0.30	0.20	0.30
Ireland	0.20	0.20	0.30	0.30	0.20	0.40
Israel	0.20	0.10	0.20	0.20	0.10	0.20
Italy	0.40	0.30	0.60	0.40	0.30	0.50
Latvia	0.40	0.30	0.50	0.70	0.50	1.00
Lithuania	<0.1	<0.1	<0.1	0.10	0.10	0.10
Luxembourg	0.30	0.20	0.30	0.30	0.20	0.40
Malta	<0.1	<0.1	0.10	0.10	0.10	0.10
Netherlands	0.20	0.20	0.30	0.20	0.20	0.40
Norway	0.10	0.10	0.20	0.10	0.10	0.20
Poland	0.10	<0.1	0.10	0.10	0.10	0.20
Portugal	0.60	0.40	0.80	0.70	0.60	1.00
Romania	0.10	<0.1	0.20	0.10	0.10	0.10
Serbia	<0.1	<0.1	0.10	0.10	<0.1	0.10
Slovakia	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Slovenia	<0.1	<0.1	<0.1	0.10	<0.1	0.10
Spain	0.50	0.40	0.50	0.40	0.40	0.50
Sweden	0.20	0.10	0.20	0.20	0.10	0.20
Switzerland	0.30	0.30	0.40	0.40	0.30	0.50
Turkey	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
United Kingdom	0.20	0.10	0.20	0.30	0.20	0.30
United States of America	0.60	0.50	0.80	0.60	0.50	1.00

PEOPLE LIVING WITH HIV

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Bahamas	6 500	6 100	6 900	6 500	6 000	7 000
Barbados	1 200	<1000	1 500	1 400	1 100	1 700
Cuba	3 600	3 000	4 700	14 000	12 000	16 000
Dominican Republic	52 000	43 000	59 000	44 000	37 000	50 000
Haiti	130 000	110 000	150 000	120 000	96 000	130 000
Jamaica	36 000	29 000	46 000	30 000	24 000	39 000
Trinidad and Tobago	11 000	9 900	12 000	13 000	12 000	15 000
EAST ASIA						
China	…	…	…	780 000	620 000	940 000
Japan	6 200	5 000	7 700	7 900	6 100	10 000
Korea Rep	7 200	5 400	8 800	15 000	12 000	19 000
Mongolia	<100	<100	<100	<1000	<1000	<1000
EASTERN EUROPE AND CENTRAL ASIA						
Armenia	3 500	1 500	12 000	3 600	2 100	7 000
Azerbaijan	3 000	1 700	5 300	6 700	5 000	8 800
Belarus	4 900	2 200	10 000	20 000	15 000	30 000
Georgia	1 100	<500	2 800	4 900	2 300	7 800
Kazakhstan	9 200	7 100	12 000	19 000	17 000	23 000
Kyrgyzstan	<1000	<500	1 300	12 000	8 700	19 000
Republic of Moldova	11 000	9 400	14 000	15 000	12 000	17 000
Russian Federation	…	510 000	790 000	…	730 000	1 300 000
Tajikistan	5 400	1 300	14 000	11 000	7 600	15 000
Ukraine	250 000	190 000	330 000	230 000	180 000	310 000
LATIN AMERICA						
Argentina	66 000	51 000	82 000	95 000	79 000	120 000
Belize	3 400	2 000	5 400	4 600	4 000	5 300
Bolivia	26 000	18 000	39 000	17 000	8 800	30 000
Brazil	450 000	400 000	510 000	490 000	430 000	570 000
Chile	42 000	28 000	70 000	51 000	34 000	73 000
Colombia	130 000	83 000	190 000	150 000	90 000	240 000
Costa Rica	5 000	3 800	5 900	8 800	7 200	10 000
Ecuador	32 000	8 700	74 000	35 000	19 000	84 000
El Salvador	12 000	6 300	22 000	24 000	12 000	59 000
Guatemala	28 000	7 900	78 000	65 000	19 000	280 000
Guyana	8 900	6 100	12 000	6 200	5 600	7 000
Honduras	64 000	50 000	86 000	33 000	25 000	45 000
Mexico	140 000	130 000	160 000	180 000	160 000	200 000
Nicaragua	2 200	1 200	8 600	7 600	3 300	19 000
Panama	25 000	17 000	41 000	18 000	12 000	29 000
Paraguay	4 400	2 800	8 400	13 000	5 700	32 000

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	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Peru	79 000	56 000	110 000	74 000	38 000	200 000
Suriname	7 900	5 400	12 000	3 400	2 400	5 400
Uruguay	11 000	5 100	33 000	12 000	6 000	33 000
Venezuela	58 000	26 000	150 000	99 000	51 000	230 000
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	5 000	9 100	…	13 000	28 000
Djibouti	12 000	9 700	15 000	9 200	7 100	12 000
Egypt	9 100	4 000	22 000	9 500	5 600	18 000
Iran	56 000	48 000	65 000	96 000	80 000	120 000
Lebanon	1 500	<1000	2 700	2 900	1 900	4 000
Morocco	12 000	8 200	15 000	32 000	21 000	46 000
Somalia	34 000	24 000	49 000	35 000	23 000	52 000
Sudan	69 000	53 000	87 000	69 000	56 000	84 000
Tunisia	<1000	<500	<1000	1 700	1 500	1 900
Yemen	10 000	7 000	15 000	22 000	19 000	25 000
OCEANIA						
Australia	13 000	11 000	16 000	22 000	18 000	27 000
Fiji	<100	<100	<100	<500	<200	<500
New Zealand	1 600	1 400	2 000	2 600	2 200	3 400
Papua New Guinea	24 000	17 000	33 000	28 000	24 000	33 000
SUB-SAHARAN AFRICA						
Angola	130 000	92 000	200 000	230 000	160 000	340 000
Benin	66 000	52 000	79 000	64 000	56 000	73 000
Botswana	270 000	250 000	290 000	300 000	280 000	310 000
Burkina Faso	150 000	130 000	190 000	120 000	100 000	150 000
Burundi	130 000	120 000	150 000	80 000	72 000	93 000
Cameroon	450 000	410 000	500 000	550 000	510 000	600 000
Cape Verde	2 700	1 900	3 800	3 300	2 400	4 700
Central African Republic	170 000	140 000	190 000	130 000	100 000	130 000
Chad	170 000	140 000	220 000	210 000	180 000	280 000
Comoros	<100	<100	<100	<500	<500	<500
Congo	74 000	65 000	85 000	83 000	74 000	92 000
Côte d'Ivoire	560 000	510 000	620 000	360 000	320 000	400 000
Equatorial Guinea	7 900	5 900	10 000	20 000	17 000	29 000
Eritrea	23 000	14 000	45 000	23 000	13 000	52 000
Ethiopia	1 300 000	1 200 000	1 400 000	790 000	720 000	870 000
Gabon	35 000	24 000	49 000	46 000	34 000	67 000
Gambia The	5 700	2 500	12 000	14 000	7 300	28 000
Ghana	250 000	210 000	280 000	230 000	200 000	260 000
Guinea	72 000	50 000	100 000	85 000	68 000	100 000
Guinea-Bissau	9 800	7 100	13 000	24 000	20 000	28 000

PEOPLE LIVING WITH HIV

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Kenya	1 600 000	1 500 000	1 700 000	1 600 000	1 500 000	1 700 000
Lesotho	250 000	240 000	270 000	320 000	300 000	340 000
Liberia	39 000	25 000	52 000	25 000	21 000	32 000
Madagascar	22 000	16 000	56 000	34 000	26 000	47 000
Malawi	860 000	790 000	930 000	910 000	850 000	970 000
Mali	110 000	85 000	130 000	110 000	83 000	140 000
Mauritania	10 000	6 100	19 000	24 000	13 000	41 000
Mauritius	6 600	4 300	9 800	7 400	5 200	10 000
Mozambique	850 000	760 000	980 000	1 400 000	1 200 000	1 600 000
Namibia	160 000	130 000	200 000	190 000	160 000	230 000
Niger	45 000	40 000	51 000	65 000	57 000	70 000
Nigeria	2 500 000	2 100 000	2 900 000	3 400 000	3 000 000	3 800 000
Rwanda	220 000	200 000	260 000	210 000	180 000	250 000
Sao Tome and Principe	<1000	<1000	1 000	<1000	<1000	1 400
Senegal	24 000	18 000	31 000	53 000	43 000	65 000
Sierra Leone	21 000	15 000	31 000	49 000	39 000	69 000
South Africa	4 400 000	4 100 000	4 700 000	5 600 000	5 300 000	5 900 000
South Sudan	…	…	…	150 000	100 000	200 000
Swaziland	120 000	120 000	130 000	190 000	180 000	200 000
Tanzania	1 400 000	1 300 000	1 600 000	1 600 000	1 500 000	1 700 000
Togo	120 000	95 000	150 000	150 000	120 000	190 000
Uganda	990 000	900 000	1 100 000	1 400 000	1 300 000	1 500 000
Zambia	860 000	800 000	930 000	970 000	900 000	1 100 000
Zimbabwe	1 800 000	1 700 000	1 900 000	1 200 000	1 200 000	1 300 000
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	2 000	1 000	4 500	5 800	3 200	17 000
Bangladesh	2 200	1 300	4 700	7 700	4 900	16 000
Bhutan	<100	<100	<500	1 300	<1000	2 500
Cambodia	85 000	62 000	120 000	64 000	52 000	96 000
Indonesia	12 000	<100	34 000	380 000	240 000	570 000
Lao PDR	3 200	<1000	7 800	10 000	8 200	15 000
Malaysia	58 000	38 000	81 000	81 000	72 000	89 000
Maldives	<100	<100	<100	<100	<100	<100
Myanmar	230 000	200 000	260 000	220 000	180 000	260 000
Nepal	43 000	27 000	78 000	49 000	32 000	100 000
Pakistan	12 000	8 500	19 000	130 000	76 000	260 000
Philippines	2 400	<1000	3 500	19 000	16 000	24 000
Singapore	2 700	2 100	3 500	3 400	2 900	4 500
Sri Lanka	1 900	1 500	74 000	4 200	3 400	11 000
Thailand	630 000	590 000	690 000	490 000	450 000	550 000
Viet Nam	110 000	90 000	140 000	250 000	200 000	330 000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Austria	5 500	4 000	7 300	18 000	13 000	24 000
Belgium	9 300	7 100	12 000	20 000	16 000	26 000
Bulgaria	1 700	1 300	2 300	3 900	2 700	5 700
Canada	48 000	40 000	57 000	71 000	63 000	89 000
Croatia	<1000	<1000	<1000	1 200	<1000	1 500
Czech Republic	1 400	1 200	1 600	2 100	1 800	2 300
Denmark	3 500	3 000	4 000	6 100	5 300	7 200
Estonia	4 700	3 800	5 700	9 900	8 200	12 000
Finland	1 700	1 500	2 000	2 900	2 500	3 500
France	120 000	100 000	140 000	160 000	130 000	200 000
Germany	44 000	40 000	49 000	73 000	66 000	82 000
Greece	8 500	7 400	9 500	11 000	9 500	13 000
Hungary	3 400	2 600	4 400	4 100	3 100	5 200
Iceland	<500	<500	<500	<1000	<500	<1000
Ireland	4 800	3 700	6 300	7 800	6 300	9 700
Israel	5 500	4 200	7 400	8 500	6 600	11 000
Italy	130 000	100 000	170 000	150 000	120 000	200 000
Latvia	4 900	3 700	6 500	9 100	6 500	13 000
Lithuania	<1000	<1000	1 100	1 500	1 100	2 100
Luxembourg	<1000	<500	<1000	<1000	<1000	1 100
Malta	<500	<200	<500	<500	<500	<500
Netherlands	19 000	15 000	25 000	25 000	20 000	36 000
Norway	3 200	2 500	4 400	4 500	3 500	6 200
Poland	24 000	18 000	32 000	35 000	28 000	46 000
Portugal	34 000	26 000	45 000	48 000	37 000	62 000
Romania	16 000	12 000	20 000	16 000	13 000	20 000
Serbia	3 100	<500	4 300	3 500	2 400	5 100
Slovakia	<200	<200	<500	<500	<500	<1000
Slovenia	<500	<200	<500	<1000	<500	<1000
Spain	120 000	110 000	140 000	150 000	130 000	160 000
Sweden	6 900	5 400	10 000	9 100	7 100	13 000
Switzerland	14 000	11 000	18 000	20 000	16 000	27 000
Turkey	1 800	1 400	2 400	5 500	4 000	7 600
United Kingdom	46 000	37 000	57 000	94 000	74 000	120 000
United States of America	1 000 000	790 000	1 300 000	1 300 000	1 000 000	2 000 000

PEOPLE LIVING WITH HIV (AGES 15+)

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Bahamas	6 400	6 000	6 800	6 200	5 800	6 800
Barbados	1 200	<1000	1 500	1 400	1 100	1 700
Cuba	3 500	2 900	4 600	14 000	12 000	16 000
Dominican Republic	49 000	41 000	56 000	41 000	35 000	47 000
Haiti	110 000	96 000	130 000	100 000	84 000	120 000
Jamaica	35 000	29 000	44 000	29 000	23 000	38 000
Trinidad and Tobago	11 000	9 700	12 000	13 000	12 000	14 000
EAST ASIA						
China	…	…	…	771 000	610 000	930 000
Japan	6 200	5 000	7 700	7 900	6 100	10 000
Korea Rep	7 200	5 400	8 800	15 000	12 000	19 000
Mongolia	<100	<100	<100	<1000	<1000	<1000
EASTERN EUROPE AND CENTRAL ASIA						
Armenia	3 500	1 500	12 000	3 600	2 100	7 000
Azerbaijan	3 000	1 700	5 300	6 700	5 000	8 800
Belarus	4 900	2 000	10 000	20 000	15 000	30 000
Georgia	1 100	<500	2 800	4 900	2 200	7 900
Kazakhstan	9 100	7 100	12 000	19 000	17 000	23 000
Kyrgyzstan	<1000	<500	1 200	12 000	8 400	19 000
Republic of Moldova	11 000	9 300	14 000	14 000	12 000	17 000
Russian Federation		500 000	780 000		720 000	1 300 000
Tajikistan	5 200	1 600	13 000	9 900	6 200	16 000
Ukraine	250 000	190 000	330 000	230 000	180 000	300 000
LATIN AMERICA						
Argentina	65 000	50 000	81 000	92 000	75 000	110 000
Belize	3 200	2 000	5 100	4 400	3 800	5 000
Bolivia	22 000	15 000	32 000	16 000	8 200	29 000
Brazil	430 000	380 000	490 000	470 000	410 000	550 000
Chile	42 000	28 000	69 000	50 000	34 000	73 000
Colombia	130 000	81 000	190 000	150 000	89 000	230 000
Costa Rica	4 900	3 800	5 800	8 700	7 100	10 000
Ecuador	29 000	9 300	63 000	33 000	16 000	81 000
El Salvador	11 000	6 300	21 000	24 000	12 000	58 000
Guatemala	27 000	8 600	74 000	62 000	18 000	270 000
Guyana	8 400	5 800	12 000	5 900	4 500	8 100
Honduras	57 000	43 000	76 000	29 000	22 000	40 000
Mexico	140 000	130 000	160 000	180 000	160 000	200 000
Nicaragua	1 900	1 000	6 300	7 000	3 100	18 000
Panama	24 000	16 000	40 000	17 000	11 000	28 000
Paraguay	4 200	2 700	7 900	12 000	5 500	31 000

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	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Peru	76 000	53 000	100 000	70 000	36 000	190 000
Suriname	7 500	5 100	11 000	3 100	2 200	4 900
Uruguay	11 000	4 900	33 000	12 000	5 900	33 000
Venezuela	55 000	25 000	140 000	97 000	49 000	220 000
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	4 800	8 900	…	12 000	28 000
Djibouti	11 000	9 000	13 000	8 000	6 100	11 000
Egypt	9 000	4 000	22 000	9 400	5 500	18 000
Iran	56 000	48 000	64 000	96 000	79 000	120 000
Lebanon	1 400	<1000	2 500	2 700	1 800	3 900
Morocco	11 000	7 900	15 000	31 000	20 000	44 000
Somalia	30 000	21 000	43 000	30 000	20 000	45 000
Sudan	67 000	52 000	85 000	65 000	53 000	79 000
Tunisia	<1000	<500	<1000	1 700	1 500	1 900
Yemen	10 000	6 700	15 000	20 000	17 000	24 000
OCEANIA						
Australia	13 000	11 000	16 000	22 000	18 000	27 000
Fiji	<100	<100	<100	<500	<200	<500
New Zealand	1 600	1 300	2 000	2 600	2 200	3 400
Papua New Guinea	22 000	16 000	30 000	24 000	21 000	29 000
SUB-SAHARAN AFRICA						
Angola	110 000	80 000	180 000	190 000	140 000	300 000
Benin	53 000	44 000	62 000	55 000	48 000	63 000
Botswana	250 000	240 000	270 000	280 000	270 000	300 000
Burkina Faso	120 000	110 000	150 000	94 000	84 000	120 000
Burundi	110 000	96 000	130 000	61 000	53 000	70 000
Cameroon	410 000	370 000	460 000	490 000	460 000	530 000
Cape Verde	2 200	1 500	3 000	2 800	2 000	3 900
Central African Republic	150 000	130 000	160 000	110 000	75 000	120 000
Chad	150 000	120 000	190 000	180 000	150 000	240 000
Comoros	<100	<100	<100	<500	<200	<500
Congo	61 000	54 000	70 000	71 000	63 000	78 000
Côte d'Ivoire	490 000	440 000	530 000	300 000	270 000	340 000
Equatorial Guinea	6 800	5 200	8 600	17 000	15 000	26 000
Eritrea	21 000	13 000	40 000	19 000	11 000	45 000
Ethiopia	1 100 000	1 000 000	1 200 000	610 000	560 000	680 000
Gabon	33 000	22 000	47 000	43 000	31 000	62 000
Gambia The	5 200	2 300	11 000	12 000	6 600	25 000
Ghana	220 000	190 000	260 000	200 000	170 000	230 000
Guinea	64 000	45 000	88 000	73 000	58 000	92 000
Guinea-Bissau	8 800	6 300	12 000	21 000	17 000	24 000

PEOPLE LIVING WITH HIV (AGES 15+)

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Kenya	1 400 000	1 300 000	1 500 000	1 400 000	1 300 000	1 500 000
Lesotho	230 000	220 000	250 000	280 000	270 000	290 000
Liberia	35 000	23 000	47 000	20 000	16 000	27 000
Madagascar	20 000	14 000	50 000	31 000	24 000	41 000
Malawi	740 000	680 000	790 000	740 000	690 000	790 000
Mali	93 000	75 000	110 000	92 000	70 000	120 000
Mauritania	9 100	5 600	17 000	22 000	12 000	39 000
Mauritius	6 500	4 300	9 800	7 400	5 100	10 000
Mozambique	770 000	680 000	880 000	1 200 000	1 100 000	1 300 000
Namibia	150 000	120 000	190 000	170 000	140 000	210 000
Niger	39 000	35 000	45 000	55 000	48 000	60 000
Nigeria	2 300 000	1 900 000	2 600 000	3 000 000	2 600 000	3 300 000
Rwanda	190 000	160 000	220 000	180 000	160 000	220 000
Sao Tome and Principe	<1000	<500	<1000	<1000	<1000	1 300
Senegal	22 000	16 000	28 000	48 000	39 000	59 000
Sierra Leone	20 000	14 000	29 000	44 000	35 000	64 000
South Africa	4 200 000	3 900 000	4 500 000	5 100 000	4 900 000	5 400 000
South Sudan	…	…	…	130 000	88 000	180 000
Swaziland	120 000	110 000	120 000	170 000	160 000	180 000
Tanzania	1 200 000	1 200 000	1 300 000	1 300 000	1 200 000	1 500 000
Togo	110 000	85 000	140 000	130 000	100 000	160 000
Uganda	780 000	700 000	830 000	1 200 000	1 100 000	1 300 000
Zambia	690 000	640 000	750 000	800 000	740 000	880 000
Zimbabwe	1 600 000	1 500 000	1 700 000	1 000 000	990 000	1 100 000
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	2 000	<1000	4 300	5 600	3 100	17 000
Bangladesh	2 100	1 200	4 500	7 700	4 800	16 000
Bhutan	<100	<100	<500	1 200	<1000	2 500
Cambodia	77 000	57 000	110 000	56 000	45 000	86 000
Indonesia	11 000	<100	34 000	370 000	230 000	560 000
Lao PDR	3 100	<1000	7 600	9 700	7 700	13 000
Malaysia	57 000	37 000	80 000	80 000	70 000	88 000
Maldives	<100	<100	<100	<100	<100	<100
Myanmar	220 000	190 000	250 000	210 000	180 000	250 000
Nepal	42 000	27 000	76 000	47 000	30 000	96 000
Pakistan	12 000	8 300	18 000	130 000	74 000	250 000
Philippines	2 400	<1000	3 400	19 000	16 000	24 000
Singapore	2 600	2 000	3 400	3 300	2 700	4 200
Sri Lanka	1 900	1 400	68 000	4 100	3 300	9 900
Thailand	620 000	570 000	680 000	480 000	440 000	540 000
Viet Nam	110 000	89 000	140 000	240 000	190 000	330 000

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	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Austria	5 500	3 900	7 300	17 000	13 000	24 000
Belgium	9 300	7 100	12 000	20 000	16 000	26 000
Bulgaria	1 700	1 200	2 200	3 800	2 600	5 600
Canada	48 000	40 000	57 000	71 000	63 000	89 000
Croatia	<1000	<1000	<1000	1 200	<1000	1 500
Czech Republic	1 400	1 200	1 600	2 100	1 800	2 300
Denmark	3 500	3 000	4 000	6 100	5 300	7 200
Estonia	4 700	3 800	5 700	9 800	8 200	12 000
Finland	1 700	1 500	2 000	2 900	2 500	3 500
France	120 000	100 000	140 000	160 000	130 000	200 000
Germany	44 000	40 000	49 000	73 000	66 000	82 000
Greece	8 500	7 400	9 500	11 000	9 500	13 000
Hungary	3 300	2 600	4 300	4 100	3 100	5 200
Iceland	<500	<500	<500	<1000	<500	<1000
Ireland	4 800	3 600	6 300	7 800	6 200	9 700
Israel	5 500	4 100	7 400	8 500	6 600	11 000
Italy	130 000	99 000	170 000	150 000	120 000	200 000
Latvia	4 900	3 700	6 500	9 100	6 400	13 000
Lithuania	<1000	<1000	1 100	1 400	1 100	2 000
Luxembourg	<1000	<500	<1000	<1000	<1000	1 100
Malta	<500	<200	<500	<500	<500	<500
Netherlands	19 000	15 000	25 000	25 000	20 000	36 000
Norway	3 200	2 500	4 400	4 500	3 500	6 200
Poland	24 000	18 000	32 000	35 000	28 000	46 000
Portugal	34 000	26 000	45 000	48 000	37 000	62 000
Romania	15 000	12 000	20 000	16 000	13 000	19 000
Serbia	2 900	<500	4 100	3 500	2 300	5 000
Slovakia	<200	<200	<500	<500	<500	<1000
Slovenia	<500	<200	<500	<1000	<500	<1000
Spain	120 000	110 000	140 000	150 000	130 000	160 000
Sweden	6 900	5 400	10 000	9 100	7 100	13 000
Switzerland	14 000	11 000	17 000	20 000	16 000	27 000
Turkey	1 800	1 300	2 400	5 400	3 900	7 500
United Kingdom	46 000	37 000	57 000	94 000	74 000	120 000
United States of America	1 000 000	790 000	1 300 000	1 300 000	1 000 000	2 000 000

ESTIMATED NEW HIV INFECTIONS (ALL AGES)

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Bahamas	<1000	<1000	<1000	<500	<500	<500
Barbados	<200	<100	<200	<100	<100	<100
Dominican Republic	4 900	3 900	6 000	1 500	<1000	2 300
Haiti	12 000	10 000	14 000	6 400	4 000	8 700
Jamaica	2 900	2 100	4 000	2 000	1 300	3 000
Trinidad and Tobago	1 200	1 100	1 400	<1000	<1000	<1000
EASTERN EUROPE AND CENTRAL ASIA						
Belarus	2 100	<1000	5 400	1 900	<1000	11 000
Georgia	<500	<100	<500	<1000	<100	1 600
Kazakhstan	1 600	1 300	2 200	2 700	2 400	3 400
Kyrgyzstan	<500	<200	<500	3 000	2 100	4 300
Republic of Moldova	1 100	<1000	1 500	1 900	1 400	2 400
Tajikistan	1 000	<500	1 600	1 500	<200	4 300
LATIN AMERICA						
Belize	<500	<500	<1000	<500	<200	<500
Mexico	12 000	11 000	15 000	9 900	7 000	15 000
Suriname	<500	<500	<1000	<100	<100	<200
MIDDLE EAST AND NORTH AFRICA						
Djibouti	1 300	<1000	1 700	<1000	<500	1 200
OCEANIA						
Papua New Guinea	2 900	2 300	3 500	1 700	1 100	2 600
SUB-SAHARAN AFRICA						
Angola	20 000	14 000	30 000	23 000	14 000	37 000
Benin	5 300	4 400	6 400	4 900	3 600	6 400
Botswana	27 000	26 000	30 000	9 000	7 100	12 000
Burkina Faso	13 000	11 000	17 000	7 100	5 700	10 000
Burundi	6 900	5 700	9 600	3 000	1 900	4 200
Cameroon	57 000	51 000	65 000	43 000	36 000	50 000
Central African Republic	15 000	13 000	17 000	8 200	2 000	10 000
Congo	7 200	6 300	8 100	7 900	6 700	9 100
Ethiopia	130 000	110 000	140 000	24 000	18 000	34 000
Gabon	4 900	3 400	7 100	3 000	1 600	5 200
Gambia The	1 200	<1000	2 500	1 300	<1000	3 600
Ghana	28 000	24 000	34 000	13 000	9 400	18 000
Guinea-Bissau	1 800	1 400	2 300	2 900	2 200	3 800
Kenya	140 000	130 000	150 000	100 000	97 000	110 000
Lesotho	26 000	24 000	29 000	26 000	24 000	28 000
Malawi	100 000	94 000	110 000	46 000	40 000	56 000
Mali	12 000	9 200	15 000	8 600	5 000	14 000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Mozambique	140 000	120 000	160 000	130 000	100 000	150 000
Namibia	23 000	18 000	28 000	8 800	5 000	15 000
Niger	6 200	5 400	7 300	6 400	5 300	7 600
Nigeria	310 000	270 000	360 000	340 000	270 000	400 000
Rwanda	19 000	16 000	24 000	10 000	6 700	19 000
Sierra Leone	4 500	3 600	5 500	3 900	1 800	10 000
South Africa	610 000	560 000	660 000	380 000	350 000	420 000
Swaziland	19 000	18 000	21 000	13 000	11 000	16 000
Tanzania	140 000	130 000	150 000	150 000	130 000	170 000
Togo	17 000	13 000	21 000	9 500	6 600	14 000
Uganda	99 000	89 000	110 000	150 000	130 000	170 000
Zambia	110 000	97 000	110 000	51 000	41 000	69 000
Zimbabwe	140 000	130 000	160 000	74 000	67 000	90 000
SOUTH AND SOUTH-EAST ASIA						
Bangladesh	<500	<200	<1000	1 300	<500	4 300
Cambodia	6 200	4 100	10 000	1 100	<500	4 000
Indonesia	5 600	<100	14 000	55 000	32 000	110 000
Malaysia	8 000	6 200	11 000	6 500	4 600	9 100
Myanmar	28 000	23 000	34 000	8 800	7 000	11 000
Nepal	10 000	6 500	19 000	1 400	<1000	3 300
Philippines	<1000	<500	<1000	5 500	3 600	9 600
Sri Lanka	<500	<500	<1000	<1000	<500	<1000
Thailand	20 000	18 000	29 000	9 700	6 200	14 000
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
France	5 300	3 800	7 100	6 100	3 000	9 500
United States of America	48 000	32 000	69 000	49 000	17 000	110 000

NEW HIV INFECTIONS (AGES 15+)

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Barbados	<200	<100	<200	<100	<100	<100
Dominican Republic	4 300	3 300	5 400	1 400	<1000	2 300
Haiti	9 300	7 800	11 000	5 400	3 400	7 500
Jamaica	2 700	1 900	3 800	2 000	1 300	2 900
Trinidad and Tobago	1 200	1 100	1 300	<1000	<1000	<1000
EASTERN EUROPE AND CENTRAL ASIA						
Belarus	2 100	<1000	5 400	1 900	<1000	11 000
Georgia	<500	<100	<500	<1000	<100	1 600
Kazakhstan	1 600	1 300	2 200	2 600	2 300	3 300
Kyrgyzstan	<500	<200	<500	2 900	2 000	4 200
Republic of Moldova	1 100	<1000	1 400	1 900	1 400	2 300
Tajikistan	<1000	<500	1 700	1 400	<200	4 200
LATIN AMERICA						
Belize	<500	<500	<1000	<500	<200	<500
Mexico	12 000	10 000	15 000	9 700	6 800	15 000
Suriname	<500	<200	<1000	<100	<100	<200
MIDDLE EAST AND NORTH AFRICA						
Djibouti	1 000	<1000	1 400	<1000	<500	<1000
OCEANIA						
Papua New Guinea	2 400	1 900	2 900	1 400	<1000	2 300
SUB-SAHARAN AFRICA						
Angola	16 000	11 000	24 000	18 000	10 000	29 000
Benin	3 500	2 700	4 800	3 900	2 700	5 200
Botswana	23 000	21 000	26 000	8 500	6 600	11 000
Burkina Faso	8 600	7 200	12 000	4 900	3 800	7 100
Burundi	2 500	1 100	5 000	1 900	<1000	2 700
Cameroon	48 000	42 000	55 000	36 000	29 000	43 000
Central African Republic	11 000	9 100	13 000	6 300	1 100	7 900
Congo	5 400	4 700	6 200	6 200	5 300	7 300
Ethiopia	87 000	75 000	100 000	11 000	6 000	19 000
Gabon	4 400	3 100	6 400	2 700	1 400	4 700
Gambia The	1 100	<500	2 200	1 100	<500	3 200
Ghana	23 000	19 000	28 000	10 000	7 000	15 000
Guinea-Bissau	1 500	1 200	2 000	2 300	1 700	3 100
Kenya	97 000	90 000	110 000	91 000	86 000	100 000
Lesotho	19 000	18 000	22 000	22 000	20 000	24 000
Malawi	77 000	70 000	86 000	31 000	26 000	39 000
Mali	9 600	6 300	13 000	7 300	3 900	12 000
Mozambique	110 000	99 000	130 000	100 000	80 000	120 000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Namibia	20 000	16 000	24 000	8 000	4 500	14 000
Niger	4 900	4 100	5 800	4 900	3 900	6 300
Nigeria	240 000	210 000	290 000	270 000	210 000	330 000
Rwanda	13 000	10 000	18 000	8 400	5 300	16 000
Sierra Leone	4 100	3 100	5 100	3 300	1 400	9 100
South Africa	530 000	490 000	590 000	350 000	320 000	400 000
Swaziland	16 000	15 000	18 000	12 000	10 000	14 000
Tanzania	97 000	90 000	110 000	120 000	110 000	140 000
Togo	14 000	11 000	18 000	8 200	5 800	12 000
Uganda	71 000	63 000	80 000	120 000	110 000	150 000
Zambia	75 000	68 000	83 000	42 000	32 000	57 000
Zimbabwe	99 000	90 000	120 000	60 000	53 000	75 000
SOUTH AND SOUTH-EAST ASIA						
Bangladesh	<500	<200	<1000	1 300	<500	4 300
Cambodia	4 700	2 600	8 200	<1000	<100	3 100
Indonesia	5 500	<100	13 000	53 000	31 000	100 000
Malaysia	7 800	6 100	10 000	6 300	4 400	9 000
Myanmar	27 000	22 000	33 000	7 900	6 300	10 000
Nepal	9 900	6 100	18 000	1 100	<500	2 700
Philippines	<1000	<500	<1000	5 400	3 600	9 600
Sri Lanka	<500	<500	<1000	<1000	<500	<1000
Thailand	19 000	16 000	27 000	9 300	5 900	14 000
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
France	5 300	3 800	7 000	6 100	3 000	9 400
United States of America	48 000	32 000	69 000	49 000	17 000	110 000

PERCENTAGE OF YOUNG PEOPLE AGED 15 TO 24 WHO ARE LIVING WITH HIV, 2011

	Female			Male		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Bahamas	0.50	0.40	0.60	0.30	0.30	0.40
Barbados	0.20	0.10	0.40	0.30	0.20	0.60
Cuba	<0.1	<0.1	<0.1	0.10	<0.1	0.20
Dominican Republic	0.40	0.20	0.60	0.10	0.10	0.40
Haiti	1.10	0.70	1.50	0.40	0.30	0.60
Jamaica	0.60	0.30	1.00	0.90	0.40	2.50
Trinidad and Tobago	1.00	0.70	1.30	0.60	0.50	0.80
EAST ASIA						
Japan	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Korea Rep	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Mongolia	0.10	<0.1	0.10	<0.1	<0.1	0.10
EASTERN EUROPE AND CENTRAL ASIA						
Armenia	0.10	<0.1	0.30	0.10	0.10	0.40
Azerbaijan	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Belarus	0.20	0.10	0.40	0.40	0.20	0.80
Georgia	0.10	<0.1	0.20	0.20	0.10	0.40
Kazakhstan	0.10	<0.1	0.10	<0.1	<0.1	<0.1
Kyrgyzstan	0.30	0.20	0.40	0.30	0.20	0.50
Republic of Moldova	0.10	0.10	0.20	0.10	0.10	0.10
Russian Federation	…	0.10	0.40	…	0.20	0.40
Tajikistan	0.10	<0.1	0.30	0.10	0.10	0.30
Ukraine	0.10	0.10	0.20	0.10	<0.1	0.10
LATIN AMERICA						
Argentina	0.20	0.10	0.30	0.20	0.10	0.40
Belize	1.00	0.60	1.60	1.00	0.50	3.00
Bolivia	<0.1	<0.1	<0.1	0.20	0.10	0.50
Brazil	0.10	0.10	0.20	0.10	0.10	0.30
Chile	<0.1	<0.1	0.10	0.30	0.10	0.80
Colombia	0.10	0.10	0.30	0.40	0.10	1.20
Costa Rica	0.20	0.10	0.20	0.10	0.10	0.10
Ecuador	0.10	0.10	0.30	0.20	0.10	1.00
El Salvador	0.30	0.10	1.20	0.30	0.10	1.40
Guatemala	0.50	0.10	3.00	0.40	0.10	2.80
Guyana	0.30	0.20	0.40	0.20	0.10	0.30
Honduras	…	0.10	0.20	…	0.10	0.70
Mexico	<0.1	<0.1	0.10	0.10	0.10	0.30
Nicaragua	0.20	0.10	0.70	0.10	<0.1	0.20
Panama	0.10	0.10	0.30	0.40	0.20	1.10
Paraguay	0.20	0.10	0.50	0.20	0.10	0.90
Peru	0.10	<0.1	0.50	0.20	0.10	1.20

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	Female			Male		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Suriname	0.20	0.10	0.50	0.20	0.10	0.50
Uruguay	0.20	0.10	0.60	0.40	0.10	1.50
Venezuela	0.10	<0.1	0.40	0.40	0.10	1.40
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	<0.1	0.10	…	<0.1	0.20
Djibouti	0.30	0.20	0.50	0.10	0.10	0.20
Egypt	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Iran	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Lebanon	0.10	<0.1	0.20	0.10	<0.1	0.20
Morocco	0.10	0.10	0.20	0.10	<0.1	0.30
Somalia	0.40	0.20	0.70	0.30	0.10	0.80
Sudan	0.20	0.10	0.30	0.20	0.10	0.30
Tunisia	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Yemen	0.10	<0.1	0.10	0.10	<0.1	0.20
OCEANIA						
Australia	0.10	<0.1	0.10	0.10	<0.1	0.10
Fiji	<0.1	<0.1	0.10	<0.1	<0.1	0.10
New Zealand	<0.1	<0.1	0.10	<0.1	<0.1	0.10
Papua New Guinea	0.40	0.30	0.60	0.20	0.20	0.30
SUB-SAHARAN AFRICA						
Angola	1.60	1.00	2.80	0.60	0.40	1.10
Benin	0.80	0.50	1.10	0.30	0.20	0.50
Botswana	9.00	7.10	11.00	4.10	3.10	6.00
Burkina Faso	0.60	0.50	0.90	0.30	0.20	0.40
Burundi	0.60	0.40	0.80	0.30	0.20	0.40
Cameroon	2.90	2.30	3.90	1.20	0.90	1.70
Cape Verde	1.10	0.60	1.80	0.10	0.10	0.10
Central African Republic	2.60	0.90	3.50	1.20	0.50	1.50
Chad	2.10	1.50	3.20	0.90	0.60	1.40
Comoros	<0.1	<0.1	0.10	0.10	<0.1	0.20
Congo	2.50	2.00	3.30	1.20	0.90	1.60
Côte d'Ivoire	1.40	1.10	1.90	0.60	0.50	0.90
Equatorial Guinea	4.10	2.90	7.40	1.60	1.10	3.00
Eritrea	0.30	0.10	1.20	0.10	0.10	0.40
Ethiopia	0.40	0.30	0.60	0.20	0.10	0.30
Gabon	3.00	1.70	5.10	1.20	0.70	2.20
Gambia The	1.20	0.50	3.10	0.40	0.10	1.50
Ghana	0.90	0.60	1.20	0.40	0.30	0.50
Guinea	0.90	0.60	1.30	0.40	0.30	0.60
Guinea-Bissau	2.00	1.40	2.70	0.90	0.70	1.20
Kenya	3.50	2.90	4.50	1.60	1.30	2.10

PERCENTAGE OF YOUNG PEOPLE AGED 15 TO 24 WHO ARE LIVING WITH HIV, 2011

	Female			Male		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Lesotho	15.40	12.70	20.30	6.40	5.00	8.80
Liberia	0.30	0.10	0.70	0.10	<0.1	0.30
Madagascar	0.10	<0.1	0.10	0.20	0.10	0.60
Malawi	4.90	4.00	6.50	2.10	1.60	3.00
Mali	0.30	0.10	0.40	0.10	0.10	0.30
Mauritania	0.40	0.10	0.90	0.20	<0.1	0.50
Mauritius	0.40	0.20	0.70	0.60	0.20	1.80
Mozambique	8.20	6.40	10.90	2.80	2.00	3.80
Namibia	6.50	4.30	9.40	2.70	1.70	4.20
Niger	0.50	0.30	0.70	0.20	0.10	0.70
Nigeria	2.90	2.30	3.90	1.10	0.90	1.60
Rwanda	1.70	1.30	2.70	0.80	0.60	1.20
Sao Tome and Principe	0.30	0.10	0.50	0.40	0.10	0.70
Senegal	0.50	0.30	0.60	0.30	0.20	0.40
Sierra Leone	1.30	0.80	2.40	0.50	0.30	0.90
South Africa	11.90	9.70	15.50	5.30	4.10	7.40
Swaziland	15.30	12.20	20.50	6.30	4.80	8.80
Tanzania	4.00	3.20	5.30	1.80	1.40	2.40
Togo	2.10	1.50	3.10	0.90	0.70	1.30
Uganda	5.30	4.30	7.00	2.40	1.90	3.20
Zambia	7.00	5.50	9.30	3.10	2.40	4.30
Zimbabwe	7.60	6.20	9.50	3.60	2.80	4.90
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Bangladesh	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Bhutan	0.20	0.10	0.40	0.30	0.10	0.70
Cambodia	0.10	0.10	0.40	0.10	<0.1	0.20
Indonesia	0.20	0.10	0.40	0.20	0.10	0.80
Lao PDR	0.20	0.10	0.30	0.10	0.10	0.40
Malaysia	<0.1	<0.1	<0.1	0.10	0.10	0.10
Maldives	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Myanmar	0.30	0.10	0.40	0.20	0.10	0.80
Nepal	0.10	<0.1	0.20	0.10	<0.1	0.40
Pakistan	0.10	<0.1	0.10	0.10	<0.1	0.40
Philippines	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Singapore	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Sri Lanka	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Thailand	0.20	0.10	0.20	0.30	0.20	0.80
Viet Nam	0.20	0.10	0.30	0.30	0.20	0.50

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	Female			Male		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Austria	0.20	0.10	0.40	0.30	0.20	0.50
Belgium	0.20	0.10	0.30	0.20	0.10	0.40
Bulgaria	0.10	<0.1	0.10	0.10	<0.1	0.30
Canada	0.10	<0.1	0.10	0.10	0.10	0.20
Croatia	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Czech Republic	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Denmark	0.10	<0.1	0.10	0.10	0.10	0.20
Estonia	0.20	0.10	0.30	0.20	0.20	0.30
Finland	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
France	0.10	0.10	0.20	0.20	0.10	0.20
Germany	<0.1	<0.1	<0.1	0.10	0.10	0.10
Greece	0.10	<0.1	0.10	0.10	0.10	0.10
Hungary	<0.1	<0.1	0.10	0.10	<0.1	0.20
Iceland	0.10	<0.1	0.10	0.10	0.10	0.20
Ireland	0.10	<0.1	0.20	0.10	0.10	0.20
Israel	<0.1	<0.1	0.10	0.10	<0.1	0.10
Italy	0.10	<0.1	0.20	0.10	<0.1	0.20
Latvia	0.10	0.10	0.20	0.20	0.10	0.30
Lithuania	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Luxembourg	0.10	<0.1	0.10	0.10	0.10	0.20
Malta	<0.1	<0.1	<0.1	<0.1	<0.1	0.10
Netherlands	0.10	<0.1	0.10	0.10	<0.1	0.20
Norway	<0.1	<0.1	0.10	0.10	<0.1	0.10
Poland	<0.1	<0.1	0.10	0.10	<0.1	0.10
Portugal	0.20	0.10	0.40	0.30	0.10	0.50
Romania	<0.1	<0.1	0.10	<0.1	<0.1	0.10
Serbia	<0.1	<0.1	<0.1	<0.1	<0.1	0.20
Slovakia	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Slovenia	<0.1	<0.1	0.10	0.10	<0.1	0.10
Spain	0.10	0.10	0.10	0.20	0.10	0.30
Sweden	<0.1	<0.1	0.10	<0.1	<0.1	0.10
Switzerland	0.10	<0.1	0.20	0.20	0.10	0.30
Turkey	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
United Kingdom	0.10	0.10	0.20	0.10	0.10	0.20
United States of America	0.20	0.10	0.40	0.30	0.10	0.50

ESTIMATED AIDS DEATHS

	2001			2011		
	estimate	lower estimate	upper stimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Bahamas	<1000	<1000	<1000	<500	<500	<500
Barbados	<100	<100	<200	<100	<100	<100
Cuba	<500	<200	<500	<200	<200	<500
Dominican Republic	4 000	2 800	5 000	1 700	1 200	2 300
Haiti	12 000	9 400	14 000	5 800	4 400	7 100
Jamaica	3 100	2 100	4 300	1 600	1 000	2 500
Trinidad and Tobago	<1000	<1000	<1000	<1000	<1000	<1000
EAST ASIA						
Japan	<200	<200	<500	<200	<100	<200
Korea Rep	<100	<100	<200	<500	<500	1 000
Mongolia	<100	<100	<100	<100	<100	<100
EASTERN EUROPE AND CENTRAL ASIA						
Armenia	<200	<100	<1000	<500	<200	<1000
Azerbaijan	<200	<100	<500	<500	<500	<1000
Belarus	<100	<100	<500	1 100	<1000	1 600
Georgia	<100	<100	<500	<200	<100	<500
Kazakhstan	<500	<500	<1000	1 200	<1000	1 700
Kyrgyzstan	<100	<100	<100	<500	<500	<1000
Republic of Moldova	<1000	<1000	1 200	1 000	<1000	1 300
Russian Federation	…	14 000	31 000	…	38 000	78 000
Tajikistan	<500	<100	<1000	<1000	<500	<1000
Ukraine	9 000	6 500	18 000	22 000	16 000	30 000
LATIN AMERICA						
Belize	<500	<100	<1000	<500	<200	<500
Bolivia	2 200	1 300	3 600	1 600	<1000	2 500
Brazil	11 000	5 200	17 000	15 000	12 000	20 000
Colombia	9 300	6 000	13 000	9 700	5 600	15 000
Costa Rica	<200	<100	<200	<500	<500	<1000
Ecuador	2 200	<500	6 800	2 000	<1000	6 900
El Salvador	<1000	<500	1 800	<500	<200	1 500
Guatemala	1 700	<200	6 400	2 500	<500	13 000
Guyana	<1000	<500	<1000	<500	<200	<500
Honduras	7 000	5 300	9 100	2 800	1 900	4 100
Mexico	7 800	6 300	10 000	4 900	3 400	7 100
Nicaragua	<200	<100	1 100	<500	<100	<1000
Panama	2 100	1 300	3 400	1 200	<500	3 900
Peru	6 800	3 800	12 000	3 000	<1000	8 500
Suriname	<1000	<1000	1 100	<500	<200	<1000
Uruguay	<500	<100	1 800	<1000	<100	3 300
Venezuela	3 800	1 500	9 700	2 900	<1000	9 600

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper stimate	estimate	lower estimate	upper estimate
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	<200	<500	…	<1000	1 500
Djibouti	1 000	<1000	1 400	<1000	<1000	1 100
Egypt	<500	<200	<1000	<1000	<500	1 800
Iran	3 200	2 400	4 100	8 300	7 300	9 500
Lebanon	<100	<100	<200	<200	<100	<500
Morocco	<1000	<500	<1000	1 600	<1000	2 500
Somalia	2 800	1 700	4 500	3 100	2 100	4 300
Sudan	6 000	4 000	8 400	5 600	4 500	6 900
Tunisia	<100	<100	<100	<100	<100	<100
Yemen	<500	<500	<1000	1 600	1 300	2 000
OCEANIA						
Australia	<200	<200	<200	<200	<200	<500
Fiji	<100	<100	<100	<100	<100	<100
New Zealand	<100	<100	<100	<100	<100	<100
Papua New Guinea	1 600	<1000	2 500	1 100	<1000	1 700
SUB-SAHARAN AFRICA						
Angola	8 200	5 400	13 000	12 000	7 200	19 000
Benin	6 400	3 200	9 000	2 800	2 100	3 400
Botswana	18 000	16 000	20 000	4 200	3 400	5 600
Burkina Faso	15 000	12 000	18 000	6 800	5 500	9 800
Burundi	13 000	11 000	16 000	5 800	5 000	6 900
Cameroon	28 000	24 000	33 000	34 000	30 000	39 000
Cape Verde	<500	<200	<500	<200	<100	<500
Central African Republic	16 000	11 000	19 000	10 000	7 500	13 000
Chad	13 000	9 800	19 000	12 000	9 900	15 000
Comoros	<100	<100	<100	<100	<100	<100
Congo	6 900	5 800	8 300	4 600	3 900	5 500
Côte d'Ivoire	50 000	42 000	60 000	23 000	20 000	26 000
Equatorial Guinea	<500	<500	<1000	<1000	<1000	1 200
Eritrea	1 500	<1000	3 800	1 400	<1000	3 500
Ethiopia	100 000	89 000	110 000	54 000	46 000	63 000
Gabon	2 100	1 300	3 000	2 500	1 400	4 300
Gambia The	<500	<200	<1000	<1000	<200	1 600
Ghana	18 000	15 000	22 000	15 000	12 000	19 000
Guinea	5 100	2 800	10 000	4 000	2 800	5 400
Guinea-Bissau	<1000	<500	<1000	<1000	<1000	1 300
Kenya	130 000	120 000	140 000	62 000	55 000	69 000
Lesotho	15 000	14 000	17 000	14 000	13 000	16 000
Liberia	2 500	1 400	4 100	2 300	1 800	2 900
Madagascar	1 500	1 000	4 300	2 600	2 000	4 000

ESTIMATED AIDS DEATHS

	2001			2011		
	estimate	lower estimate	upper stimate	estimate	lower estimate	upper estimate
Malawi	63 000	57 000	71 000	44 000	38 000	50 000
Mali	9 700	6 700	14 000	6 600	4 500	9 100
Mauritania	<1000	<500	1 600	1 500	<1000	2 500
Mauritius	<500	<200	<500	<1000	<500	<1000
Mozambique	46 000	40 000	54 000	74 000	62 000	89 000
Namibia	8 600	6 700	11 000	5 200	3 800	8 200
Niger	3 200	2 600	3 800	4 000	3 300	4 800
Nigeria	150 000	110 000	190 000	210 000	190 000	240 000
Rwanda	21 000	18 000	25 000	6 400	4 600	8 000
Sao Tome and Principe	<100	<100	<100	<100	<100	<100
Senegal	1 400	<1000	2 000	1 600	<1000	2 400
Sierra Leone	<1000	<500	1 700	2 600	2 100	3 300
South Africa	210 000	190 000	240 000	270 000	240 000	300 000
South Sudan	…	…	…	11 000	7 500	16 000
Swaziland	6 700	6 000	7 700	6 800	6 100	7 800
Tanzania	130 000	120 000	140 000	84 000	75 000	94 000
Togo	8 100	6 100	10 000	8 900	6 100	12 000
Uganda	100 000	92 000	110 000	62 000	55 000	72 000
Zambia	72 000	66 000	79 000	31 000	27 000	37 000
Zimbabwe	150 000	140 000	170 000	58 000	53 000	65 000
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	<200	<100	<500	<500	<500	<1000
Bangladesh	<200	<100	<500	<500	<200	1 400
Bhutan	<100	<100	<100	<100	<100	<100
Cambodia	7 300	4 900	10 000	1 400	<1000	5 000
Indonesia	<200	<100	2 600	15 000	8 000	23 000
Lao PDR	<200	<100	<500	<500	<500	<1000
Malaysia	4 900	2 700	6 700	5 900	4 200	7 800
Maldives	<100	<100	<100	<100	<100	<100
Myanmar	10 000	8 200	13 000	16 000	13 000	18 000
Nepal	1 400	<1000	4 000	4 600	3 000	9 400
Pakistan	<500	<500	<1000	4 800	2 900	8 500
Philippines	<200	<100	<200	<500	<500	<1000
Singapore	<200	<100	<500	<200	<100	<200
Sri Lanka	<200	<100	13 000	<500	<200	2 300
Thailand	62 000	54 000	74 000	23 000	20 000	28 000
Viet Nam	2 100	1 600	2 700	11 000	8 500	15 000
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Austria	<100	<100	<100	<100	<100	<200
Belgium	<100	<100	<100	<100	<100	<200
Bulgaria	<100	<100	<200	<500	<200	<500

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper stimate	estimate	lower estimate	upper estimate
Canada	<500	<200	<500	<500	<500	<500
Croatia	<100	<100	<100	<100	<100	<100
Czech Republic	<100	<100	<100	<100	<100	<100
Denmark	<100	<100	<100	<100	<100	<100
Estonia	<100	<100	<200	<500	<500	<1000
Finland	<100	<100	<100	<100	<100	<100
France	1 800	1 500	2 100	1 300	1 000	1 600
Germany	<1000	<1000	<1000	<500	<500	<500
Greece	<200	<200	<500	<200	<200	<500
Hungary	<500	<200	<500	<100	<100	<200
Iceland	<100	<100	<100	<100	<100	<100
Ireland	<100	<100	<100	<100	<100	<100
Israel	<100	<100	<100	<100	<100	<100
Italy	<1000	<1000	<1000	<1000	<1000	<1000
Latvia	<200	<100	<500	<1000	<500	<1000
Lithuania	<100	<100	<100	<100	<100	<200
Luxembourg	<100	<100	<100	<100	<100	<100
Malta	<100	<100	<100	<100	<100	<100
Netherlands	<200	<200	<500	<200	<200	<200
Norway	<100	<100	<100	<100	<100	<100
Poland	<200	<100	<200	<200	<200	<500
Portugal	<500	<200	<500	<500	<200	<500
Romania	<200	<200	<500	<500	<500	<1000
Serbia	<500	<100	<500	<200	<100	<200
Slovakia	<100	<100	<100	<100	<100	<100
Slovenia	<100	<100	<100	<100	<100	<100
Spain	2 100	1 800	2 300	<1000	<1000	<1000
Sweden	<100	<100	<100	<100	<100	<100
Switzerland	<200	<200	<500	<100	<100	<200
Turkey	<100	<100	<100	<100	<100	<100
United Kingdom	<500	<500	<500	<500	<500	<1000
United States of America	20 000	15 000	26 000	20 000	16 000	28 000

HIV TESTING, MULTIPLE SEXUAL PARTNERSHIPS AND CONDOM USE

		Population receiving an HIV test and receiving test results in the last 12 months		Percentage of adults 15-49 who report having more than one sexual partner in the past 12 months		Percentage of adults 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during last intercourse	
	Year, source (*)	Female 15-49	Male 15-49	Female 15-49	Male 15-49	Female 15-49	Male 15-49
CARIBBEAN							
Dominican Republic	2007 DHS	21	19	3	24	35	45
Haiti	2005-06 DHS	8	5	1	23	21	34
EASTERN EUROPE AND CENTRAL ASIA							
Albania	2008-09 DHS	0	1	0	5	…	37
Armenia	2010 DHS	2	1	0	15	…	72
Moldova Republic of	2005 DHS	12	10	1	11	27	72
Ukraine	2007 DHS	12	7	2	13	48	46
LATIN AMERICA							
Bolivia	2008 DHS	…	2	…	12	…	35
Colombia	2010 DHS	9	…	4	…	34	…
Guyana	2009 DHS	27	22	1	10	48	65
SOUTH AND SOUTH-EAST ASIA							
Cambodia	2010 DHS	8	6	0	2	…	40
India	2005-06 DHS	1	1	0	1	12	23
Nepal	2011 DHS	3	8	0	4	…	27
Philippines	2008 DHS	1	…	…	…	…	…
Viet Nam	2005 AIS	2	3	…	…	…	…
SUB-SAHARAN AFRICA							
Benin	2006 DHS	7	5	1	21	21	18
Burkina Faso	2010 DHS	11	8	1	17	62	27
Burundi	2010 DHS	19	12	0	3	14	14
Cameroon	2004 DHS	5	7	…	…	…	…
Chad	2004 DHS	1	2	1	17	7	20
Congo	2009 AIS	9	7	7	28	29	28
Congo Democratic Republic	2007 DHS	4	4	3	17	9	16
Cote d'Ivoire	2005 AIS	4	3	4	24	41	38
Ethiopia	2011 DHS	20	21	0	4	47	16
Ghana	2008 DHS	7	4	1	11	18	26
Guinea	2005 DHS	1	3	2	25	20	24
Kenya	2008-09 DHS	29	23	1	9	32	37
Lesotho	2009 DHS	42	24	6	22	39	52
Liberia	2007 DHS	2	2	6	18	14	22
Madagascar	2008-09 DHS	4	4	2	16	8	7
Malawi	2010 DHS	…	31	1	9	27	25

(*) Data for latest available survey.

Source: ICF International, 2012. MEASURE DHS STATcompiler – http://www.statcompiler.com – November 2012.

		Population receiving an HIV test and receiving test results in the last 12 months		Percentage of adults 15-49 who report having more than one sexual partner in the past 12 months		Percentage of adults 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during last intercourse	
	Year, source (*)	Female 15-49	Male 15-49	Female 15-49	Male 15-49	Female 15-49	Male 15-49
Mali	2006 DHS	3	3	1	15	8	12
Mozambique	2009 AIS	17	9	3	20	24	22
Namibia	2006-07 DHS	29	18	2	11	66	74
Niger	2006 DHS	1	2	1	12	8	7
Nigeria	2008 DHS	7	7	1	10	23	33
Rwanda	2010 DHS	39	38	1	4	29	28
Sao Tome and Principe	2008-09 DHS	31	23	1	17	…	33
Senegal	2010-11 DHS	14	9	1	8	22	21
Sierra Leone	2008 DHS	4	3	4	16	7	15
Swaziland	2006-07 DHS	22	9	2	14	55	56
Tanzania	2010 DHS	30	25	4	21	27	24
Uganda	2011 AIS	…	…	3	19	16	15
Zambia	2007 DHS	19	12	1	14	33	28
Zimbabwe	2010-11 DHS	34	21	1	11	48	33

PERCENTAGE OF SEX WORKERS REACHED WITH HIV PREVENTION PROGRAMMES

	2009	2011
Afghanistan	1%	6%
Albania	…	…
Angola	23%	79%
Argentina	90%	…
Armenia	…	22%
Azerbaijan	6%	33%
Bangladesh	10%	12%
Belarus	86%	86%
Belize	…	…
Benin	56%	50%
Bhutan	…	…
Bolivia	…	47%
Brazil	…	47%
Bulgaria	59%	73%
Burkina Faso	37%	67%
Burundi	77%	…
Cambodia	…	…
Cameroon	…	…
Cape Verde	…	82%
Chad	17%	54%
Chile	…	43%
China	74%	81%
Comoros	74%	…
Cote d'Ivoire	…	58%
Cuba	97%	95%
Democratic Republic of the Congo	26%	43%
Djibouti	89%	96%
Dominican Republic	44%	44%
Ecuador	…	…
El Salvador	…	…
Eritrea	…	…
Estonia	…	77%
France	…	60%
Gabon	35%	…
Georgia	67%	…
Germany	…	…
Ghana	48%	56%
Greece	14%	14%
Guatemala	93%	…
Guinea	89%	90%
Guinea-Bissau	…	…
Guyana	…	21%
Haiti	…	81%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Honduras	33%	33%
India	31%	…
Indonesia	29%	18%
Iran	…	…
Jamaica	…	87%
Kazakhstan	88%	88%
Kyrgyzstan	61%	45%
Lao PDR	70%	55%
Latvia	…	49%
Lebanon	…	…
Lithuania	74%	…
Madagascar	…	40%
Malawi	…	…
Malaysia	12%	…
Mauritius	…	78%
Mexico	60%	60%
Micronesia, Federated States of	…	…
Moldova	15%	…
Mongolia	74%	74%
Montenegro	44%	…
Morocco	49%	42%
Myanmar	76%	76%
Nepal	…	…
Nicaragua	…	21%
Niger	…	…
Nigeria	49%	18%
Pakistan	10%	9%
Panama	76%	…
Papua New Guinea	31%	36%
Paraguay	…	61%
Philippines	55%	63%
Romania	33%	…
Russian Federation	22%	…
Sao Tome and Principe	…	…
Senegal	…	84%
Serbia	30%	60%
Sierra Leone	…	…
Sudan	2%	…
Suriname	…	36%
Swaziland	100%	…
Sweden	43%	…
Tajikistan	51%	76%
Thailand	…	57%

	2009	2011
The former Yugoslav Republic of Macedonia	…	41%
Timor Leste	…	…
Togo	82%	84%
Tunisia	38%	28%
Turkey	…	…
Ukraine	58%	61%
Uzbekistan	71%	64%
Viet Nam	47%	47%
Zambia	…	…

PERCENTAGE OF SEX WORKERS REPORTING THE USE OF A CONDOM WITH THEIR MOST RECENT CLIENT

	2009	2011
Afghanistan	58%	1%
Albania	…	77%
Algeria	…	44%
Angola	81%	74%
Argentina	99%	99%
Armenia	…	93%
Azerbaijan	75%	53%
Bangladesh	63%	…
Barbados	…	…
Belarus	70%	85%
Belize	…	67%
Benin	25%	80%
Bhutan	…	…
Bolivia	87%	96%
Bosnia and Herzegovina	76%	88%
Brazil	…	90%
Bulgaria	93%	89%
Burkina Faso	99%	98%
Burundi	82%	91%
Cambodia	99%	…
Cameroon	73%	73%
Cape Verde	…	55%
Chad	38%	38%
Chile	…	73%
China	85%	88%
Colombia	…	…
Comoros	59%	34%
Costa Rica	89%	…
Cote d'Ivoire	97%	93%
Croatia	98%	…
Cuba	56%	70%
Democratic Republic of the Congo	62%	24%
Djibouti	94%	71%
Dominican Republic	81%	81%
Ecuador	…	…
Egypt	21%	…
El Salvador	…	…
Equatorial Guinea	27%	14%
Eritrea	45%	71%
Estonia	94%	98%
Ethiopia	98%	…
Gabon	76%	…
Georgia	99%	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Germany	64%	…
Ghana	…	92%
Greece	5%	5%
Guatemala	96%	…
Guinea	65%	77%
Guinea-Bissau	93%	93%
Guyana	61%	94%
Haiti	90%	90%
Honduras	80%	79%
India	83%	…
Indonesia	68%	58%
Iran	55%	…
Jamaica	97%	91%
Japan	65%	40%
Jordan	51%	…
Kazakhstan	96%	96%
Kyrgyzstan	94%	88%
Lao PDR	94%	92%
Latvia	…	85%
Lebanon	…	96%
Liberia	…	…
Lithuania	92%	…
Madagascar	…	…
Malawi	…	…
Malaysia	61%	61%
Mali	99%	98%
Mauritania	88%	88%
Mauritius	…	88%
Mexico	62%	65%
Micronesia, Federated States of	…	…
Moldova	91%	…
Mongolia	90%	90%
Montenegro	72%	84%
Morocco	54%	50%
Myanmar	96%	96%
Nepal	…	…
Netherlands	…	…
Nicaragua	74%	96%
Niger	85%	94%
Nigeria	98%	89%
Pakistan	38%	35%
Panama	76%	94%
Papua New Guinea	50%	80%

	2009	2011
Paraguay	…	95%
Peru	…	…
Philippines	65%	65%
Portugal	…	95%
Republic of Korea	…	80%
Romania	98%	89%
Russian Federation	71%	…
Rwanda	87%	80%
Senegal	97%	94%
Serbia	91%	87%
Sierra Leone	…	71%
Singapore	99%	99%
Sri Lanka	89%	89%
Sudan	45%	…
Suriname	87%	…
Swaziland	87%	…
Sweden	19%	…
Tajikistan	84%	75%
Tanzania	…	…
Thailand	92%	95%
The former Yugoslav Republic of Macedonia	78%	89%
Timor Leste	…	36%
Togo	88%	91%
Tunisia	52%	55%
Turkey	…	…
Uganda	…	82%
Ukraine	88%	92%
Uruguay	76%	76%
Uzbekistan	81%	84%
Vanuatu	67%	39%
Viet Nam	78%	87%
Zambia	…	…
Zimbabwe	…	68%

PERCENTAGE OF SEX WORKERS WHO HAVE RECEIVED AN HIV TEST IN THE PAST 12 MONTHS AND KNOW THEIR RESULTS

	2009	2011
Afghanistan	4%	4%
Albania	…	36%
Algeria	…	58%
Angola	35%	35%
Argentina	62%	70%
Armenia	…	16%
Australia	82%	60%
Azerbaijan	6%	12%
Bangladesh	4%	10%
Barbados	73%	…
Belarus	85%	76%
Belize	…	66%
Benin	87%	87%
Bolivia	45%	72%
Bosnia and Herzegovina	14%	14%
Brazil	…	18%
Bulgaria	58%	60%
Burkina Faso	100%	83%
Burundi	65%	65%
Cambodia	68%	…
Cameroon	…	64%
Cape Verde	…	27%
Chad	38%	38%
Chile	…	85%
China	37%	38%
Colombia	…	…
Comoros	100%	…
Congo, Republic of the	…	…
Costa Rica	49%	…
Cote d'Ivoire	51%	51%
Croatia	…	…
Cuba	35%	31%
Democratic Republic of the Congo	36%	36%
Djibouti	85%	100%
Dominican Republic	67%	67%
Ecuador	…	…
El Salvador	…	…
Eritrea	93%	…
Estonia	52%	67%
Ethiopia	97%	…
France	…	68%
Gabon	64%	…
Georgia	28%	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Germany	…	…
Ghana	…	67%
Greece	66%	66%
Guatemala	93%	…
Guinea	…	53%
Guinea-Bissau	43%	94%
Guyana	88%	84%
Haiti	71%	65%
Honduras	76%	76%
India	32%	…
Indonesia	33%	79%
Iran	20%	…
Jamaica	73%	67%
Japan	…	76%
Kazakhstan	81%	77%
Kenya	…	…
Kyrgyzstan	42%	35%
Lao PDR	14%	22%
Latvia	…	50%
Lebanon	…	64%
Lithuania	53%	33%
Madagascar	…	60%
Malawi	…	…
Malaysia	20%	90%
Maldives	14%	…
Mali	91%	…
Mauritania	69%	40%
Mauritius	…	25%
Mexico	…	…
Micronesia, Federated States of	…	…
Moldova	23%	…
Mongolia	52%	52%
Montenegro	83%	…
Morocco	51%	25%
Myanmar	71%	71%
Nepal	…	…
Netherlands	…	82%
Nicaragua	91%	37%
Niger	45%	77%
Nigeria	38%	42%
Pakistan	14%	8%
Panama	55%	97%
Papua New Guinea	56%	46%

	2009	2011
Paraguay	100%	74%
Peru	20%	…
Philippines	19%	17%
Portugal	…	70%
Romania	29%	…
Russian Federation	39%	…
Rwanda	…	87%
Sao Tome and Principe	31%	…
Senegal	70%	69%
Serbia	45%	59%
Sierra Leone	48%	9%
Singapore	100%	100%
Spain	67%	…
Sri Lanka	43%	44%
Sudan	7%	…
Suriname	64%	95%
Swaziland	…	…
Sweden	78%	…
Tajikistan	42%	47%
Tanzania	…	…
Thailand	36%	50%
The former Yugoslav Republic of Macedonia	47%	38%
Timor Leste	…	66%
Togo	58%	58%
Tunisia	14%	13%
Turkey	…	…
Uganda	…	35%
Ukraine	59%	59%
Uruguay	26%	26%
Uzbekistan	35%	39%
Vanuatu	12%	…
Viet Nam	35%	44%
Zambia	…	…
Zimbabwe	…	59%

PERCENTAGE OF SEX WORKERS WHO ARE LIVING WITH HIV

	2009	2011
Afghanistan	0%	0%
Albania	…	0%
Algeria	…	7%
Angola	…	7%
Argentina	5%	5%
Armenia	…	1%
Australia	0%	0%
Azerbaijan	2%	1%
Bangladesh	0%	0%
Belarus	6%	1%
Belgium	0%	1%
Belize	…	…
Benin	25%	27%
Bolivia	0%	1%
Bosnia and Herzegovina	0%	0%
Brazil	5%	5%
Bulgaria	1%	0%
Burkina Faso	9%	16%
Burundi	40%	27%
Cambodia	15%	…
Cameroon	36%	36%
Cape Verde	…	6%
Chad	20%	20%
Chile	1%	0%
China	1%	0%
Comoros	0%	…
Costa Rica	…	…
Cote d'Ivoire	36%	29%
Croatia	…	…
Cuba	0%	1%
Czech Republic	…	0%
Democratic Republic of the Congo	…	22%
Djibouti	20%	15%
Dominican Republic	5%	5%
Ecuador	…	…
El Salvador	…	…
Eritrea	8%	6%
Estonia	8%	6%
Gabon	23%	…
Georgia	2%	2%
Germany	…	…
Ghana	…	11%
Guinea	33%	33%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Guinea-Bissau	40%	39%
Guyana	17%	17%
Haiti	5%	8%
Honduras	2%	3%
India	5%	…
Indonesia	10%	9%
Iran	…	…
Jamaica	5%	5%
Japan	…	…
Kazakhstan	1%	1%
Kyrgyzstan	2%	4%
Lao PDR	1%	1%
Latvia	…	22%
Lebanon	0%	0%
Lithuania	0%	7%
Madagascar	…	0%
Malawi	…	…
Malaysia	11%	0%
Maldives	0%	…
Mali	35%	…
Mauritania	8%	8%
Mauritius	…	32%
Mexico	2%	1%
Moldova	6%	…
Mongolia	…	0%
Montenegro	1%	1%
Morocco	2%	2%
Myanmar	18%	9%
Nepal	…	…
New Zealand	…	…
Nicaragua	…	2%
Niger	36%	36%
Nigeria	33%	24%
Pakistan	2%	2%
Panama	…	2%
Papua New Guinea	6%	18%
Paraguay	2%	2%
Peru	…	…
Philippines	0%	0%
Portugal	…	9%
Romania	1%	1%
Russian Federation	5%	…
Rwanda	…	51%
Sao Tome and Principe	4%	…

	2009	2011
Senegal	20%	18%
Serbia	2%	1%
Sierra Leone	…	8%
Singapore	0%	…
Spain	3%	2%
Sri Lanka	0%	0%
Sudan	1%	…
Suriname	…	7%
Swaziland	…	70%
Sweden	0%	…
Tajikistan	3%	4%
Thailand	3%	…
The former Yugoslav Republic of Macedonia	0%	0%
Timor Leste	…	2%
Togo	29%	13%
Tunisia	0%	1%
Turkey	0%	…
Uganda	…	35%
Ukraine	13%	9%
Uruguay	19%	19%
Uzbekistan	2%	2%
Viet Nam	3%	3%
Zambia	…	…
Zimbabwe	…	50%

PERCENTAGE OF MEN WHO HAVE SEX WITH MEN REACHED WITH HIV PREVENTION PROGRAMMES

	2009	2011
Albania	…	…
Andorra	…	77%
Argentina	…	…
Armenia	…	62%
Azerbaijan	22%	24%
Bahamas	71%	79%
Bangladesh	8%	9%
Belarus	85%	77%
Belize	…	67%
Bolivia	51%	51%
Brazil	37%	39%
Bulgaria	38%	55%
Burkina Faso	…	…
Burundi	…	…
Cambodia	…	70%
Cameroon	…	59%
Chile	57%	57%
China	75%	77%
Costa Rica	64%	73%
Cote d'Ivoire	100%	69%
Cuba	92%	92%
Czech Republic	65%	65%
Democratic Republic of the Congo	…	33%
Dominica	…	61%
Ecuador	…	56%
Egypt	…	75%
El Salvador	58%	…
Estonia	56%	…
Georgia	66%	21%
Germany	…	69%
Ghana	…	96%
Greece	74%	…
Guatemala	75%	…
Guyana	…	…
Honduras	31%	31%
Hungary	55%	…
India	18%	…
Indonesia	44%	23%
Jamaica	…	87%
Kazakhstan	68%	80%
Kyrgyzstan	…	42%
Latvia	…	43%
Lebanon	…	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Lithuania	43%	…
Malaysia	…	…
Mauritius	…	44%
Mexico	38%	41%
Moldova	…	26%
Mongolia	77%	66%
Morocco	…	49%
Myanmar	69%	69%
Nepal	77%	77%
Nicaragua	…	29%
Nigeria	60%	18%
Norway	56%	…
Panama	89%	…
Papua New Guinea	10%	67%
Paraguay	…	56%
Peru	…	…
Philippines	29%	23%
Portugal	…	38%
Republic of Korea	…	44%
Romania	…	…
Russian Federation	…	…
Saint Lucia	100%	…
Saint Vincent & the Grenadines	…	91%
Senegal	85%	85%
Serbia	14%	37%
Seychelles	…	100%
Slovenia	85%	…
South Sudan	…	6%
Suriname	…	55%
Swaziland	…	…
Sweden	54%	59%
Tajikistan	…	41%
Thailand	…	49%
The former Yugoslav Republic of Macedonia	…	46%
Timor Leste	…	…
Togo	46%	…
Tunisia	53%	39%
Turkey	…	…
Ukraine	63%	53%
United States of America	…	59%
Uzbekistan	42%	45%
Viet Nam	24%	24%
Yemen	…	40%

PERCENTAGE OF MEN REPORTING THE USE OF A CONDOM THE LAST TIME THEY HAD ANAL SEX WITH A MALE PARTNER

	2009	2011
Albania	…	67%
Andorra	…	25%
Argentina	…	60%
Armenia	…	66%
Australia	47%	39%
Azerbaijan	57%	29%
Bahamas	69%	88%
Bangladesh	31%	26%
Belarus	61%	63%
Belgium	…	54%
Belize	…	80%
Bolivia	69%	69%
Bosnia and Herzegovina	56%	64%
Brazil	48%	60%
Bulgaria	70%	64%
Burkina Faso	52%	58%
Burundi	…	66%
Cambodia	86%	66%
Cameroon	43%	57%
Canada	62%	61%
Central African Republic	…	65%
Chile	56%	56%
China	73%	74%
Colombia	…	…
Congo, Republic of the	…	…
Costa Rica	65%	56%
Cote d'Ivoire	42%	91%
Croatia	…	…
Cuba	52%	59%
Czech Republic	30%	41%
Democratic Republic of the Congo	…	29%
Denmark	73%	…
Dominica	…	63%
Dominican Republic	66%	66%
Ecuador	…	60%
Egypt	13%	20%
El Salvador	55%	59%
Estonia	47%	42%
Fiji	…	…
Finland	…	…
France	…	56%
Gambia The	…	46%
Georgia	62%	67%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Germany	59%	51%
Ghana	…	…
Greece	11%	…
Guatemala	78%	80%
Guinea	…	39%
Guyana	84%	…
Haiti	73%	73%
Honduras	47%	71%
Hungary	25%	…
India	58%	…
Indonesia	57%	60%
Iran	38%	…
Jamaica	73%	77%
Japan	65%	49%
Kazakhstan	76%	76%
Kenya	…	55%
Kyrgyzstan	…	70%
Lao PDR	…	…
Latvia	50%	40%
Lebanon	…	…
Lithuania	47%	42%
Malaysia	21%	38%
Mali	54%	…
Mauritius	…	51%
Mexico	64%	73%
Moldova	…	56%
Mongolia	78%	70%
Montenegro	…	50%
Morocco	…	50%
Myanmar	82%	82%
Nepal	75%	75%
Netherlands	…	42%
Nicaragua	36%	51%
Nigeria	53%	51%
Norway	53%	…
Pakistan	…	…
Panama	86%	65%
Papua New Guinea	51%	63%
Paraguay	63%	74%
Peru	…	50%
Philippines	32%	36%
Poland	…	…
Portugal	43%	72%
Republic of Korea	…	65%

	2009	2011
Romania	43%	42%
Russian Federation	56%	…
Rwanda	50%	…
Saint Kitts and Nevis	…	82%
Saint Lucia	63%	…
Saint Vincent & the Grenadines	…	73%
Senegal	76%	76%
Serbia	67%	64%
Sierra Leone	…	60%
Singapore	17%	79%
Slovenia	43%	…
South Africa	35%	…
Spain	66%	59%
Sri Lanka	61%	61%
Suriname	89%	53%
Sweden	51%	42%
Switzerland	80%	41%
Tajikistan	…	68%
Thailand	…	85%
The former Yugoslav Republic of Macedonia	56%	49%
Timor Leste	38%	66%
Togo	72%	47%
Trinidad and Tobago	…	…
Tunisia	40%	29%
Turkey	…	…
Tuvalu	…	…
Ukraine	64%	71%
United Kingdom	63%	55%
United States of America	…	50%
Uruguay	47%	46%
Uzbekistan	87%	57%
Vanuatu	63%	71%
Viet Nam	66%	76%
Yemen	…	20%

PERCENTAGE OF MEN WHO HAVE SEX WITH MEN THAT HAVE RECEIVED AN HIV TEST IN THE PAST 12 MONTHS AND KNOW THEIR RESULTS

	2009	2011
Albania	45%	48%
Andorra	…	30%
Argentina	85%	62%
Armenia	…	48%
Australia	61%	72%
Azerbaijan	13%	25%
Bahamas	50%	55%
Bangladesh	3%	9%
Belarus	80%	75%
Belgium	86%	47%
Belize	…	75%
Bolivia	35%	35%
Bosnia and Herzegovina	26%	19%
Brazil	19%	19%
Bulgaria	42%	47%
Burkina Faso	100%	100%
Burundi	…	23%
Cambodia	58%	34%
Cameroon	…	56%
Canada	34%	35%
Central African Republic	…	86%
Chile	25%	25%
China	45%	50%
Colombia	…	…
Congo, Republic of the	…	…
Costa Rica	61%	65%
Cote d'Ivoire	57%	61%
Croatia	…	…
Cuba	32%	23%
Czech Republic	43%	30%
Denmark	55%	…
Dominica	…	36%
Dominican Republic	33%	33%
Ecuador	…	25%
Egypt	…	57%
El Salvador	85%	99%
Estonia	27%	33%
Finland	…	…
France	…	47%
Gambia The	…	20%
Georgia	24%	26%
Germany	23%	34%
Ghana	…	…
Greece	78%	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Guatemala	64%	98%
Guyana	87%	72%
Haiti	71%	49%
Honduras	29%	29%
Hungary	100%	…
India	17%	…
Indonesia	34%	92%
Iran	11%	…
Jamaica	53%	69%
Japan	32%	25%
Kazakhstan	60%	61%
Kenya	…	36%
Kyrgyzstan	…	42%
Lao PDR	14%	…
Latvia	26%	26%
Lebanon	30%	…
Lithuania	41%	20%
Luxembourg	…	30%
Madagascar	…	50%
Malaysia	…	30%
Maldives	10%	…
Mali	…	22%
Marshall Islands	…	100%
Mauritania	…	…
Mauritius	…	18%
Mexico	50%	43%
Moldova	…	12%
Mongolia	78%	66%
Montenegro	…	15%
Morocco	…	31%
Myanmar	48%	48%
Nepal	42%	42%
Netherlands	…	58%
Nicaragua	…	33%
Nigeria	30%	25%
Norway	56%	60%
Panama	76%	52%
Papua New Guinea	67%	56%
Paraguay	100%	57%
Peru	6%	61%
Philippines	7%	5%
Poland	…	…
Portugal	27%	68%
Republic of Korea	…	28%

	2009	2011
Romania	75%	42%
Russian Federation	61%	…
Rwanda	47%	…
Saint Kitts and Nevis	…	95%
Saint Lucia	100%	…
Saint Vincent & the Grenadines	…	32%
Senegal	34%	36%
Serbia	31%	33%
Seychelles	…	56%
Singapore	43%	40%
Slovenia	33%	…
South Africa	27%	27%
Spain	87%	44%
Sri Lanka	14%	14%
Suriname	59%	97%
Swaziland	…	54%
Sweden	39%	31%
Switzerland	31%	36%
Tajikistan	…	40%
Thailand	21%	29%
The former Yugoslav Republic of Macedonia	56%	29%
Timor Leste	26%	33%
Togo	53%	55%
Tunisia	18%	15%
Turkey	…	…
Ukraine	43%	38%
United Kingdom	31%	37%
United States of America	…	62%
Uruguay	26%	29%
Uzbekistan	44%	31%
Viet Nam	19%	30%
Yemen	…	28%

PERCENTAGE OF MEN WHO HAVE SEX WITH MEN WHO ARE LIVING WITH HIV

	2009	2011
Albania	…	1%
Algeria	…	4%
Andorra	…	8%
Argentina	12%	16%
Armenia	…	2%
Australia	…	11%
Azerbaijan	1%	2%
Bahamas	26%	14%
Bangladesh	0%	0%
Belarus	3%	1%
Belgium	6%	10%
Belize	…	…
Benin	…	5%
Bolivia	12%	12%
Bosnia and Herzegovina	1%	2%
Brazil	13%	11%
Bulgaria	3%	1%
Burkina Faso	…	1%
Burundi	…	1%
Cambodia	5%	2%
Cameroon	…	37%
Canada	15%	15%
Central African Republic	…	35%
Chile	20%	20%
China	5%	6%
Colombia	…	…
Congo, Republic of the	…	…
Costa Rica	13%	11%
Cote d'Ivoire	25%	50%
Croatia	…	…
Cuba	1%	7%
Czech Republic	3%	5%
Democratic Republic of the Congo	…	31%
Denmark	12%	…
Dominica	…	27%
Dominican Republic	11%	6%
Ecuador	…	11%
Egypt	6%	4%
El Salvador	10%	11%
Estonia	2%	…
Fiji	…	1%
Finland	…	5%
France	…	18%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Georgia	4%	7%
Germany	…	12%
Ghana	…	…
Greece	…	13%
Guatemala	8%	8%
Guyana	19%	19%
Haiti	…	18%
Honduras	7%	7%
Hungary	3%	4%
India	7%	…
Indonesia	5%	8%
Iran	…	…
Ireland	…	10%
Italy	…	10%
Jamaica	32%	38%
Japan	4%	4%
Kazakhstan	0%	1%
Kenya	…	18%
Kyrgyzstan	…	1%
Lao PDR	6%	…
Latvia	4%	8%
Lebanon	1%	1%
Lithuania	0%	2%
Madagascar	…	15%
Malaysia	4%	1%
Maldives	0%	…
Mali	…	20%
Mauritania	…	8%
Mauritius	…	10%
Mexico	10%	17%
Moldova	…	2%
Mongolia	2%	11%
Montenegro	…	5%
Morocco	…	5%
Myanmar	29%	8%
Nepal	4%	4%
Netherlands	…	15%
New Zealand	…	…
Nicaragua	4%	7%
Nigeria	14%	17%
Panama	…	23%
Papua New Guinea	4%	…
Paraguay	10%	13%
Peru	10%	12%

	2009	2011
Philippines	1%	2%
Poland	…	5%
Portugal	…	10%
Republic of Korea	…	3%
Romania	4%	5%
Russian Federation	8%	…
Saint Kitts and Nevis	…	1%
Saint Vincent & the Grenadines	…	30%
Senegal	22%	22%
Serbia	6%	4%
Seychelles	…	15%
Sierra Leone	…	8%
Singapore	3%	3%
Slovenia	2%	8%
South Africa	13%	10%
Spain	10%	13%
Sri Lanka	1%	1%
Suriname	…	…
Swaziland	…	17%
Sweden	…	6%
Switzerland	8%	11%
Tajikistan	…	2%
Thailand	14%	20%
The former Yugoslav Republic of Macedonia	3%	1%
Timor Leste	…	1%
Togo	…	20%
Trinidad and Tobago	…	…
Tunisia	5%	10%
Turkey	…	…
Ukraine	9%	6%
United Kingdom	8%	4%
Uruguay	9%	9%
Uzbekistan	7%	1%
Viet Nam	17%	17%
Yemen	…	6%

NUMBER OF SYRINGES DISTRIBUTED PER PERSON WHO INJECTS DRUGS PER YEAR BY NEEDLE AND SYRINGE PROGRAMMES

	2011
Afghanistan	80
Albania	90
Armenia	28
Australia	203
Azerbaijan	49
Bangladesh	264
Belarus	48
Bosnia and Herzegovina	26
Bulgaria	34
Cambodia	120
China	180
Cyprus	<1
Czech Republic	202
Estonia	153
Finland	202
Georgia	22
Greece	7
Hungary	114
India	387
Indonesia	7
Iran	30
Kazakhstan	154
Kyrgyzstan	151
Latvia	19
Lithuania	32
Luxembourg	124
Madagascar	543
Malaysia	116
Malta	302
Mauritius	31
Mexico	7
Moldova	58
Morocco	13
Myanmar	118
Nepal	71
New Zealand	277
Norway	254
Pakistan	42
Poland	78
Romania	49
Senegal	10
Serbia	69

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2011
Seychelles	0
Sri Lanka	0
Sweden	214
Switzerland	88
Tajikistan	88
Thailand	10
The former Yugoslav Republic of Macedonia	23
Tunisia	15
Ukraine	75
Uzbekistan	173
Viet Nam	140

PERCENTAGE OF PEOPLE WHO INJECT DRUGS WHO REPORT THE USE OF A CONDOM AT LAST SEXUAL INTERCOURSE

	2009	2011
Afghanistan	35%	35%
Albania	…	46%
Algeria	…	28%
Armenia	…	44%
Australia	27%	…
Azerbaijan	15%	8%
Bangladesh	43%	45%
Belarus	59%	53%
Benin	30%	…
Bhutan	…	54%
Bosnia and Herzegovina	30%	32%
Brazil	70%	41%
Bulgaria	38%	40%
Cambodia	…	81%
Canada	39%	30%
China	36%	40%
Croatia	50%	…
Estonia	66%	36%
Georgia	78%	22%
Germany	…	31%
Hungary	…	29%
India	16%	…
Indonesia	36%	52%
Iran	33%	15%
Japan	…	36%
Kazakhstan	46%	47%
Kenya	…	25%
Kyrgyzstan	53%	49%
Latvia	…	56%
Lebanon	43%	40%
Lithuania	…	29%
Luxembourg	49%	…
Madagascar	…	41%
Malaysia	28%	28%
Mauritius	31%	25%
Mexico	28%	40%
Micronesia, Federated States of	…	58%
Moldova	36%	…
Montenegro	…	42%
Morocco	13%	31%
Myanmar	78%	78%

	2009	2011
Nepal	51%	47%
New Zealand	…	34%
Nigeria	66%	52%
Pakistan	31%	23%
Paraguay	22%	45%
Philippines	22%	15%
Portugal	38%	…
Romania	17%	56%
Russian Federation	45%	…
Senegal	…	36%
Serbia	29%	32%
Seychelles	…	88%
Spain	55%	…
Sweden	7%	8%
Switzerland	50%	48%
Tajikistan	28%	40%
Thailand	42%	46%
The former Yugoslav Republic of Macedonia	51%	54%
Togo	…	37%
Tunisia	35%	19%
Ukraine	48%	48%
United Kingdom	44%	…
United States of America	…	25%
Uzbekistan	26%	43%
Viet Nam	52%	52%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

PERCENTAGE OF PEOPLE WHO INJECT DRUGS WHO REPORTED USING STERILE INJECTING EQUIPMENT THE LAST TIME THEY INJECTED

	2009	2011
Afghanistan	94%	94%
Albania	82%	75%
Algeria	…	47%
Argentina	91%	…
Armenia	…	89%
Australia	80%	…
Azerbaijan	62%	46%
Bangladesh	32%	36%
Belarus	87%	89%
Belgium	53%	…
Benin	31%	…
Bosnia and Herzegovina	87%	79%
Brazil	54%	54%
Bulgaria	86%	86%
Cambodia	…	62%
Canada	…	97%
China	72%	66%
Cote d'Ivoire	…	0%
Estonia	…	94%
Georgia	48%	48%
Germany	…	91%
Hungary	74%	…
India	87%	…
Indonesia	88%	87%
Iran	74%	92%
Japan	…	58%
Kazakhstan	63%	61%
Kenya	…	52%
Kyrgyzstan	…	72%
Latvia	82%	…
Lithuania	98%	77%
Luxembourg	71%	…
Madagascar	…	79%
Malaysia	83%	83%
Maldives	72%	…
Mauritius	72%	89%
Mexico	40%	40%
Moldova	99%	…
Montenegro	24%	95%
Morocco	7%	67%
Myanmar	81%	81%

	2009	2011
Nepal	99%	95%
New Zealand	…	62%
Nigeria	89%	71%
Pakistan	77%	66%
Paraguay	71%	92%
Philippines	85%	25%
Portugal	69%	…
Romania	85%	16%
Russian Federation	83%	…
Senegal	…	87%
Serbia	80%	77%
Spain	81%	…
Sweden	58%	65%
Switzerland	94%	…
Tajikistan	63%	69%
Thailand	63%	78%
The former Yugoslav Republic of Macedonia	73%	92%
Tunisia	78%	88%
Ukraine	87%	96%
United Kingdom	81%	…
Uzbekistan	82%	80%
Viet Nam	95%	95%

PERCENTAGE OF PEOPLE WHO INJECT DRUGS THAT HAVE RECEIVED AN HIV TEST IN THE PAST 12 MONTHS AND KNOW THEIR RESULTS

	2009	2011
Afghanistan	22%	22%
Albania	17%	41%
Armenia	…	16%
Australia	…	48%
Azerbaijan	5%	4%
Bangladesh	4%	5%
Belarus	57%	54%
Belgium	36%	…
Benin	25%	…
Bhutan	…	28%
Bosnia and Herzegovina	31%	26%
Brazil	13%	15%
Bulgaria	48%	48%
Cambodia	35%	35%
Canada	47%	86%
China	37%	44%
Czech Republic	34%	44%
Estonia	47%	39%
Finland	63%	63%
Georgia	6%	6%
Germany	…	50%
Hungary	100%	22%
India	21%	…
Indonesia	44%	91%
Iran	23%	25%
Kazakhstan	56%	65%
Kenya	…	60%
Kyrgyzstan	40%	54%
Latvia	63%	…
Lithuania	73%	64%
Luxembourg	65%	82%
Macedonia	44%	97%
Malaysia	33%	100%
Maldives	17%	…
Malta	…	11%
Mauritius	75%	26%
Mexico	32%	35%
Montenegro	…	20%
Morocco	13%	11%
Myanmar	27%	27%
Nepal	22%	21%
Netherlands	…	74%

	2009	2011
New Zealand	…	80%
Nigeria	23%	19%
Pakistan	12%	9%
Paraguay	…	63%
Philippines	1%	5%
Portugal	36%	…
Republic of Moldova	48%	…
Romania	19%	100%
Russian Federation	26%	…
Saint Lucia	17%	…
Senegal	…	71%
Serbia	32%	33%
Seychelles	…	89%
Spain	76%	…
Sweden	82%	38%
Switzerland	60%	54%
Syria	…	27%
Tajikistan	36%	46%
Thailand	62%	41%
Togo	…	0%
Tunisia	21%	19%
Ukraine	26%	36%
United Kingdom	70%	…
United States of America	…	47%
Uzbekistan	34%	29%
Viet Nam	18%	29%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

PERCENTAGE OF PEOPLE WHO INJECT DRUGS WHO ARE LIVING WITH HIV

	2009	2011
Afghanistan	7%	7%
Albania	0%	1%
Algeria	…	7%
Argentina	12%	…
Armenia	…	11%
Australia	2%	1%
Austria	4%	…
Azerbaijan	10%	10%
Bangladesh	2%	1%
Belarus	14%	17%
Belgium	9%	…
Benin	4%	6%
Bosnia and Herzegovina	0%	<1%
Brazil	6%	6%
Bulgaria	7%	7%
Cambodia	24%	24%
Canada	13%	6%
Cape Verde	…	20%
China	9%	6%
Cote d'Ivoire	22%	…
Croatia	0%	…
Cyprus	…	0%
Czech Republic	0%	<1%
Estonia	63%	52%
Finland	1%	1%
Georgia	2%	4%
Germany	…	4%
Guatemala	2%	…
Hungary	0%	0%
India	9%	…
Indonesia	52%	36%
Iran	14%	14%
Italy	…	11%
Japan	…	<1%
Kazakhstan	3%	4%
Kenya	…	18%
Kyrgyzstan	14%	15%
Latvia	23%	11%
Lebanon	0%	0%
Lithuania	8%	4%
Luxembourg	2%	2%
Madagascar	…	7%

	2009	2011
Malaysia	22%	9%
Maldives	0%	…
Mauritius	47%	52%
Mexico	5%	7%
Moldova	16%	…
Montenegro	0%	<1%
Morocco	2%	11%
Myanmar	36%	22%
Nepal	21%	6%
Netherlands	…	10%
New Zealand	0%	<1%
Nigeria	6%	4%
Oman	…	1%
Pakistan	21%	27%
Philippines	0%	14%
Portugal	14%	…
Romania	1%	1%
Russian Federation	16%	…
Saint Lucia	6%	…
Senegal	…	9%
Serbia	5%	2%
Seychelles	…	11%
Spain	20%	16%
Sweden	…	5%
Switzerland	11%	7%
Syria	…	<1%
Tajikistan	18%	16%
Thailand	39%	22%
The former Yugoslav Republic of Macedonia	1%	0%
Togo	…	0%
Tunisia	3%	3%
Ukraine	23%	22%
United Kingdom	2%	1%
Uzbekistan	11%	8%
Viet Nam	18%	13%

PERCENTAGE OF INFANTS BORN TO HIV-POSITIVE WOMEN RECEIVING A VIROLOGICAL TEST FOR HIV WITHIN 2 MONTHS OF BIRTH

	2011
Algeria	69%
Angola	8%
Antigua and Barbuda	100%
Argentina	70%
Armenia	57%
Australia	100%
Azerbaijan	88%
Bahamas	77%
Barbados	85%
Belarus	80%
Belize	100%
Benin	33%
Botswana	46%
Brazil	35%
Brunei	100%
Bulgaria	100%
Burkina Faso	29%
Burundi	…
Cambodia	61%
Cameroon	56%
Cape Verde	100%
Central African Republic	7%
Chad	13%
Chile	99%
China	22%
Colombia	48%
Comoros	100%
Costa Rica	100%
Cote d'Ivoire	4%
Cuba	100%
Czech Republic	100%
Democratic Republic of the Congo	2%
Djibouti	18%
Dominica	100%
Dominican Republic	59%
Ecuador	90%
Egypt	100%
El Salvador	95%
Equatorial Guinea	24%
Ethiopia	11%
Fiji	94%
Gabon	28%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2011
Georgia	96%
Ghana	18%
Grenada	0%
Guatemala	10%
Guinea	12%
Guinea-Bissau	2%
Guyana	45%
Haiti	67%
Honduras	71%
Jamaica	87%
Japan	100%
Kazakhstan	97%
Kenya	39%
Kiribati	0%
Kyrgyzstan	3%
Lao PDR	9%
Latvia	100%
Lesotho	72%
Liberia	21%
Madagascar	2%
Malaysia	100%
Mali	49%
Malta	100%
Marshall Islands	0%
Moldova	83%
Mongolia	50%
Morocco	13%
Mozambique	41%
Myanmar	5%
Namibia	88%
Nepal	2%
New Zealand	100%
Nicaragua	72%
Nigeria	4%
Oman	83%
Pakistan	20%
Panama	60%
Papua New Guinea	22%
Paraguay	27%
Peru	10%
Philippines	5%
Poland	100%
Portugal	91%

	2011
Qatar	100%
Romania	70%
Saint Lucia	60%
Saint Vincent & the Grenadines	83%
Sao Tome and Principe	0%
Saudi Arabia	109%
Senegal	8%
Serbia	100%
Seychelles	100%
Singapore	100%
Slovakia	100%
Somalia	0%
South Africa	50%
Spain	99%
Sri Lanka	0%
Swaziland	69%
Tanzania	29%
Thailand	73%
Togo	14%
Tonga	0%
Trinidad and Tobago	40%
Tunisia	8%
Tuvalu	0%
Uganda	32%
Ukraine	55%
United Kingdom	99%
Uruguay	100%
Uzbekistan	46%
Venezuela	65%
Viet Nam	26%
Yemen	14%
Zambia	55%
Zimbabwe	29%

NEW HIV INFECTIONS IN CHILDREN

	2009			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Haiti	1,300	<1000	1,600	<1000	<1000	1,200
MIDDLE EAST AND NORTH AFRICA						
Djibouti	<200	<200	<200	<200	<100	<200
OCEANIA						
Papua New Guinea	<500	<500	<1000	<500	<200	<500
SUB-SAHARAN AFRICA						
Angola	5,300	3,500	8,400	5,300	3,400	8,700
Benin	1,100	<1000	1,400	1,000	<1000	1,300
Botswana	<1000	<1000	<1000	<1000	<500	<1000
Burkina Faso	2,500	2,100	3,500	2,200	1,800	3,100
Burundi	2,000	1,600	2,400	1,200	<1000	1,600
Cameroon	8,900	7,400	11,000	6,800	5,400	8,500
Central African Republic	2,300	1,600	2,600	1,800	1,000	2,200
Congo	1,600	1,400	1,900	1,700	1,400	2,000
Ethiopia	19,000	16,000	23,000	13,000	10,000	16,000
Gabon	<500	<500	<1000	<500	<200	<1000
Ghana	3,900	3,100	4,800	2,700	2,000	3,600
Guinea-Bissau	<1000	<500	<1000	<1000	<500	<1000
Kenya	23,000	20,000	27,000	13,000	10,000	17,000
Lesotho	4,700	4,100	5,400	3,800	3,100	4,500
Malawi	21,000	18,000	25,000	16,000	13,000	20,000
Mozambique	28,000	23,000	35,000	27,000	22,000	34,000
Namibia	1,900	1,300	2,700	<1000	<500	1,500
Nigeria	71,000	60,000	83,000	69,000	57,000	82,000
Rwanda	2,400	1,800	3,000	1,800	1,300	2,700
Sierra Leone	<1000	<1000	1,000	<1000	<500	1,000
South Africa	57,000	48,000	67,000	29,000	26,000	39,000
South Sudan	…	…	…	2,700	1,800	3,800
Swaziland	2,000	1,700	2,400	1,300	1,000	1,600
Tanzania	27,000	23,000	32,000	22,000	18,000	27,000
Togo	2,700	2,000	3,600	1,400	<1000	2,900
Uganda	27,000	24,000	32,000	21,000	17,000	26,000
Zambia	21,000	18,000	25,000	9,500	7,700	14,000
Zimbabwe	21,000	19,000	25,000	15,000	12,000	17,000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV IN LOW- AND MIDDLE-INCOME COUNTRIES, 2011

	Estimated percentage of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child-transmission			Estimated number of pregnant women living with HIV needing antiretrovirals for preventing mother-to-child-transmission			Number of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child transmission
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total
CARIBBEAN							
Cuba	…	>95	>95	…	<100	<100	120
Dominica	…	…	…	…	…	…	3
Dominican Republic	…	62	>95	…	<1000	1,700	1,074
Grenada	…	…	…	…	…	…	7
Haiti	77	64	>95	4,700	3,700	5,700	3,650
Jamaica	…	43	91	…	<500	<1000	284
Saint Kitts and Nevis	…	…	…	…	…	…	3
Saint Lucia	…	…	…	…	…	…	4
St Vincent and the Grenadines	…	…	…	…	…	…	14
EAST ASIA							
China	…	…	…	…	…	…	2,500
Mongolia	…	10	16	…	<100	<100	<100
EASTERN EUROPE AND CENTRAL ASIA							
Armenia	…	15	75	…	<100	<200	15
Azerbaijan	…	41	>95	…	<100	<100	23
Belarus	…	…	…	…	<100	<100	181
Georgia	…	39	>95	…	<100	<100	27
Kazakhstan	…	78	>95	…	<200	<500	247
Kyrgyzstan	…	15	34	…	<500	<500	70
Republic of Moldova	…	48	76	…	<200	<500	123
Russian Federation	…	>95	>95	…	4,500	9,100	8,928
Tajikistan	…	15	48	…	<200	<1000	76
Turkmenistan	…	…	…	…	…	…	0
Ukraine	…	>95	>95	…	<1000	2,100	3,592
LATIN AMERICA							
Argentina	…	37	75	…	<1000	1,900	708
Belize	…	45	83	…	<100	<200	65
Bolivia	…	>95	>95	…	<100	<100	168
Brazil	…	63	>95	…	5,500	10,000	6,528
Chile	…	49	>95	…	<100	<500	123
Colombia	…	22	78	…	<1000	2,400	531
Costa Rica	…	13	21	…	…	…	25
Ecuador	…	36	>95	…	<500	1,900	684
El Salvador	…	8	73	…	<100	<1000	55
Guatemala	…	4	>95	…	<500	8,600	362
Guyana	…	>95	>95	…	<100	<200	154
Honduras	…	29	65	…	<500	<1000	231
Mexico	…	34	69	…	<1000	1,600	547

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	Estimated percentage of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child-transmission			Estimated number of pregnant women living with HIV needing antiretrovirals for preventing mother-to-child-transmission			Number of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child transmission
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total
Nicaragua	…	8	57	…	<200	1,300	104
Panama	…	41	>95	…	<100	<500	144
Paraguay	…	13	87	…	<200	<1000	122
Peru	…	17	>95	…	<500	3,100	539
Suriname	…	88	>95	…	<100	<200	112
Uruguay	…	20	>95	…	<100	<500	74
Venezuela	…	10	67	…	<500	2,800	285
MIDDLE EAST AND NORTH AFRICA							
Algeria	…	30	75	…	<200	<500	128
Djibouti	14	10	20	<500	<500	<500	47
Egypt	…	3	14	…	<100	<500	7
Iran	…	15	25	…	<500	<1000	74
Iraq	…	…	…	…	…	…	0
Jordan	…	…	…	…	…	…	1
Lebanon	…	0	0	…	<100	<100	0
Libya	…	…	…	…	…	…	0
Morocco	…	13	30	…	<500	<1000	124
Somalia	…	2	6	…	1,300	3,400	79
Sudan	…	2	4	…	2,100	3,500	76
Syria	…	…	…	…	…	…	0
Tunisia	…	56	82	…	<100	<100	9
Yemen	…	1	2	…	<1000	1,300	17
OCEANIA							
Federated States of Micronesia	…	…	…	…	…	…	2
Fiji	…	0	0	…	<100	<100	0
Kiribati	…	…	…	…	…	…	1
Marshall Islands	…	…	…	…	…	…	0
Nauru	…	…	…	…	…	…	0
Palau	…	…	…	…	…	…	0
Papua New Guinea	21	17	26	1,000	<1000	1,300	223
Samoa	…	…	…	…	…	…	0
Solomon Islands	…	…	…	…	…	…	0
Tonga	…	…	…	…	…	…	0
Tuvalu	…	…	…	…	…	…	0
Vanuatu	…	…	…	…	…	…	1
SUB-SAHARAN AFRICA							
Angola	16	10	24	16,000	11,000	25,000	2,584
Benin	30	24	36	3,800	3,100	4,600	1,115
Botswana	94	83	>95	14,000	12,000	15,000	12,738

PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV IN LOW- AND MIDDLE-INCOME COUNTRIES, 2011

	Estimated percentage of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child-transmission			Estimated number of pregnant women living with HIV needing antiretrovirals for preventing mother-to-child-transmission			Number of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child transmission
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total
Burkina Faso	46	34	54	6,800	5,700	9,100	3,098
Burundi	52	43	62	5,200	4,300	6,200	2,670
Cameroon	53	45	62	29,000	25,000	34,000	15,190
Cape Verde	…	31	72	…	<100	<500	63
Central African Republic	48	41	74	6,000	3,900	7,100	2,874
Chad	11	8	14	14,000	11,000	20,000	1,611
Comoros	…	0	0	…	<100	<100	0
Congo	6	5	7	3,900	3,300	4,600	233
Congo Dem. Rep.	…	…	…	…	…	…	2,098
Côte d'Ivoire	68	56	81	16,000	13,000	19,000	10,875
Eritrea	0	0	0	1,200	<1000	2,900	0
Ethiopia	24	20	28	43,000	36,000	51,000	10,103
Gabon	48	32	73	1,700	1,200	2,600	839
Gambia The	…	47	>95	…	<500	2,000	922
Ghana	75	61	90	11,000	8,900	13,000	8,057
Guinea	40	31	55	4,700	3,500	6,300	1,921
Guinea-Bissau	32	27	40	1,500	1,200	1,800	490
Kenya	67	59	75	87,000	77,000	98,000	57,644
Lesotho	62	55	70	16,000	14,000	18,000	10,105
Liberia	59	42	77	1,400	1,100	1,900	809
Madagascar	…	8	16	…	<1000	1,400	106
Malawi	53	46	61	63,000	55,000	74,000	33,557
Mali	…	20	42	…	3,600	7,600	1,523
Mauritania	…	1	4	…	<1000	1,900	25
Mauritius	…	49	>95	…	<100	<200	67
Mozambique	51	43	61	98,000	83,000	120,000	50,554
Namibia	85	69	>95	9,300	7,100	11,000	7,868
Niger	…	27	42	…	3,700	5,800	1,571
Nigeria	18	15	21	230,000	190,000	270,000	40,517
Rwanda	56	45	66	11,000	9,000	13,000	5,960
Sao Tome and Principe	…	53	>95	…	<100	<100	21
Senegal	…	24	39	…	2,200	3,600	850
Seychelles	…	…	…	…	…	…	6
Sierra Leone	74	54	>95	3,100	2,400	4,400	2,338
South Africa	>95	>95	>95	240,000	210,000	270,000	260,073
South Sudan	6	5	10	7,800	5,100	11,000	507
Swaziland	>95	86	>95	11,000	9,600	12,000	10,641
Tanzania	74	65	85	96,000	84,000	110,000	71,041
Togo	61	47	79	6,900	5,300	8,900	4,173

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	Estimated percentage of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child-transmission			Estimated number of pregnant women living with HIV needing antiretrovirals for preventing mother-to-child-transmission			Number of pregnant women living with HIV who received antiretrovirals for preventing mother-to-child transmission
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total
Uganda	45	39	52	97,000	85,000	110,000	43,889
Zambia	86	74	>95	83,000	73,000	96,000	71,429
Zimbabwe	54	48	62	66,000	58,000	75,000	35,948
SOUTH AND SOUTH-EAST ASIA							
Afghanistan	…	2	9	…	<100	<500	7
Bangladesh	…	18	75	…	<100	<100	15
Bhutan	…	13	38	…	<100	<100	5
Cambodia	…	30	86	…	1,100	3,100	930
Indonesia	…	8	23	…	3,500	10,000	813
Lao PDR	…	11	26	…	<200	<500	49
Malaysia	…	77	>95	…	<500	<500	353
Maldives	…	0	0	…	<100	<100	0
Myanmar	…	60	>95	…	2,300	5,000	3,003
Nepal	…	7	29	…	<500	1,400	103
Pakistan	…	1	5	…	1,300	4,800	57
Philippines	…	4	8	…	<200	<500	13
Sri Lanka	…	6	14	…	<100	<200	7
Thailand	…	73	>95	…	3,600	6,200	4,587
Timor Leste	…	…	…	…	…	…	5
Viet Nam	…	23	42	…	2,900	5,400	1,231
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA							
Albania	…	…	…	…	…	…	1
Bosnia and Herzegovina	…	…	…	…	…	…	0
Bulgaria	…	12	35	…	<100	<100	9
Latvia	…	45	>95	…	<100	<200	48
Lithuania	…	56	>95	…	<100	<100	9
Macedonia	…	…	…	…	…	…	0
Montenegro	…	…	…	…	…	…	0
Romania	…	>95	>95	…	<100	<200	160
Serbia	…	11	33	…	<100	<100	4
Turkey	…	0	0	…	<100	<200	0

PERCENTAGE OF ADULTS AND CHILDREN WITH HIV KNOWN TO BE ON TREATMENT 12 MONTHS AFTER INITIATION OF ANTIRETROVIRAL THERAPY

	2011
Afghanistan	96%
Algeria	75%
Angola	69%
Antigua and Barbuda	86%
Armenia	81%
Azerbaijan	79%
Bahamas	71%
Bangladesh	84%
Barbados	95%
Belarus	81%
Belgium	88%
Belize	89%
Benin	93%
Bhutan	89%
Bolivia	60%
Bosnia and Herzegovina	100%
Botswana	95%
Brazil	93%
Brunei	100%
Bulgaria	92%
Burundi	91%
Cambodia	93%
Cameroon	62%
Cape Verde	97%
Central African Republic	77%
Chad	69%
Chile	94%
China	87%
Congo, Republic of the	69%
Cote d'Ivoire	41%
Croatia	96%
Cuba	93%
Czech Republic	93%
Democratic Republic of the Congo	75%
Djibouti	96%
Dominica	88%
Dominican Republic	82%
Ecuador	95%
Egypt	94%
El Salvador	83%
Equatorial Guinea	75%
Ethiopia	73%
Fiji	75%
Gambia The	82%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2011
Georgia	79%
Germany	86%
Ghana	71%
Grenada	52%
Guatemala	87%
Guinea	77%
Guinea-Bissau	62%
Guyana	80%
Haiti	78%
Honduras	84%
Indonesia	68%
Iran	82%
Jamaica	76%
Japan	96%
Jordan	100%
Kazakhstan	64%
Kenya	75%
Kyrgyzstan	88%
Lao PDR	88%
Latvia	42%
Lebanon	87%
Lesotho	75%
Liberia	62%
Lithuania	97%
Madagascar	95%
Malawi	80%
Malaysia	92%
Maldives	67%
Malta	95%
Marshall Islands	100%
Mauritania	86%
Mauritius	87%
Mexico	88%
Moldova	81%
Mongolia	83%
Montenegro	75%
Morocco	91%
Mozambique	74%
Myanmar	87%
Namibia	82%
Nepal	82%
Netherlands	89%
New Zealand	98%
Nicaragua	71%
Niger	72%

	2011
Nigeria	73%
Oman	74%
Palau	…
Papua New Guinea	78%
Paraguay	81%
Peru	88%
Philippines	92%
Qatar	100%
Republic of Korea	92%
Rwanda	93%
Saint Kitts and Nevis	100%
Saint Lucia	77%
Saint Vincent & the Grenadines	70%
Sao Tome and Principe	96%
Senegal	74%
Seychelles	81%
Sierra Leone	83%
Singapore	97%
Slovakia	93%
Solomon Islands	100%
Somalia	84%
South Sudan	63%
Sri Lanka	78%
Sudan	62%
Suriname	66%
Swaziland	87%
Sweden	97%
Tajikistan	73%
Tanzania	71%
Thailand	83%
The former Yugoslav Republic of Macedonia	88%
Timor Leste	83%
Togo	87%
Trinidad and Tobago	83%
Tunisia	96%
Uganda	70%
Ukraine	82%
United Kingdom	89%
Uruguay	65%
Uzbekistan	85%
Vanuatu	100%
Venezuela	95%
Viet Nam	82%
Zimbabwe	86%

ESTIMATED PEOPLE RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of people needing antiretroviral therapy based on WHO 2010 guidelines					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Cuba	5,000	4,200	6,000	6,800	5,700	8,000
Dominica	…	…	…	…	…	…
Dominican Republic	23,000	20,000	26,000	25,000	22,000	28,000
Grenada	…	…	…	…	…	…
Haiti	54,000	47,000	61,000	60,000	52,000	67,000
Jamaica	15,000	12,000	18,000	15,000	13,000	19,000
Saint Kitts and Nevis	…	…	…	…	…	…
Saint Lucia	…	…	…	…	…	…
St Vincent and the Grenadines	…	…	…	…	…	…
EAST ASIA						
China	…	…	…	…	…	…
Mongolia	<100	<100	<100	<200	<200	<200
EASTERN EUROPE AND CENTRAL ASIA	…	…	…	…	…	…
Armenia	1,500	<1000	3,100	1,500	<1000	2,800
Azerbaijan	2,200	1,500	3,000	2,500	1,800	3,300
Belarus	…	…	…	…	…	…
Georgia	1,000	<500	1,900	1,500	<1000	2,500
Kazakhstan	5,600	4,700	7,300	6,800	5,900	8,500
Kyrgyzstan	1,200	<1000	2,100	2,200	1,600	3,700
Republic of Moldova	5,200	4,300	6,200	5,700	4,800	6,800
Russian Federation	…	220,000	340,000	…	250,000	390,000
Tajikistan	3,000	1,800	5,200	3,600	2,300	5,800
Ukraine	120,000	92,000	150,000	120,000	95,000	160,000
Uzbekistan	…	…	…	…	…	…
LATIN AMERICA						
Argentina	53,000	47,000	61,000	59,000	51,000	66,000
Belize	1,900	1,600	2,200	2,200	2,000	2,500
Bolivia	8,800	5,900	13,000	8,200	5,300	13,000
Brazil	290,000	270,000	320,000	300,000	280,000	330,000
Chile	22,000	17,000	31,000	24,000	19,000	31,000
Colombia	65,000	40,000	97,000	67,000	41,000	100,000
Costa Rica	…	…	…	…	…	…
Ecuador	15,000	9,800	28,000	16,000	13,000	28,000
El Salvador	7,500	5,500	12,000	9,600	6,600	16,000
Guatemala	19,000	12,000	38,000	24,000	14,000	61,000
Guyana	3,900	2,900	5,300	4,200	3,300	5,300
Honduras	22,000	17,000	29,000	20,000	16,000	26,000
Mexico	76,000	70,000	85,000	86,000	80,000	96,000
Nicaragua	1,900	1,000	4,000	2,600	1,600	5,500
Panama	11,000	7,500	17,000	11,000	8,200	16,000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009			2011			2009	2011
Estimated ART Coverage based on WHO 2010 guidelines						Reported number of people on ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
>95	84	>95	>95	87	>95	5,034	7,018
…	…	…	…	…	…	38	39
60	54	69	80	72	90	13,785	20,247
…	…	…	…	…	…	54	73
48	43	56	58	52	67	26,007	34,935
50	40	60	60	48	71	7,244	9,167
…	…	…	…	…	…	…	50
…	…	…	…	…	…	124	170
…	…	…	…	…	…	162	184
…	…	…	…	…	…	65,481	126,448
15	13	17	27	23	31	10	38
…	…	…	…	…	…	…	…
12	6	20	22	12	34	179	330
11	8	16	28	22	38	238	707
28	20	37	40	29	54	1,776	3,223
63	34	>95	76	44	>95	655	1,122
18	14	22	27	21	31	1,035	1,830
19	11	29	23	14	33	231	510
19	16	23	29	24	35	984	1,666
…	22	27	…	22	27	75,900	85,716
11	6	18	22	13	33	322	769
13	10	17	22	17	28	15,871	26,720
…	…	…	…	…	…	1,753	3,832
81	70	92	79	69	91	42,815	46,000
45	38	52	62	55	69	855	1,358
13	8	19	15	10	24	1,115	1,261
64	58	69	71	65	77	185,982	215,676
59	42	76	66	50	83	12,762	15,617
25	17	40	46	30	74	16,302	30,612
68	60	80	73	65	85	3,064	3,663
36	20	57	68	40	90	5,538	11,201
>95	70	>95	72	43	>95	…	6,923
55	27	88	56	22	>95	10,362	13,585
72	53	>95	82	65	>95	2,832	3,432
32	25	41	41	32	51	7,075	8,355
80	72	87	84	75	90	60,911	71,849
57	26	>95	65	31	>95	1,063	1,686
42	27	59	49	32	63	4,463	5,156

ESTIMATED PEOPLE RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of people needing antiretroviral therapy based on WHO 2010 guidelines					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Paraguay	3,100	2,000	5,900	4,300	2,900	8,100
Peru	32,000	22,000	51,000	36,000	24,000	65,000
Suriname	2,600	1,800	3,900	2,400	1,800	3,500
Uruguay	6,400	4,100	14,000	6,500	4,200	14,000
Venezuela	44,000	25,000	95,000	51,000	30,000	110,000
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	4,100	7,100	…	5,200	8,900
Djibouti	4,900	4,100	5,900	4,900	4,000	6,100
Egypt	3,600	2,000	8,500	3,600	2,200	8,100
Iran	34,000	30,000	38,000	37,000	33,000	42,000
Jordan	…	…	…	…	…	…
Lebanon	1,000	<1000	1,600	1,200	<1000	1,700
Morocco	8,700	6,200	12,000	11,000	7,700	15,000
Somalia	14,000	10,000	20,000	15,000	11,000	21,000
Sudan	26,000	21,000	32,000	28,000	23,000	33,000
Syria	…	…	…	…	…	…
Tunisia	3,600	1,600	11,000	3,800	1,600	12,000
Yemen	6,900	5,400	8,600	8,100	6,600	9,700
OCEANIA						
Cook Islands	…	…	…	…	…	…
Federated States of Micronesia	…	…	…	…	…	…
Fiji	<100	<100	<100	<100	<100	<200
Kiribati	…	…	…	…	…	…
Marshall Islands	…	…	…	…	…	…
Nauru	…	…	…	…	…	…
Niue	…	…	…	…	…	…
Palau	…	…	…	…	…	…
Papua New Guinea	12,000	9,600	14,000	14,000	12,000	16,000
Samoa	…	…	…	…	…	…
Solomon Islands	…	…	…	…	…	…
Tonga	…	…	…	…	…	…
Tuvalu	…	…	…	…	…	…
Vanuatu	…	…	…	…	…	…
SUB-SAHARAN AFRICA						
Angola	76,000	56,000	110,000	93,000	69,000	130,000
Benin	29,000	25,000	32,000	33,000	29,000	37,000
Botswana	160,000	150,000	170,000	190,000	180,000	190,000
Burkina Faso	60,000	54,000	75,000	64,000	57,000	79,000
Burundi	50,000	45,000	56,000	49,000	45,000	56,000
Cameroon	230,000	210,000	260,000	260,000	240,000	280,000
Cape Verde	1,400	1,000	1,800	1,600	1,200	2,100

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009			2011			2009	2011
Estimated ART Coverage based on WHO 2010 guidelines						Reported number of people on ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
66	35	>95	69	36	>95	2,073	2,952
46	29	66	60	33	90	14,780	21,509
38	25	54	53	36	72	973	1,276
39	18	61	41	19	63	2,510	2,658
74	34	>95	79	38	>95	32,302	40,384
28	22	37	39	30	51	1,526	2,680
19	16	22	27	22	33	913	1,328
10	4	18	21	9	34	359	760
4	4	5	7	7	8	1,486	2,752
…	…	…	…	…	…	63	108
35	23	54	36	25	52	354	425
31	22	43	37	27	52	2,647	4,047
4	3	6	7	5	11	578	1,139
8	6	9	9	7	11	1,996	2,500
…	…	…	…	…	…	99	130
70	61	81	67	61	76	412	483
4	3	5	8	6	9	274	625
…	…	…	…	…	…	…	0
…	…	…	…	…	…	5	…
93	78	>95	87	71	>95	52	74
…	…	…	…	…	…	…	6
…	…	…	…	…	…	4	7
…	…	…	…	…	…	…	0
…	…	…	…	…	…	…	0
…	…	…	…	…	…	3	2
58	47	71	68	58	79	6,751	9,435
…	…	…	…	…	…	…	12
…	…	…	…	…	…	8	8
…	…	…	…	…	…	…	0
…	…	…	…	…	…	1	0
…	…	…	…	…	…	2	3
27	19	37	36	26	49	20,640	33,515
53	47	60	61	54	68	15,401	19,930
90	86	94	>95	92	>95	145,190	178,684
44	35	49	57	46	63	26,448	36,248
35	31	39	54	47	58	17,661	26,402
33	30	36	41	38	44	76,228	105,653
44	33	59	46	34	60	611	719

ESTIMATED PEOPLE RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of people needing antiretroviral therapy based on WHO 2010 guidelines					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Central African Republic	63,000	55,000	67,000	64,000	55,000	69,000
Chad	82,000	71,000	96,000	96,000	84,000	110,000
Comoros	<100	<100	<200	<200	<100	<200
Congo	33,000	29,000	37,000	38,000	34,000	42,000
Congo Dem. Rep.	…	…	…	…	…	…
Côte d'Ivoire	200,000	180,000	210,000	200,000	180,000	220,000
Eritrea	12,000	7,600	22,000	13,000	8,600	24,000
Ethiopia	490,000	440,000	530,000	470,000	430,000	510,000
Gabon	21,000	15,000	28,000	23,000	18,000	31,000
Gambia The	4,300	2,200	8,200	5,300	3,100	10,000
Ghana	110,000	94,000	120,000	120,000	100,000	130,000
Guinea	35,000	29,000	42,000	40,000	34,000	47,000
Guinea-Bissau	6,800	5,000	8,500	9,100	7,400	11,000
Kenya	660,000	620,000	710,000	750,000	700,000	790,000
Lesotho	120,000	120,000	130,000	150,000	140,000	150,000
Liberia	16,000	13,000	19,000	15,000	13,000	18,000
Madagascar	11,000	8,500	19,000	13,000	9,600	19,000
Malawi	420,000	390,000	460,000	480,000	450,000	520,000
Mali	49,000	40,000	59,000	55,000	45,000	66,000
Mauritania	6,600	4,400	10,000	8,300	5,500	13,000
Mauritius	3,500	2,400	5,000	3,600	2,500	4,900
Mozambique	490,000	440,000	570,000	600,000	530,000	680,000
Namibia	91,000	76,000	110,000	110,000	96,000	120,000
Niger	24,000	21,000	28,000	28,000	24,000	32,000
Nigeria	1,200,000	1,100,000	1,400,000	1,400,000	1,300,000	1,600,000
Rwanda	100,000	90,000	110,000	120,000	110,000	130,000
Sao Tome and Principe	<500	<500	<1000	<500	<500	<1000
Senegal	18,000	15,000	22,000	23,000	19,000	27,000
Seychelles	…	…	…	…	…	…
Sierra Leone	16,000	14,000	19,000	20,000	17,000	23,000
South Africa	2,300,000	2,200,000	2,500,000	2,600,000	2,400,000	2,700,000
South Sudan	…	…	…	57,000	39,000	79,000
Swaziland	74,000	70,000	79,000	88,000	84,000	93,000
Tanzania	620,000	580,000	670,000	700,000	650,000	760,000
Togo	64,000	50,000	79,000	69,000	55,000	86,000
Uganda	490,000	450,000	530,000	580,000	540,000	630,000
Zambia	350,000	310,000	370,000	510,000	480,000	540,000
Zimbabwe	590,000	550,000	630,000	620,000	590,000	660,000
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	1,400	<1000	3,000	1,700	<1000	4,300
Bangladesh	1,600	1,100	3,200	2,200	1,800	3,900
Bhutan	<200	<100	<500	<500	<200	<500

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009			2011			2009	2011
Estimated ART Coverage based on WHO 2010 guidelines						Reported number of people on ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
23	22	26	22	21	26	14,474	14,405
39	34	45	34	29	39	32,288	32,832
15	11	19	19	14	26	12	19
24	21	27	44	40	49	7,998	16,861
…	…	…	…	…	…	34,967	53,554
37	34	40	41	37	45	72,011	82,721
43	23	65	49	26	72	4,955	6,245
36	33	40	56	52	62	176,632	265,174
48	36	65	53	40	69	9,976	12,280
21	11	42	54	29	92	921	2,891
28	24	32	47	41	54	30,265	54,589
43	36	53	58	49	69	14,999	23,135
41	33	55	56	47	69	2,764	5,104
51	48	54	72	68	76	336,980	538,983
50	47	53	58	54	61	61,736	83,626
19	15	23	38	32	45	2,970	5,839
2	1	3	3	2	4	214	383
47	44	51	67	62	72	198,846	322,209
43	36	52	53	44	65	21,100	29,237
21	14	32	21	14	32	1,401	1,738
19	13	27	37	27	53	652	1,349
34	30	39	46	40	51	170,198	273,561
78	66	93	>95	85	>95	70,498	104,531
27	23	31	34	30	39	6,445	9,420
25	22	28	30	28	34	302,973	432,285
77	70	86	82	75	90	76,726	96,123
39	30	51	52	39	68	169	252
68	56	82	56	47	67	12,249	12,762
…	…	…	…	…	…	139	181
22	19	26	41	35	49	3,660	8,115
42	40	45	66	62	70	971,556	1,702,060
…	…	…	6	4	9	1,829	3,442
64	60	68	83	78	87	47,241	72,402
32	30	34	40	37	43	199,413	277,070
26	21	33	42	34	53	16,710	29,045
41	38	44	54	50	58	200,413	313,117
81	77	90	82	76	87	283,863	415,685
37	35	39	77	72	81	218,589	476,321
1	1	3	6	3	11	19	111
22	11	32	31	17	38	353	681
19	14	45	24	17	33	…	64

ESTIMATED PEOPLE RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of people needing antiretroviral therapy based on WHO 2010 guidelines					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Cambodia	41,000	35,000	54,000	46,000	39,000	60,000
India	…	…	…	…	…	…
Indonesia	64,000	42,000	94,000	100,000	68,000	140,000
Lao PDR	2,800	1,800	4,500	3,800	2,800	5,600
Malaysia	34,000	27,000	43,000	38,000	32,000	45,000
Maldives	<100	<100	<100	<100	<100	<100
Myanmar	120,000	110,000	140,000	120,000	110,000	140,000
Nepal	26,000	19,000	47,000	26,000	19,000	50,000
Pakistan	16,000	11,000	25,000	25,000	17,000	44,000
Philippines	2,600	1,700	3,300	3,900	3,000	4,800
Sri Lanka	1,200	<1000	13,000	1,500	1,200	8,700
Thailand	300,000	280,000	320,000	320,000	300,000	340,000
Timor Leste	…	…	…	…	…	…
Viet Nam	85,000	72,000	100,000	110,000	90,000	130,000
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Albania	…	…	…	…	…	…
Bosnia and Herzegovina	…	…	…	…	…	…
Bulgaria	1,300	<1000	1,600	1,500	1,200	1,900
Latvia	2,600	2,100	3,400	3,000	2,400	3,900
Lithuania	<1000	<500	<1000	<1000	<500	<1000
Macedonia	…	…	…	…	…	…
Montenegro	…	…	…	…	…	…
Romania	9,800	8,500	11,000	10,000	9,100	11,000
Serbia	1,300	<1000	1,700	1,500	1,200	1,900
Turkey	1,500	1,200	1,900	2,000	1,600	2,500

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009			2011			2009	2011
Estimated ART Coverage based on WHO 2010 guidelines						Reported number of people on ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
91	69	>95	>95	78	>95	37,315	46,473
…	…	…	…	…	…	330,300	543,000
24	16	37	24	17	36	15,442	24,410
48	30	75	53	36	71	1,345	1,988
29	23	37	37	31	43	9,962	14,002
22	18	26	22	17	26	3	3
17	15	20	32	28	37	21,138	40,128
14	7	19	24	13	34	3,550	6,483
8	5	12	10	6	15	1,320	2,491
29	22	44	51	41	66	750	1,992
17	2	21	21	4	26	207	311
72	67	76	71	66	75	216,118	225,272
…	…	…	…	…	…	31	60
44	37	53	58	48	68	37,995	60,924
…	…	…	…	…	…	114	161
…	…	…	…	…	…	38	63
26	20	33	25	20	33	327	383
17	13	21	18	14	23	439	560
29	22	36	25	20	32	145	…
…	…	…	…	…	…	24	45
…	…	…	…	…	…	31	58
74	65	86	74	66	83	7,244	7,536
60	46	>95	65	51	86	790	987
67	52	86	50	39	63	1,000	…

ESTIMATED CHILDREN RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of children needing antiretroviral therapy					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Cuba	…	…	…	…	…	…
Dominica	…	…	…	…	…	…
Dominican Republic	…	…	…	…	…	…
Grenada	…	…	…	…	…	…
Haiti	6,700	5,500	8,000	7,800	6,300	9,300
Jamaica	…	…	…	…	…	…
Saint Kitts and Nevis	…	…	…	…	…	…
Saint Lucia	…	…	…	…	…	…
St Vincent and the Grenadines	…	…	…	…	…	…
EAST ASIA						
China	…	…	…	…	…	…
Mongolia	…	…	…	…	…	…
EASTERN EUROPE AND CENTRAL ASIA						
Armenia	…	…	…	…	…	…
Azerbaijan	…	…	…	…	…	…
Belarus	…	…	…	…	…	…
Georgia	…	…	…	…	…	…
Kazakhstan	…	…	…	…	…	…
Kyrgyzstan	…	…	…	…	…	…
Republic of Moldova	…	…	…	…	…	…
Russian Federation	…	…	…	…	…	…
Tajikistan	…	…	…	…	…	…
Ukraine	…	…	…	…	…	…
Uzbekistan	…	…	…	…	…	…
LATIN AMERICA						
Argentina	…	…	…	…	…	…
Belize	…	…	…	…	…	…
Bolivia	…	…	…	…	…	…
Brazil	…	…	…	…	…	…
Chile	…	…	…	…	…	…
Costa Rica	…	…	…	…	…	…
Ecuador	…	…	…	…	…	…
El Salvador	…	…	…	…	…	…
Guatemala	…	…	…	…	…	…
Guyana	…	…	…	…	…	…
Honduras	…	…	…	…	…	…
Mexico	…	…	…	…	…	…
Nicaragua	…	…	…	…	…	…
Panama	…	…	…	…	…	…
Paraguay	…	…	…	…	…	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009			2011			2009	2011
Estimated antiretroviral therapy coverage among children						Reported number of children 0-14 years receiving ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
…	…	…	…	…	…	20	15
…	…	…	…	…	…	1	0
…	…	…	…	…	…	782	1,010
…	…	…	…	…	…	3	3
19	13	41	25	21	31	1,098	1,969
…	…	…	…	…	…	436	462
…	…	…	…	…	…	…	1
…	…	…	…	…	…	3	3
…	…	…	…	…	…	3	4
…	…	…	…	…	…	1,594	2,322
…	…	…	…	…	…	…	0
…	…	…	…	…	…	7	11
…	…	…	…	…	…	3	15
…	…	…	…	…	…	95	139
…	…	…	…	…	…	28	35
…	…	…	…	…	…	191	247
…	…	…	…	…	…	101	170
…	…	…	…	…	…	34	52
…	…	…	…	…	…	1,998	…
…	…	…	…	…	…	9	56
…	…	…	…	…	…	1,720	2,268
…	…	…	…	…	…	225	1,794
…	…	…	…	…	…	2,000	1,286
…	…	…	…	…	…	80	88
…	…	…	…	…	…	50	61
…	…	…	…	…	…	7,939	5,215
…	…	…	…	…	…	186	199
…	…	…	…	…	…	61	61
…	…	…	…	…	…	407	576
…	…	…	…	…	…	300	390
…	…	…	…	…	…	768	935
…	…	…	…	…	…	165	201
…	…	…	…	…	…	719	736
…	…	…	…	…	…	1,594	1,630
…	…	…	…	…	…	56	64
…	…	…	…	…	…	256	250
…	…	…	…	…	…	130	167

ESTIMATED CHILDREN RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of children needing antiretroviral therapy					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Peru	…	…	…	…	…	…
Suriname	…	…	…	…	…	…
Uruguay	…	…	…	…	…	…
Venezuela	…	…	…	…	…	…
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	…	…	…	…	…
Djibouti	<1000	<500	<1000	<1000	<1000	<1000
Egypt	…	…	…	…	…	…
Iran	…	…	…	…	…	…
Iraq	…	…	…	…	…	…
Jordan	…	…	…	…	…	…
Lebanon	…	…	…	…	…	…
Morocco	…	…	…	…	…	…
Oman	…	…	…	…	…	…
Somalia	…	…	…	…	…	…
Sudan	…	…	…	…	…	…
Syria	…	…	…	…	…	…
Tunisia	…	…	…	…	…	…
Yemen	…	…	…	…	…	…
OCEANIA						
Cook Islands	…	…	…	…	…	…
Federated States of Micronesia	…	…	…	…	…	…
Fiji	…	…	…	…	…	…
Kiribati	…	…	…	…	…	…
Marshall Islands	…	…	…	…	…	…
Niue	…	…	…	…	…	…
Palau	…	…	…	…	…	…
Papua New Guinea	1,600	1,200	2,100	2,000	1,500	2,500
Samoa	…	…	…	…	…	…
Solomon Islands	…	…	…	…	…	…
Vanuatu	…	…	…	…	…	…
SUB-SAHARAN AFRICA						
Angola	15,000	11,000	22,000	21,000	15,000	30,000
Benin	4,600	3,800	5,700	5,700	4,700	6,900
Botswana	9,400	8,900	9,900	11,000	10,000	12,000
Burkina Faso	12,000	9,600	15,000	13,000	10,000	16,000
Burundi	10,000	8,700	12,000	11,000	9,400	13,000
Cameroon	29,000	25,000	34,000	35,000	30,000	41,000
Cape Verde	…	…	…	…	…	…
Central African Republic	9,700	9,500	10,000	11,000	11,000	11,000
Chad	16,000	13,000	19,000	20,000	17,000	25,000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

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2009			2011			2009	2011
Estimated antiretroviral therapy coverage among children						Reported number of children 0-14 years receiving ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
…	…	…	…	…	…	517	495
…	…	…	…	…	…	80	82
…	…	…	…	…	…	160	82
…	…	…	…	…	…	784	962
…	…	…	…	…	…	97	200
4	2	8	6	5	8	24	41
…	…	…	…	…	…	27	32
…	…	…	…	…	…	54	97
…	…	…	…	…	…	…	0
…	…	…	…	…	…	2	2
…	…	…	…	…	…	9	4
…	…	…	…	…	…	145	205
…	…	…	…	…	…	26	…
…	…	…	…	…	…	9	48
…	…	…	…	…	…	…	263
…	…	…	…	…	…	8	1
…	…	…	…	…	…	12	19
…	…	…	…	…	…	9	38
…	…	…	…	…	…	…	0
…	…	…	…	…	…	…	0
…	…	…	…	…	…	1	2
…	…	…	…	…	…	…	1
…	…	…	…	…	…	…	0
…	…	…	…	…	…	…	0
…	…	…	…	…	…	…	0
26	17	49	31	24	40	427	608
…	…	…	…	…	…	…	3
…	…	…	…	…	…	…	0
…	…	…	…	…	…	1	2
13	8	25	11	8	16	1,548	2,314
41	28	77	23	19	28	1,135	1,300
90	76	>95	88	84	93	8,490	9,702
17	11	35	14	11	17	1,354	1,776
11	8	19	17	15	20	1,596	1,927
11	8	20	13	11	15	3,114	4,440
…	…	…	…	…	…	37	58
9	6	20	7	7	7	724	825
6	4	12	8	6	9	774	1,531

ESTIMATED CHILDREN RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of children needing antiretroviral therapy					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Comoros	…	…	…	…	…	…
Congo	5,900	5,000	7,000	7,500	6,400	8,800
Congo Dem. Rep.	…	…	…	…	…	…
Côte d'Ivoire	30,000	26,000	35,000	35,000	30,000	40,000
Equatorial Guinea	…	…	…	…	…	…
Eritrea	2,000	1,300	3,800	2,600	1,700	4,800
Ethiopia	90,000	77,000	100,000	82,000	70,000	95,000
Gabon	1,500	1,000	2,200	1,900	1,200	2,800
Gambia The	…	…	…	…	…	…
Ghana	15,000	12,000	18,000	18,000	15,000	22,000
Guinea	5,500	4,100	7,000	6,800	5,200	8,700
Guinea-Bissau	1,300	<1000	1,600	1,800	1,500	2,300
Kenya	150,000	130,000	170,000	160,000	140,000	180,000
Lesotho	19,000	17,000	21,000	24,000	21,000	27,000
Liberia	2,500	1,900	3,100	2,900	2,300	3,600
Madagascar	…	…	…	…	…	…
Malawi	80,000	70,000	92,000	99,000	87,000	120,000
Mali	…	…	…	…	…	…
Mauritania	…	…	…	…	…	…
Mauritius	…	…	…	…	…	…
Mozambique	80,000	66,000	96,000	120,000	98,000	140,000
Namibia	11,000	9,100	13,000	13,000	11,000	16,000
Niger	…	…	…	…	…	…
Nigeria	210,000	170,000	240,000	280,000	240,000	320,000
Rwanda	13,000	11,000	15,000	17,000	14,000	19,000
Sao Tome and Principe	…	…	…	…	…	…
Senegal	…	…	…	…	…	…
Seychelles	…	…	…	…	…	…
Sierra Leone	1,900	1,500	2,400	2,500	2,000	3,400
South Africa	220,000	200,000	250,000	260,000	230,000	300,000
South Sudan	…	…	…	10,000	6,500	14,000
Swaziland	9,100	8,200	10,000	11,000	9,900	12,000
Tanzania	110,000	97,000	130,000	130,000	110,000	150,000
Togo	9,000	6,900	12,000	11,000	8,100	14,000
Uganda	93,000	82,000	110,000	120,000	100,000	130,000
Zambia	89,000	78,000	99,000	98,000	86,000	110,000
Zimbabwe	100,000	92,000	110,000	120,000	110,000	130,000
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	…	…	…	…	…	…
Bangladesh	…	…	…	…	…	…
Bhutan	…	…	…	…	…	…
Cambodia	…	…	…	…	…	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009			2011			2009	2011
Estimated antiretroviral therapy coverage among children						Reported number of children 0-14 years receiving ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
…	…	…	…	…	…	1	1
12	8	24	14	12	16	488	1,051
…	…	…	…	…	…	4,053	6,238
15	10	30	15	13	17	4,349	5,190
3	2	7	…	…	…	27	…
21	14	45	20	11	31	324	517
	14	38	19	17	23	9,992	16,000
17	11	34	22	15	33	275	414
…	…	…	…	…	…	309	161
12	8	24	14	12	17	1,617	2,480
15	10	32	11	9	14	674	745
10	7	21	14	11	18	118	260
32	22	59	31	27	36	28,370	48,546
23	17	39	25	22	28	3,038	6,095
9	6	19	20	16	25	266	570
…	…	…	…	…	…	5	13
29	21	51	29	25	33	17,364	28,722
…	…	…	…	…	…	1,266	1,732
…	…	…	…	…	…	42	76
…	…	…	…	…	…	…	11
14	10	26	20	16	24	…	23,053
89	65	>95	76	63	91	8,188	10,284
…	…	…	…	…	…	258	496
10	7	19	13	11	16	18,092	36,716
60	40	>95	46	39	55	6,679	7,597
…	…	…	…	…	…	5	8
…	…	…	…	…	…	794	599
…	…	…	…	…	…	9	5
14	9	25	21	16	27	237	533
54	41	94	58	51	65	86,270	151,860
			1	1	2	…	138
70	53	>95	60	53	66	4,772	6,567
17	11	34	14	12	16	12,822	18,298
20	12	58	16	12	21	1,028	1,676
18	12	33	21	19	25	13,413	24,735
36	26	65	31	27	35	21,120	30,187
30	23	50	34	30	38	21,521	40,140
…	…	…	…	…	…	…	4
…	…	…	…	…	…	6	37
…	…	…	…	…	…	1	3
…	…	…	…	…	…	3,638	4,439

ESTIMATED CHILDREN RECEIVING AND NEEDING ANTIRETROVIRAL THERAPY, AND COVERAGE, 2009 AND 2011

	2009			2011		
	Estimated number of children needing antiretroviral therapy					
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
India	…	…	…	…	…	…
Indonesia	…	…	…	…	…	…
Lao PDR	…	…	…	…	…	…
Malaysia	…	…	…	…	…	…
Maldives	…	…	…	…	…	…
Myanmar	…	…	…	…	…	…
Nepal	…	…	…	…	…	…
Pakistan	…	…	…	…	…	…
Philippines	…	…	…	…	…	…
Sri Lanka	…	…	…	…	…	…
Thailand	…	…	…	…	…	…
Timor Leste	…	…	…	…	…	…
Viet Nam	…	…	…	…	…	…
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Albania	…	…	…	…	…	…
Bosnia and Herzegovina	…	…	…	…	…	…
Bulgaria	…	…	…	…	…	…
Croatia	…	…	…	…	…	…
Hungary	…	…	…	…	…	…
Latvia	…	…	…	…	…	…
Lithuania	…	…	…	…	…	…
Macedonia	…	…	…	…	…	…
Montenegro	…	…	…	…	…	…
Poland	…	…	…	…	…	…
Romania	…	…	…	…	…	…
Serbia	…	…	…	…	…	…
Turkey	…	…	…	…	…	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009			2011			2009	2011
Estimated antiretroviral therapy coverage among children						Reported number of children 0-14 years receiving ART	
estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate	Total	Total
…	…	…	…	…	…	…	22,896
…	…	…	…	…	…	356	759
…	…	…	…	…	…	95	133
…	…	…	…	…	…	501	487
…	…	…	…	…	…	…	0
…	…	…	…	…	…	1,535	2,995
…	…	…	…	…	…	178	432
…	…	…	…	…	…	57	105
…	…	…	…	…	…	11	19
…	…	…	…	…	…	11	18
…	…	…	…	…	…	8,076	6,510
…	…	…	…	…	…	3	3
…	…	…	…	…	…	1,987	2,668
…	…	…	…	…	…	15	14
…	…	…	…	…	…	1	1
…	…	…	…	…	…	3	6
…	…	…	…	…	…	3	…
…	…	…	…	…	…	6	…
…	…	…	…	…	…	26	25
…	…	…	…	…	…	2	2
…	…	…	…	…	…	1	0
…	…	…	…	…	…	1	1
…	…	…	…	…	…	137	…
…	…	…	…	…	…	192	189
…	…	…	…	…	…	11	9
…	…	…	…	…	…	9	0

PERCENTAGE OF ESTIMATED HIV-POSITIVE INCIDENT TB CASES THAT RECEIVED TREATMENT FOR BOTH TB AND HIV

	2011
Albania	…
Angola	14%
Antigua and Barbuda	100%
Armenia	100%
Azerbaijan	60%
Bahamas	59%
Bahrain	9%
Bangladesh	14%
Belarus	26%
Belize	…
Benin	57%
Bolivia	3%
Bosnia and Herzegovina	100%
Botswana	20%
Brunei	67%
Bulgaria	…
Burkina Faso	60%
Burundi	48%
Cambodia	33%
Cameroon	51%
Cape Verde	69%
Central African Republic	8%
Chad	35%
China	36%
Costa Rica	100%
Cote d'Ivoire	33%
Cuba	90%
Cyprus	33%
Czech Republic	100%
Democratic Republic of the Congo	4%
Djibouti	11%
Dominican Republic	148%
El Salvador	83%
Equatorial Guinea	7%
Finland	100%
Gabon	25%
Georgia	113%
Grenada	17%
Guatemala	12%
Guinea	20%
Guyana	65%
Haiti	1%

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2011
Honduras	37%
Hungary	100%
Indonesia	4%
Iran	19%
Jamaica	22%
Japan	…
Kazakhstan	75%
Kenya	65%
Kiribati	100%
Kyrgyzstan	23%
Lao PDR	49%
Latvia	53%
Lesotho	40%
Liberia	2%
Madagascar	3%
Malawi	79%
Malaysia	18%
Mali	6%
Malta	100%
Marshall Islands	100%
Mauritania	2%
Mexico	48%
Moldova	51%
Mongolia	6%
Morocco	54%
Mozambique	10%
Namibia	36%
New Zealand	100%
Nicaragua	48%
Niger	14%
Nigeria	16%
Oman	100%
Panama	94%
Papua New Guinea	25%
Paraguay	131%
Peru	42%
Philippines	14%
Republic of Korea	100%
Rwanda	168%
Saint Vincent & the Grenadines	75%
Sao Tome and Principe	72%
Senegal	…

	2011
Serbia	71%
Seychelles	100%
Sierra Leone	33%
Singapore	91%
Slovakia	100%
Somalia	2%
South Africa	65%
South Sudan	2%
Spain	100%
Sri Lanka	16%
Sudan	1%
Suriname	56%
Swaziland	10%
Sweden	100%
Tajikistan	18%
Tanzania	26%
Thailand	30%
Togo	47%
Trinidad and Tobago	61%
Tunisia	25%
Uganda	55%
Ukraine	36%
United Kingdom	95%
Uruguay	33%
Uzbekistan	24%
Venezuela	48%
Viet Nam	30%
Yemen	19%
Zambia	…
Zimbabwe	23%

HIV+ TB PATIENTS ON ART

	2010
Afghanistan	2
Albania	0
Andorra	0
Angola	700
Antigua and Barbuda	5
Argentina	…
Armenia	7
Australia	…
Austria	…
Azerbaijan	…
Bahamas	12
Bahrain	0
Bangladesh	4
Barbados	2
Belize	29
Benin	340
Bhutan	…
Bolivia	113
Bosnia and Herzegovina	0
Botswana	1 720
Brazil	8 575
Brunei	1
Bulgaria	2
Burkina Faso	503
Burundi	509
Cambodia	944
Cameroon	4 235
Cape Verde	…
Central African Republic	534
Chad	297
China	2 036
Colombia	433
Comoros	0
Congo, Republic of the	22
Costa Rica	0
Cote d'Ivoire	1 118
Cuba	35
Cyprus	…
Democratic People's Republic of Korea	0
Democratic Republic of the Congo	489
Denmark	…
Djibouti	27
Dominica	1

	2010
Dominican Republic	21
Ecuador	427
Egypt	7
El Salvador	113
Equatorial Guinea	69
Estonia	16
Ethiopia	3 823
Fiji	3
Gabon	348
Gambia The	103
Georgia	27
Germany	…
Ghana	487
Grenada	0
Guatemala	255
Guinea	614
Guinea-Bissau	…
Guyana	124
Haiti	185
Honduras	180
Hungary	1
Iceland	0
India	23 641
Indonesia	325
Iran	72
Iraq	0
Israel	…
Jamaica	30
Jordan	0
Kazakhstan	25
Kenya	19 331
Kiribati	0
Kuwait	3
Kyrgyzstan	68
Lao PDR	…
Latvia	54
Lebanon	7
Lesotho	2 273
Liberia	0
Libya	…
Madagascar	14
Malawi	5 718
Malaysia	352
Maldives	0

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2010
Mali	217
Malta	…
Marshall Islands	0
Mauritania	55
Mauritius	6
Mexico	424
Micronesia, Federated States of	0
Moldova	97
Mongolia	2
Montenegro	1
Morocco	17
Mozambique	6 250
Myanmar	899
Namibia	2 294
Nauru	0
Nepal	0
Netherlands	…
Nicaragua	40
Niger	0
Nigeria	5 902
Occupied Palestinian Territory	0
Oman	4
Pakistan	12
Palau	0
Panama	201
Papua New Guinea	…
Paraguay	96
Peru	10
Philippines	0
Portugal	303
Qatar	0
Republic of Korea	…
Romania	214
Russian Federation	7 225
Rwanda	1 587
Saint Kitts and Nevis	0
Saint Lucia	0
Saint Vincent & the Grenadines	3
Samoa	0
Sao Tome and Principe	7
Saudi Arabia	…
Senegal	289

	2010
Serbia	12
Seychelles	1
Sierra Leone	190
Slovakia	1
Slovenia	…
Solomon Islands	0
Somalia	61
South Africa	69 959
South Sudan	…
Sri Lanka	7
Sudan	247
Suriname	22
Swaziland	2 726
Syria	0
Tajikistan	54
Tanzania	7 572
Thailand	4 796
The former Yugoslav Republic of Macedonia	0
Timor Leste	…
Togo	312
Tonga	0
Trinidad and Tobago	20
Tunisia	7
Turkey	9
Turkmenistan	…
Tuvalu	0
Uganda	4 782
Ukraine	2 269
United Arab Emirates	4
Uruguay	35
Uzbekistan	157
Vanuatu	0
Venezuela	156
Viet Nam	1 497
Yemen	0
Zambia	12 646
Zimbabwe	14 223

DOMESTIC HIV SPENDING (BY FUNDING SOURCE)

	2009	2010	2011	2009	2010	2011	2009	2010	2011
	Public			Bilaterals			Development Banks		
Afghanistan	132 200	200 000	…	282 525	90 499	1 456 111	3 220 281	1 523 129	3 728 220
Algeria	2 537 184	5 326 676	8 069 200	115 500	288 339	535 488	…	…	…
Angola	16 044 315	15 877 187	21 462 786	4 100 000	4 057 292	9 014 036	…	…	126 898
Antigua and Barbuda	…	300 777	326 796	…	820 914	246 310	…	…	…
Argentina	286 371 607	…	…	57 836	…	…	…	…	…
Armenia	…	1 961 038	2 079 270	…	…	…	…	…	…
Azerbaijan	…	6 857 540	8 563 409	…	…	…	…	…	…
Bangladesh	…	1 202 508	746 225	…	2 869 608	3 190 243	…	…	1 690 130
Belarus	…	13 246 041	9 668 805	…	234 102	4 749	…	…	…
Belize	…	1 134 649	…	…	529 130	…	…	…	…
Benin	…	6 937 649	…	…	119 433	…	…	1 613 734	…
Bolivia	1 833 430	…	2 276 663	521 059	…	156 582	…	…	…
Botswana	229 451 023	264 009 913	295 267 593	78 157 141	88 981 938	75 823 559	…	…	…
Brazil	653 545 481	745 830 717	…	…	…	…	…	…	…
Bulgaria	5 695 293	4 252 150	6 668 195	22 260	19 713	…	…	…	…
Burkina Faso	15 156 369	11 593 206	…	13 562 885	18 070 254	…	1 472 553	25 109	…
Burundi	1 900 945	1 775 383	…	5 885 055	6 075 357	…	…	9 042 388	…
Cambodia	1 703 403	…	…	15 565 137	…	…	…	…	…
Cameroon	1 923 386	14 395 254	…	…	8 679 422	…	…	…	…
Cape Verde	…	499 368	522 275	…	…	…	…	…	…
Central African Republic	2 241 257	1 873 217	1 887 321	731 907	747 766	420 561	…	…	…
Chad	2 063 160	703 141	3 825 752	5 261 002	1 537 148	1 943 543	857 880	…	695 754
Chile	110 436 733	119 224 642	…	34 171	57 283	…	…	…	…
China	…	497 309 402	529 376 006	…	14 787 060	13 690 093	…	…	…
Colombia	87 782 780	86 962 224	102 514 729	…	…	…	…	…	…
Congo	4 444 208	8 104 228	…	525 915	381 566	…	2 077 285	807 570	…
Costa Rica	…	24 765 744	…	…	311 345	…	…	…	…
Cote dIvoire	9 477 423	…	…	97 609 230	…	…	4 474 748	…	…
Cuba	56 999 895	58 593 535	60 633 504	…	…	…	…	…	…
Democratic People Republic of Korea	816 000	1 009 600	1 070 420	…	…	…	…	…	…
Democratic Republic of the Congo	162 272	2 759 539	…	7 630 713	24 298 279	…	22 154 322	26 737 388	…
Djibouti	…	627 309	596 705	…	1 059 733	123 916	…	28 249	…
Dominica	…	223 664	223 664	…	…	…	…	…	…
Ecuador	…	24 270 868	…	…	29 658	…	…	…	…
El Salvador	…	37 297 450	…	…	2 101 422	…	…	…	…
Fiji	274 162	419 594	467 602	833 480	149 660	164 857	187 061	43 333	…
Gabon	3 857 125	6 166 691	6 423 890	241 442	489 931	920 533	…	…	643 284
Georgia	3 372 270	4 362 929	4 562 010	555 346	1 070 223	2 125 481	…	…	…
Ghana	6 051 970	8 087 144	…	11 685 411	7 835 285	…	…	…	…
Grenada	…	5 521	182 713	…	49 936	6 361	…	…	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

2009	2010	2011	2009	2010	2011	2009	2010	2011
Global Fund			Multilaterals			All Other (Multilat. & Internat.)		
1 087 983	1 774 255	1 645 560	435 563	849 942	1 172 183	…	…	…
…	…	…	55 500	180 060	312 046	…	402	4 421
8 285 337	8 199 031	263 478	3 920 587	3 879 748	894 705	2 073 250	2 051 653	1 715 635
…	233 300	37 290	…	6 866	6 866	…	…	…
…	…	…	671 049	…	…	…	…	…
…	2 885 885	3 227 460	…	126 671	188 352	…	72 194	85 353
…	616 197	5 416 440	…	171 014	152 855	…	591 500	423 000
…	10 461 394	12 389 199	…	232 797	202 846	…	348 682	428 488
…	5 946 198	9 778 974	…	238 119	266 925	…	58 522	145 031
…	…	…	…	280 346	…	…	603 420	…
…	2 368 720	…	…	3 228 966	…	…	3 929 033	…
5 215 054	…	4 799 828	613 437	…	499 221	1 550 455	…	1 519 416
882 026	…	…	1 796 277	2 040 884	2 689 349	9 012 985	10 264 133	11 733 337
…	…	…	2 968 684	7 468 124	…	334 701	1 699 227	…
4 746 955	5 494 807	6 382 691	293 858	81 000	95 000	292 666	44 937	…
13 141 980	14 559 973	…	4 868 194	7 574 732	…	2 571 000	432 584	…
8 605 500	19 840 902	…	3 185 897	2 260 516	…	7 273 624	2 713 322	…
19 023 377	…	…	7 547 437	…	…	9 858 889	…	…
…	17 134 894	…	…	3 562 002	…	…	11 539 968	…
…	1 711 088	2 853 473	…	149 724	94 703	…	185 032	124 985
2 285 032	3 979 986	6 189 238	6 073 868	8 055 827	7 063 516	110 195	240 603	112 671
2 016 340	1 053 196	3 917 486	1 991 867	6 652 445	3 185 094	336 280	1 440 835	770 991
…	…	…	275 061	411 244	…	…	…	…
…	40 436 517	27 664 861	…	5 675 752	2 935 759	…	25 418 125	15 706 811
…	…	…	220 541	275 591	332 684	…	…	…
4 105 659	6 354 280	…	531 830	337 139	…	291 851	487 802	…
…	…	…	…	338 411	…	…	1 529 141	…
9 240 931	…	…	3 854 000	…	…	4 404 619	…	…
11 631 474	8 261 407	9 321 423	…	…	…	89 457	…	…
…	…	…	52 500	5 000	75 000	…	…	…
34 910 098	30 107 409	…	12 952 358	16 480 566	…	7 399 533	4 814 175	…
…	1 358 827	1 975 708	…	1 971 916	1 597 164	…	…	…
…	…	…	…	…	…	…	…	…
…	26 364	…	…	1 336 249	…	…	1 583 268	…
…	7 451 451	…	…	273 174	…	…	1 629 385	…
371 646	72 512	206 829	643 536	339 790	653 830	22 366	1 072 100	762 094
1 874 376	1 288 011	915 788	427 711	578 116	1 124 598	…	…	…
4 460 231	5 300 330	5 146 960	326 033	212 468	401 494	373 447	249 945	847 976
24 680 506	27 525 703	…	1 147 421	3 384 797	…	3 030 977	9 269 696	…
…	14 839	11 355	…	1 178	34 666	…	22 028	51 709

DOMESTIC HIV SPENDING (BY FUNDING SOURCE)

	2009	2010	2011	2009	2010	2011	2009	2010	2011
	Public			Bilaterals			Development Banks		
Guatemala	26 325 377	28 765 245	…	2 479 385	3 413 212	…	29 574	63 778	…
Guinea	398 818	317 576	638 185	2 407 466	2 937 281	3 008 420	881	…	…
Guinea-Bissau	…	611 774	…	…	3 959 113	…	…	…	…
Haiti	1 608 233	1 608 233	1 608 233	100 648 174	112 413 248	112 522 203	…	…	…
Honduras	14 785 269	16 025 455	…	3 817 306	5 065 130	…	78 120	…	…
India	…	…	…	…	…	…	…	…	…
Indonesia	21 318 844	27 779 280	…	14 894 922	13 173 742	…	188 728	192 000	…
Iran (Islamic Rep. of)	36 209 832	…	…	…	…	…	…	…	…
Jamaica	3 437 894	3 848 958	…	1 041 885	360 894	…	…	…	…
Jordan	…	1 000 000	1 000 000	…	…	…	…	…	…
Kazakhstan	…	…	30 346 857	…	…	…	…	…	…
Kenya	107 771 988	134 682 271	…	536 946 976	554 075 845	…	…	…	…
Kiribati	…	…	…	…	…	…	…	…	…
Kyrgyzstan	1 501 495	1 407 901	1 441 565	1 200 000	319 578	319 578	2 223 060	1 517 507	551 780
Lao People Democratic Republic	…	827 689	827 689	…	1 206 336	1 841 772	…	163 594	231 690
Latvia	6 786 301	5 996 109	7 192 416	…	…	…	…	…	…
Lebanon	3 200 000	1 570 000	1 570 000	…	…	…	…	…	…
Liberia	…	83 100	190 000	…	…	539 765	…	…	…
Lithuania	…	…	3 601 011	…	…	…	…	…	…
Madagascar	…	4 473 518	6 030 408	…	1 968 850	2 229 932	…	…	…
Malawi	…	…	…	…	…	…	…	…	…
Malaysia	…	31 383 249	36 668 151	…	…	…	…	…	…
Mali	5 281 569	6 440 769	…	5 850 155	3 882 437	…	2 458 354	7 906 760	…
Marshall Islands	122 186	200 027	120 246	…	72 449	25 021	…	…	…
Mauritania	86 917	698 855	3 720 945	…	…	…	…	…	…
Mauritius	…	4 894 627	…	…	105 559	…	…	…	…
Mexico	332 203 890	…	…	130 463	…	…	…	…	…
Micronesia, Federated States of	…	…	…	250 941	265 491	290 594	…	…	…
Mongolia	…	950 996	1 169 128	…	…	…	…	…	…
Morocco	5 823 291	6 357 832	6 728 697	43 667	46 215	50 836	…	…	…
Myanmar	1 835 283	2 596 875	3 944 294	…	…	…	…	…	…
Namibia	120 839 011	168 791 097	…	87 505 762	93 028 647	…	…	…	…
Nepal	265 416	…	…	12 657 519	…	…	…	…	…
Nicaragua	…	9 682 304	…	…	2 554 713	…	…	11 892	…
Niger	92 356	69 420	82 936	1 943 700	2 475 111	2 660 802	2 197 946	…	2 689
Nigeria	97 790 519	125 139 587	…	272 915 916	284 908 865	…	2 462 620	1 505 746	…
Pakistan	5 767 308	4 768 321	…	3 429 074	2 312 562	…	370 354	284 301	…
Palau	…	394 323	394 323	…	…	…	…	…	…
Panama	…	15 702 066	…	…	…	…	…	…	…
Papua New Guinea	9 860 880	12 077 392	…	30 167 475	28 199 728	…	2 708 840	2 607 197	…
Paraguay	…	2 677 348	2 507 935	…	2 857 575	…	…	2 268	…

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2009	2010	2011	2009	2010	2011	2009	2010	2011
Global Fund			Multilaterals			All Other (Multilat. & Internat.)		
6 528 435	5 661 421	…	3 128 050	1 569 879	…	2 314 853	2 177 406	…
792 154	1 463 210	4 611 586	2 582 965	1 780 330	1 355 255	6 938 806	4 925 974	5 163 845
…	…	…	…	687 951	…	…	…	…
18 056 398	21 587 726	8 607 148	16 292 267	13 250 596	49 276 067	…	…	…
7 668 106	8 010 680	…	1 181 044	1 344 386	…	640 556	1 296 149	…
…	…	…	…	…	…	…	…	…
19 208 072	23 588 860	…	4 674 854	4 412 998	…	…	…	…
…	…	…	4 551 488	…	…	…	…	…
9 986 758	9 680 362	…	433 556	258 577	…	246 417	472 073	…
…	723 768	433 831	…	…	…	…	…	…
…	…	5 151 157	…	…	338 007	…	…	1 050 997
5 345 199	15 266 186	…	…	…	…	20 800 000	22 034 292	…
…	424 106	83 959	…	…	…	…	5 694	174 929
4 999 241	5 836 715	2 152 922	1 600 000	1 753 560	905 000	630 000	400 000	350 000
…	4 357 227	7 562 540	…	972 646	934 476	…	1 052 247	345 968
…	…	…	323 503	146 569	25 228	17 888	25 990	70 621
…	…	…	…	…	…	…	…	…
…	25 511 143	22 804 922	…	2 763 451	7 588 885	…	…	…
…	…	…	…	…	…	…	…	68 390
…	1 485 034	4 147 480	…	1 417 801	1 422 281	…	66 330	45 725
…	…	…	…	…	…	…	…	…
…	…	2 232 176	…	561 880	307 629	…	…	…
9 451 472	14 802 895	…	995 376	470 510	…	4 124 590	2 669 735	…
3 655	118 457	83 557	…	…	…	…	…	…
…	…	…	…	…	…	…	…	…
…	1 675 382	…	…	291 226	…	…	291 753	…
…	…	…	803 282	…	…	445 281	…	…
77 180	115 772	86 810	142 793	68 898	…	215 012	71 645	96 066
…	…	…	…	…	…	…	…	…
5 392 539	4 811 881	4 190 951	850 994	881 906	742 118	1 342 176	1 359 102	1 405 370
…	…	…	…	…	…	32 428 850	37 904 167	42 349 184
26 141 080	9 324 333	…	8 332 120	7 860 111	…	…	…	…
6 402 853	…	…	652 766	…	…	…	…	…
…	9 155 592	…	…	2 113 283	…	…	226 491	…
3 437 444	9 493 223	5 824 701	1 179 132	581 263	5 987 007	1 230 114	1 561 547	1 097 893
35 087 474	65 899 650	…	6 581 611	18 410 698	…	170 987	202 378	…
435 890	388 442	…	3 148 777	3 996 848	…	877 807	1 181 821	…
…	…	…	…	…	…	…	…	…
…	…	…	…	…	…	…	…	…
4 718 066	4 572 622	…	1 881 653	2 495 709	…	656 632	946 413	…
…	3 588 531	4 115 637	…	318 962	739 922	…	…	239 221

DOMESTIC HIV SPENDING (BY FUNDING SOURCE)

	2009	2010	2011	2009	2010	2011	2009	2010	2011
	Public			Bilaterals			Development Banks		
Peru	24 899 402	15 445 506	…	3 688 911	2 575 018	…	…	…	…
Philippines	1 870 624	3 372 467	4 126 663	759 365	597 420	624 340	72 670	…	…
Republic of Moldova	5 544 671	4 617 721	5 125 529	106 203	182 941	236 752	…	…	…
Romania	80 101 093	91 512 275	102 458 472	…	…	…	…	1 771 480	4 577 421
Rwanda	16 635 507	…	…	77 854 492	…	…	…	…	…
Saint Vincent and the Grenadines	…	2 508 745	1 267 636	…	1 332 973	733 063	…	…	718 655
Samoa	…	161 694	172 845	…	…	…	…	…	…
São Tomé and Príncipe	13 406	7 803	112 650	…	…	…	26 701	43 656	118 046
Seychelles	1 518 746	2 297 113	2 003 196	30 600	…	…	84 549	24 104	…
Sierra Leone	400 362	…	…	3 088 779	…	…	…	…	…
Solomon Islands	…	150 032	151 749	…	393 993	439 782	…	…	…
South Africa	1 930 462 155	…	…	188 420 971	…	…	…	…	…
Sri Lanka	2 085 088	2 277 906	…	…	…	…	…	…	…
Sudan, North	2 073 696	…	…	9 056	…	…	…	…	…
Suriname	2 213 565	1 939 620	2 249 605	…	2 547 077	1 253 125	…	…	…
Swaziland	29 912 310	…	…	15 401 864	…	…	…	…	…
Syrian Arab Republic	…	…	620 000	…	…	…	…	…	…
Tajikistan	…	1 718 968	2 269 834	…	2 564 546	2 751 455	…	…	…
Thailand	195 119 743	200 251 009	267 932 276	1 942 389	7 071 757	8 103 688	…	54 915	120 790
The former Yugoslav Republic of Macedonia	2 298 179	2 366 290	…	…	…	…	…	…	…
Togo	3 245 307	8 878 290	…	2 465 846	1 605 831	…	…	…	…
Tonga	…	…	…	…	…	…	…	…	…
Tunisia	…	110 040	117 400	…	…	…	…	…	…
Tuvalu	…	12 000	20 180	…	…	…	…	4 000	…
Ukraine	38 052 604	38 054 198	…	1 611 592	3 384 197	…	…	…	…
Uzbekistan	…	17 586 625	19 235 245	…	78 893	165 236	…	1 173 717	…
Vanuatu	…	36 510	36 482	…	898 503	1 397 372	…	…	…
Venezuela	83 078 900	109 037 329	80 352 294	…	…	…	…	…	…
Viet Nam	17 176 061	21 431 087	…	70 785 001	84 013 483	…	14 763 773	8 001 304	…
Yemen	…	442 233	467 395	…	…	…	…	…	…
Zimbabwe	8 883 551	20 833 554	28 061 185	26 342 985	49 772 291	77 692 280	259 044	30 000	…

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2009	2010	2011	2009	2010	2011	2009	2010	2011
Global Fund			Multilaterals			All Other (Multilat. & Internat.)		
16 022 244	7 278 840	…	1 103 254	403 751	…	8 736 388	2 216 561	…
6 687 850	3 278 792	1 955 077	1 223 488	1 007 266	1 171 076	19 936	119 242	121 650
3 760 803	5 302 443	7 161 464	1 277 549	403 777	979 690	789 171	214 054	141 112
3 324 074	1 417 679	…	460 900	660 616	716 706	369 873	145 980	382 997
63 649 284	…	…	1 917 394	…	…	13 256 962	…	…
…	116 050	82 558	…	33 512	…	…	…	34 434
…	82 661	102 625	…	95 536	29 583	…	5 137	2 430
131 292	260 248	294 122	251 662	259 461	273 686	37 508	34 585	82 365
…	…	…	63 538	17 581	53 040	51 217	15 811	13 174
8 357 853	…	…	1 783 802	…	…	648 000	…	…
…	…	…	…	44 612	17 435	…	215 690	299 462
22 239 662	…	…	2 857 022	…	…	51 612 969	…	…
421 802	267 539	…	622 525	818 769	…	1 090 393	949 938	…
10 907 580	…	…	2 182 723	…	…	185 569	…	…
1 541 834	1 485 037	1 009 894	199 973	73 872	67 700	…	…	12 385
18 503 024	…	…	3 996 246	…	…	4 936 578	…	…
…	…	…	…	…	189 850	…	…	…
…	9 825 871	8 815 922	…	537 086	743 891	…	586 650	720 935
10 735 812	26 021 888	35 359 954	1 308 590	1 473 326	1 488 538	…	1 304 782	1 357 422
1 966 542	1 723 215	…	373 635	462 347	…	114 901	171 120	…
5 488 906	6 937 675	…	1 347 355	1 506 109	…	2 119 594	3 463 112	…
…	…	…	…	…	…	…	…	…
…	2 928 100	2 615 149	…	…	…	…	…	10 000
…	43 641	121 916	…	…	…	…	…	35 000
22 079 767	26 858 256	…	1 253 446	1 758 678	…	1 613 814	1 876 599	…
…	50 000	6 045 177	…	173 000	468 000	…	201 764	357 488
…	177 211	328 393	…	38 888	28 769	…	510 411	92 474
…	…	…	345 384	626 411	133 327	…	…	…
5 829 561	6 650 517	…	1 640 997	1 343 508	…	1 142 572	2 212 967	…
…	…	351 385	…	923 775	461 636	…	844 990	333 504
8 545 029	66 042 408	26 233 338	7 452 677	17 972 300	27 240 021	18 952 442	30 302 187	44 865 531

DOMESTIC HIV SPENDING FROM INTERNATIONAL SOURCES

	2009	2011
Afghanistan	5 026 352	8 002 074
Albania	…	…
Algeria	171 000	851 954
Angola	18 379 174	12 014 753
Antigua and Barbuda	131 501	290 466
Argentina	728 886	…
Armenia	1 668 431	3 501 166
Azerbaijan	1 916 604	5 992 296
Bahamas	486 442	…
Bangladesh	26 938 054	17 900 906
Barbados	0	0
Belarus	5 308 642	10 195 678
Belgium	0	…
Belize	1 372 281	…
Benin	15 771 349	…
Bolivia	7 900 006	6 975 048
Bosnia and Herzegovina	3 284 302	…
Botswana	89 848 432	90 246 248
Brazil	3 303 385	…
Bulgaria	5 355 739	6 477 691
Burkina Faso	35 616 612	…
Burundi	24 950 074	…
Cambodia	51 994 840	…
Cameroon	63 401 168	…
Cape Verde	1 091 793	3 073 161
Central African Republic	9 201 002	13 785 987
Chad	10 463 370	10 512 867
Chile	309 232	…
China	84 760 648	59 997 524
Colombia	220 541	332 684
Congo	7 532 540	…
Congo Dem. Rep.	85 047 024	…
Costa Rica	…	…
Croatia	189 793	…
Cuba	11 720 931	9 321 423
Czech Republic	2 340 369	…
Côte d'Ivoire	119 583 528	…
Djibouti	2 006 625	3 696 788
Dominica	146 921	0
Dominican Republic	…	…
Ecuador	0	…
Egypt	…	…

	2009	2011
El Salvador	…	…
Equatorial Guinea	1 878 564	…
Eritrea	12 444 472	…
Estonia	…	…
Federated States of Micronesia	685 926	473 470
Fiji	2 058 089	1 787 610
Gabon	2 543 529	3 604 203
Gambia The	…	…
Georgia	5 715 058	8 521 911
Ghana	40 544 316	…
Grenada	0	104 090
Guatemala	14 480 297	…
Guinea	12 722 272	14 139 106
Guinea-Bissau	5 017 686	…
Haiti	134 996 832	170 405 424
Honduras	13 385 132	…
Hungary	0	…
India	116 907 888	0
Indonesia	38 966 576	…
Iran	4 551 488	…
Italy	…	0
Jamaica	11 708 616	…
Japan	0	0
Jordan	1 854 000	433 831
Kazakhstan	6 511 406	6 540 161
Kenya	563 092 160	…
Kiribati	…	258 888
Korea DPR	52 500	75 000
Korea Rep	0	0
Kuwait	0	…
Kyrgyzstan	10 652 301	4 279 280
Lao PDR	5 882 668	10 916 446
Latvia	341 391	95 849
Lebanon	1 250 000	850 000
Lesotho	0	…
Liberia	…	30 933 572
Lithuania	…	68 390
Luxembourg	0	…
Macedonia	2 455 079	…
Madagascar	…	7 845 418
Malawi	71 804 800	77 390 000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Malaysia	447 059	2 539 805
Mali	22 879 948	…
Marshall Islands	3 655	108 578
Mauritania	0	0
Mauritius	…	…
Mexico	1 379 026	…
Mongolia	3 506 193	2 562 338
Montenegro	830 121	…
Morocco	7 629 376	6 389 275
Mozambique	…	…
Myanmar	32 428 850	42 349 184
Namibia	121 978 960	…
Nauru	44 850	…
Nepal	19 713 138	…
Nicaragua	…	…
Niger	9 988 336	15 573 092
Nigeria	317 218 624	…
Oman	190 537	175 040
Pakistan	8 261 902	…
Palau	67 449	650 636
Panama	…	…
Papua New Guinea	40 132 668	…
Paraguay	3 696 709	…
Peru	29 550 796	…
Philippines	8 763 309	3 872 142
Poland	0	12 647
Portugal	0	0
Republic of Moldova	5 933 726	8 519 018
Romania	4 154 847	5 677 124
Russian Federation	…	…
Rwanda	156 678 128	…
Saint Kitts and Nevis	128 526	16 000
Saint Lucia	…	…
Samoa	173 332	134 637
Sao Tome and Principe	447 163	768 219
Saudi Arabia	57 493	…
Senegal	…	…
Seychelles	229 903	66 215
Sierra Leone	13 878 434	…
Singapore	0	0
Solomon Islands	467 005	756 680
Somalia	5 981 774	…

	2009	2011
South Africa	265 130 624	…
Spain	0	14 594 897
Sri Lanka	2 134 720	…
St Vincent and the Grenadines	2 408 008	1 568 710
Sudan	…	…
Suriname	1 741 807	2 343 104
Swaziland	42 837 712	…
Sweden	0	…
Switzerland	0	…
Syria	175 793	189 850
Tajikistan	6 328 162	13 032 202
Tanzania	…	…
Thailand	13 986 791	46 430 392
Timor Leste	1 782 014	…
Togo	11 421 701	…
Tonga	205 316	0
Trinidad and Tobago	2 117 705	…
Tunisia	…	2 625 149
Turkey	…	…
Tuvalu	32 000	156 916
Uganda	…	…
Ukraine	26 558 618	…
United Arab Emirates	29 973	…
United Kingdom	0	…
Uruguay	…	…
Uzbekistan	7 703 423	7 035 901
Vanuatu	1 042 180	1 847 008
Venezuela	345 384	133 327
Viet Nam	94 161 904	…
Yemen	4 829 843	1 146 525
Zambia	…	…
Zimbabwe	61 552 176	176 031 168

TOTAL DOMESTIC HIV SPENDING

	2009	2011
Afghanistan	5 158 552	8 002 074
Albania	…	…
Algeria	2 708 185	8 921 155
Angola	34 423 488	33 477 540
Antigua and Barbuda	390 760	617 262
Argentina	287 100 480	…
Armenia	2 301 071	5 580 436
Australia	…	…
Azerbaijan	6 061 651	14 555 704
Bahamas	4 888 516	…
Bangladesh	26 938 054	18 647 130
Barbados	5 539 683	5 874 278
Belarus	16 660 383	19 864 484
Belgium	146 014 576	…
Belize	2 024 335	…
Benin	28 789 376	…
Bolivia	9 733 435	9 251 710
Bosnia and Herzegovina	3 584 302	…
Botswana	319 299 456	385 513 824
Brazil	656 848 896	…
Bulgaria	11 051 032	13 145 886
Burkina Faso	50 772 980	…
Burundi	26 851 020	…
Cambodia	53 698 244	…
Cameroon	65 324 552	…
Cape Verde	1 110 770	3 595 435
Central African Republic	11 442 259	15 673 308
Chad	12 526 530	14 338 620
Chile	110 745 968	…
China	353 535 360	589 373 504
Colombia	88 003 320	102 847 416
Comoros	…	…
Congo	11 976 747	…
Congo Dem. Rep.	85 209 296	…
Costa Rica	…	…
Croatia	10 367 188	…
Cuba	68 720 824	69 954 928
Czech Republic	69 311 120	…
Côte d'Ivoire	129 060 952	…
Djibouti	2 006 625	4 293 493
Dominica	177 655	223 664
Dominican Republic	…	…

	2009	2011
Ecuador	0	…
Egypt	…	…
El Salvador	…	…
Equatorial Guinea	2 797 300	…
Eritrea	13 661 214	…
Estonia	…	…
Federated States of Micronesia	685 926	473 470
Fiji	2 332 252	2 255 212
Gabon	6 400 654	10 028 093
Gambia The	…	…
Georgia	9 087 328	13 083 921
Ghana	46 596 284	…
Greece	…	…
Grenada	194 493	286 803
Guatemala	40 805 672	…
Guinea	13 121 090	14 777 291
Guinea-Bissau	5 255 637	…
Haiti	136 605 072	172 013 648
Honduras	28 170 402	…
Hungary	3 496 377	…
India	140 001 568	0
Indonesia	60 285 420	…
Iran	40 761 320	…
Italy	…	508 145 472
Jamaica	15 146 511	…
Japan	73 196 544	67 907 856
Jordan	3 099 000	1 433 832
Kazakhstan	22 778 078	36 887 020
Kenya	670 864 192	…
Kiribati	…	258 888
Korea DPR	868 500	1 145 420
Korea Rep	13 178 000	11 171 000
Kuwait	4 578 055	…
Kyrgyzstan	12 153 796	5 720 845
Lao PDR	5 997 398	11 744 135
Latvia	7 127 693	7 288 265
Lebanon	4 450 000	2 420 000
Lesotho	0	…
Liberia	…	31 123 572
Lithuania	…	3 669 401
Luxembourg	0	…

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Macedonia	4 753 257	…
Madagascar	…	13 875 825
Malawi	71 804 800	77 390 000
Malaysia	27 700 294	39 207 956
Mali	28 161 516	…
Marshall Islands	125 841	228 824
Mauritania	86 917	3 720 945
Mauritius	…	…
Mexico	333 582 912	…
Mongolia	4 663 529	3 731 466
Montenegro	830 121	…
Morocco	13 452 667	13 117 972
Mozambique	…	…
Myanmar	34 264 132	46 293 476
Namibia	242 817 968	…
Nauru	97 112	…
Nepal	19 978 554	…
Nicaragua	…	…
Niger	10 080 692	15 656 028
Nigeria	415 009 120	…
Oman	811 771	4 703 923
Pakistan	14 029 210	…
Palau	67 449	1 044 959
Panama	…	…
Papua New Guinea	49 993 548	…
Paraguay	11 417 737	…
Peru	54 450 200	…
Philippines	10 633 933	7 998 805
Poland	48 104 392	74 338 328
Portugal	10 081 614	201 374 448
Republic of Moldova	11 478 397	13 644 548
Romania	84 255 936	108 135 600
Russian Federation	…	…
Rwanda	173 313 632	…
Saint Kitts and Nevis	1 210 091	93 349
Saint Lucia	…	…
Samoa	792 332	307 482
Sao Tome and Principe	460 569	880 869
Saudi Arabia	19 389 142	…
Senegal	…	…
Seychelles	1 748 649	2 069 411
Sierra Leone	14 278 796	…

	2009	2011
Singapore	14 361 842	23 091 270
Solomon Islands	575 216	908 429
Somalia	5 981 774	…
South Africa	2 195 592 704	…
Spain	947 070 400	1 078 922 368
Sri Lanka	4 219 808	…
St Vincent and the Grenadines	2 629 219	2 836 345
Sudan	…	…
Suriname	3 955 373	4 592 708
Swaziland	72 750 024	…
Sweden	0	…
Switzerland	14 843 029	…
Syria	1 976 645	809 850
Tajikistan	7 478 840	15 302 037
Tanzania	…	…
Thailand	209 106 528	314 362 656
Timor Leste	1 803 014	…
Togo	14 667 008	…
Tonga	279 391	0
Trinidad and Tobago	13 532 974	…
Tunisia	…	2 742 549
Turkey	…	…
Tuvalu	38 369	177 096
Uganda	…	…
Ukraine	64 611 224	…
United Arab Emirates	17 583 652	…
United Kingdom	80 303 032	…
Uruguay	…	…
Uzbekistan	15 939 901	26 271 146
Vanuatu	1 114 768	1 883 490
Venezuela	83 424 288	80 485 624
Viet Nam	111 337 968	…
Yemen	4 955 843	1 613 920
Zambia	…	…
Zimbabwe	70 435 728	204 092 352

YOUNG PEOPLE'S KNOWLEDGE ABOUT HIV PREVENTION

	Year, source (*)	Comprehensive correct knowledge about AIDS among young people aged 15-24 (2 ways to prevent AIDS and reject 3 misconceptions) (%)	
		Female	Male
CARIBBEAN			
Dominican Republic	2007 DHS	40.8	33.7
Haiti	2005-06 DHS	33.9	40.1
EASTERN EUROPE AND CENTRAL ASIA			
Albania	2008-09 DHS	35.9	22
Armenia	2005 DHS	22.6	15.1
Azerbaijan	2006 DHS	4.8	5.3
Ukraine	2007 DHS	44.8	42.8
LATIN AMERICA			
Bolivia	2008 DHS	22.4	27.7
Colombia	2010 DHS	24.1	…
Guyana	2009 DHS	54.1	46.6
Honduras	2005-06 DHS	29.7	…
Nicaragua	2001 DHS	22.2	…
SOUTH AND SOUTH-EAST ASIA			
Cambodia	2010 DHS	44.4	43.7
India	2005-06 DHS	19.9	36.1
Nepal	2011 DHS	25.8	33.9
Philippines	2008 DHS	20.7	…
Timor-Leste	2009-10 DHS	12.2	19.7
Viet Nam	2005 AIS	42.3	50.3
MIDDLE EAST AND NORTH AFRICA			
Egypt	2005 DHS	4.4	…
Jordan	2007 DHS	12.5	…
Morocco	2003-04 DHS	11.7	…
SUB-SAHARAN AFRICA			
Benin	2006 DHS	15.9	34.8
Burkina Faso	2010 DHS	31.1	35.7
Burundi	2010 DHS	44.5	46.5
Cameroon	2004 DHS	27.4	34.5
Chad	2004 DHS	7.5	19.3
Congo	2009 AIS	8.3	21.9
Congo Democratic Republic	2007 DHS	15.1	20.7
Cote d'Ivoire	2005 AIS	18	27.6
Ethiopia	2011 DHS	23.9	34.2
Ghana	2008 DHS	28.3	34.2
Guinea	2005 DHS	16.9	22.8
Kenya	2008-09 DHS	46.6	55.3
Lesotho	2009 DHS	38.6	28.7
Liberia	2007 DHS	20.5	27.2
Madagascar	2008-09 DHS	22.5	26
Malawi	2010 DHS	41.8	44.7
Mali	2006 DHS	17.9	22.2
Mozambique	2009 AIS	36.7	35.1
Namibia	2006-07 DHS	59.4	52.9
Niger	2006 DHS	13.4	15.9
Nigeria	2008 DHS	22.2	32.6
Rwanda	2010 DHS	52	46.1
Sao Tome and Principe	2008-09 DHS	42.6	43.4
Senegal	2010-11 DHS	29.4	30.7
Sierra Leone	2008 DHS	17.2	27.6
Swaziland	2006-07 DHS	52.1	52.3
Tanzania	2010 DHS	48.2	42.7
Uganda	2006 DHS	31.9	38.2
Zambia	2007 DHS	34	36.9
Zimbabwe	2010-11 DHS	51.9	47

(*) Data for latest available survey.

Source: ICF International, 2012. MEASURE DHS STATcompiler – http://www.statcompiler.com – November 2012.

PROPORTION OF EVER-MARRIED OR PARTNERED WOMEN AGED 15–49 WHO EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE FROM A MALE INTIMATE PARTNER IN THE PAST 12 MONTHS

	2011
Angola	29%
Antigua and Barbuda	69%
Azerbaijan	14%
Bangladesh	53%
Bolivia	24%
Cambodia	10%
Central African Republic	40%
Chad	30%
Czech Republic	11%
Democratic Republic of Congo	64%
Dominican Republic	12%
El Salvador	8%
Ghana	5%
Guatemala	28%
Guinea	37%
Guinea-Bissau	40%
Haiti	20%
Honduras	15%
Jamaica	10%
Kenya	41%
Liberia	29%
Madagascar	9%
Malawi	31%
Marshall Islands	25%
Mexico	17%
Moldova	13%
Mongolia	10%
Morocco	15%
Nepal	28%
Nicaragua	22%
Nigeria	18%
Panama	15%
Peru	14%
Rwanda	44%
Sao Tome and Principe	32%
Sierra Leone	10%
Swaziland	8%
Timor-Leste	29%

	2011
Togo	22%
Tunisia	16%
United Republic of Tanzania	35%
Vanuatu	60%
Zimbabwe	22%

NUMBER OF HIV INFECTED FEMALE ADULTS

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
CARIBBEAN						
Bahamas	3 100	2 800	3 300	3 000	2 800	3 300
Barbados	<500	<500	<500	<500	<500	<500
Cuba	1 300	1 100	1 800	2 900	2 500	3 400
Dominican Republic	26 000	22 000	30 000	24 000	20 000	28 000
Haiti	66 000	56 000	76 000	61 000	50 000	71 000
Jamaica	13 000	11 000	17 000	10 000	8 200	13 000
Trinidad and Tobago	5 600	5 000	6 200	6 800	6 100	7 500
EAST ASIA						
Japan	1 800	1 500	2 300	2 400	1 800	3 100
Korea Rep	2 000	1 500	2 500	4 200	3 200	5 400
Mongolia	<100	<100	<100	<500	<500	<1000
EASTERN EUROPE AND CENTRAL ASIA						
Armenia	<1000	<500	2 400	<1000	<1000	2 000
Azerbaijan	<500	<500	<1000	1 000	<1000	1 400
Belarus	1 700	<1000	3 800	6 400	4 600	9 300
Georgia	<500	<100	1 000	1 200	<1000	2 000
Kazakhstan	2 500	1 900	3 300	7 900	7 000	9 700
Kyrgyzstan	<500	<500	<1000	4 200	3 000	6 700
Republic of Moldova	3 600	2 900	4 900	5 500	4 600	6 600
Russian Federation	…	110 000	170 000	…	190 000	350 000
Tajikistan	1 300	<500	3 500	3 500	2 200	5 800
Ukraine	96 000	72 000	130 000	94 000	71 000	120 000
LATIN AMERICA						
Argentina	22 000	17 000	28 000	35 000	28 000	44 000
Belize	1 200	<1000	2 000	1 800	1 500	2 100
Bolivia	5 700	3 100	10 000	1 200	<1000	1 900
Brazil	180 000	150 000	200 000	200 000	170 000	230 000
Chile	3 800	2 300	7 800	4 800	3 200	7 200
Colombia	22 000	15 000	31 000	29 000	19 000	43 000
Costa Rica	2 400	1 900	2 900	4 300	3 500	5 100
Ecuador	9 100	2 200	22 000	8 200	5 300	18 000
El Salvador	3 000	1 700	5 800	9 800	4 400	26 000
Guatemala	7 200	2 000	21 000	26 000	7 100	120 000
Guyana	3 400	2 300	4 700	2 600	2 000	3 600
Honduras	25 000	19 000	33 000	10 000	8 100	14 000
Mexico	25 000	21 000	26 000	32 000	27 000	35 000
Nicaragua	1 500	<1000	4 800	5 200	2 300	13 000
Panama	7 900	5 000	13 000	4 400	3 000	6 800
Paraguay	1 300	<1000	2 500	4 100	1 900	10 000
Peru	18 000	13 000	26 000	20 000	9 900	53 000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Suriname	3 900	2 600	5 900	1 700	1 200	2 600
Uruguay	4 000	1 900	12 000	3 800	2 100	9 300
Venezuela	20 000	8 700	49 000	25 000	14 000	54 000
MIDDLE EAST AND NORTH AFRICA						
Algeria	…	1 400	2 600	…	3 800	8 100
Djibouti	5 900	4 800	7 100	4 600	3 400	6 300
Egypt	<1000	<500	1 300	1 500	<1000	2 900
Iran	7 800	6 700	9 100	13 000	11 000	16 000
Lebanon	<1000	<500	1 300	1 300	<1000	1 900
Morocco	6 300	4 500	8 500	15 000	10 000	22 000
Somalia	15 000	10 000	22 000	15 000	9 700	22 000
Sudan	9 000	6 800	11 000	22 000	18 000	28 000
Tunisia	<500	<200	<500	<500	<500	<500
Yemen	3 200	2 100	4 600	9 000	7 700	11 000
OCEANIA						
Australia	3 900	3 200	4 800	6 800	5 300	8 500
Fiji	<100	<100	<100	<200	<100	<200
New Zealand	<500	<500	<1000	<1000	<1000	1 100
Papua New Guinea	10 000	7 200	14 000	12 000	10 000	14 000
SUB-SAHARAN AFRICA						
Angola	67 000	48 000	100 000	120 000	83 000	180 000
Benin	31 000	26 000	37 000	33 000	29 000	38 000
Botswana	140 000	130 000	150 000	160 000	150 000	170 000
Burkina Faso	71 000	61 000	88 000	56 000	50 000	72 000
Burundi	66 000	58 000	77 000	38 000	33 000	44 000
Cameroon	230 000	210 000	260 000	280 000	260 000	300 000
Cape Verde	2 100	1 500	2 900	2 700	1 900	3 800
Central African Republic	84 000	72 000	92 000	62 000	44 000	67 000
Chad	84 000	69 000	100 000	100 000	87 000	140 000
Comoros	<100	<100	<100	<100	<100	<200
Congo	34 000	30 000	40 000	40 000	36 000	44 000
Côte d'Ivoire	270 000	250 000	300 000	170 000	150 000	200 000
Equatorial Guinea	4 000	3 000	5 000	10 000	8 900	15 000
Eritrea	12 000	7 600	24 000	12 000	6 600	27 000
Ethiopia	700 000	630 000	770 000	390 000	350 000	430 000
Gabon	19 000	13 000	26 000	24 000	18 000	35 000
Gambia The	3 200	1 400	6 700	7 700	4 000	15 000
Ghana	120 000	110 000	140 000	110 000	95 000	130 000
Guinea	35 000	25 000	49 000	41 000	33 000	52 000
Guinea-Bissau	5 000	3 600	6 700	12 000	10 000	15 000
Kenya	790 000	750 000	840 000	800 000	760 000	840 000

NUMBER OF HIV INFECTED FEMALE ADULTS

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
Lesotho	140 000	130 000	150 000	170 000	160 000	170 000
Liberia	21 000	14 000	28 000	12 000	10 000	16 000
Madagascar	9 400	6 700	23 000	9 500	7 400	13 000
Malawi	430 000	400 000	470 000	430 000	410 000	470 000
Mali	55 000	45 000	68 000	55 000	42 000	71 000
Mauritania	5 300	3 200	10 000	13 000	7 100	22 000
Mauritius	1 900	1 200	2 800	2 200	1 500	3 100
Mozambique	470 000	420 000	540 000	750 000	670 000	850 000
Namibia	90 000	72 000	110 000	100 000	83 000	120 000
Niger	22 000	20 000	25 000	33 000	29 000	36 000
Nigeria	1 300 000	1 100 000	1 500 000	1 700 000	1 500 000	1 900 000
Rwanda	110 000	92 000	120 000	110 000	94 000	130 000
Sao Tome and Principe	<500	<500	<1000	<500	<500	<500
Senegal	14 000	11 000	18 000	28 000	23 000	34 000
Sierra Leone	12 000	8 500	18 000	27 000	21 000	38 000
South Africa	2 300 000	2 200 000	2 500 000	2 900 000	2 700 000	3 000 000
South Sudan	…	…	…	77 000	52 000	100 000
Swaziland	69 000	64 000	75 000	100 000	96 000	110 000
Tanzania	700 000	650 000	760 000	760 000	700 000	830 000
Togo	62 000	48 000	77 000	73 000	57 000	92 000
Uganda	440 000	400 000	470 000	670 000	640 000	730 000
Zambia	400 000	370 000	440 000	460 000	430 000	510 000
Zimbabwe	880 000	840 000	940 000	600 000	570 000	640 000
SOUTH AND SOUTH-EAST ASIA						
Afghanistan	<1000	<500	1 100	1 300	<1000	3 900
Bangladesh	<500	<500	<1000	<1000	<500	1 300
Bhutan	<100	<100	<100	<500	<500	<1000
Cambodia	40 000	30 000	56 000	31 000	24 000	49 000
Indonesia	3 300	<100	9 900	110 000	70 000	170 000
Lao PDR	1 200	<500	3 000	4 700	3 600	6 500
Malaysia	5 800	3 900	8 300	8 400	7 400	9 400
Maldives	<100	<100	<100	<100	<100	<100
Myanmar	58 000	51 000	65 000	77 000	64 000	87 000
Nepal	7 800	5 000	14 000	10 000	6 500	22 000
Pakistan	2 500	1 800	3 900	28 000	17 000	58 000
Philippines	<1000	<200	<1000	3 500	2 800	4 200
Singapore	<1000	<1000	1 000	1 000	<1000	1 300
Sri Lanka	<500	<500	20 000	1 400	1 100	3 400
Thailand	200 000	180 000	230 000	200 000	170 000	220 000
Viet Nam	12 000	10 000	15 000	48 000	37 000	66 000

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
WESTERN AND CENTRAL EUROPE AND NORTH AMERICA						
Austria	1 600	1 200	2 200	5 200	3 900	7 200
Belgium	2 500	1 900	3 300	5 700	4 500	7 300
Bulgaria	<500	<500	<1000	1 100	<1000	1 600
Canada	8 900	7 400	10 000	13 000	12 000	16 000
Croatia	<500	<200	<500	<500	<500	<500
Czech Republic	<500	<500	<500	<1000	<1000	<1000
Denmark	<1000	<1000	1 100	1 600	1 400	1 900
Estonia	1 400	1 100	1 700	3 100	2 500	3 800
Finland	<1000	<500	<1000	<1000	<1000	1 000
France	34 000	29 000	40 000	46 000	37 000	56 000
Germany	6 700	6 000	7 500	11 000	10 000	13 000
Greece	2 500	2 200	2 800	3 300	2 800	3 900
Hungary	1 000	<1000	1 300	1 300	<1000	1 600
Iceland	<100	<100	<200	<200	<200	<200
Ireland	1 400	1 100	1 900	2 400	1 900	3 000
Israel	1 700	1 200	2 200	2 600	2 000	3 500
Italy	42 000	32 000	55 000	49 000	38 000	65 000
Latvia	1 400	1 100	1 900	2 800	1 900	3 900
Lithuania	<500	<200	<500	<500	<500	<1000
Luxembourg	<200	<200	<500	<500	<500	<500
Malta	<100	<100	<100	<100	<100	<200
Netherlands	5 500	4 300	7 300	7 500	5 900	11 000
Norway	<1000	<1000	1 300	1 300	1 000	1 800
Poland	6 500	5 000	8 800	9 900	7 700	13 000
Portugal	10 000	7 800	14 000	14 000	11 000	19 000
Romania	4 500	3 500	5 800	4 700	3 900	5 800
Serbia	<1000	<100	<1000	<1000	<1000	1 100
Slovakia	<100	<100	<100	<200	<100	<200
Slovenia	<100	<100	<100	<200	<200	<500
Spain	29 000	25 000	33 000	35 000	31 000	39 000
Sweden	2 100	1 600	2 900	2 700	2 200	4 000
Switzerland	4 100	3 200	5 300	6 200	4 700	8 100
Turkey	<1000	<500	<1000	1 600	1 200	2 200
United Kingdom	14 000	11 000	18 000	29 000	23 000	36 000
United States of America	200 000	150 000	260 000	300 000	210 000	470 000

HIV-SPECIFIC RESTRICTIONS ON ENTRY, STAY OR RESIDENCE

	2009	2011
Albania	No	No
Andorra	Yes	Yes
Antigua and Barbuda	No	No
Argentina	No	No
Armenia	Yes	No
Australia	Yes	Yes
Austria	No	No
Azerbaijan	No	No
Bahrain	Yes	Yes
Bangladesh	No	No
Barbados	No	No
Belarus	Yes	Yes
Belgium	No	No
Belize	Yes	Yes
Benin	No	No
Bosnia and Herzegovina	No	No
Botswana	No	No
Brazil	No	No
Brunei	Yes	Yes
Bulgaria	No	No
Burkina Faso	No	No
Burundi	No	No
Cambodia	No	No
Cameroon	No	No
Canada	No	No
Central African Republic	No	No
Chad	No	No
Chile	No	No
China	No	No
Colombia	No	No
Comoros	Yes	Yes
Congo	No	No
Congo Dem. Rep.	No	No
Costa Rica	No	No
Croatia	No	No
Cuba	Yes	Yes
Cyprus	Yes	Yes
Czech Republic	No	No
CÃ´te d'Ivoire	No	No
Denmark	No	No
Djibouti	No	No
Dominica	No	No
Dominican Republic	Yes	Yes

	2009	2011
Ecuador	No	No
Egypt	Yes	Yes
El Salvador	No	No
Estonia	No	No
Ethiopia	No	No
Federated States of Micronesia	No	No
Fiji	Yes	No
Finland	No	No
France	No	No
Gabon	No	No
Gambia The	No	No
Georgia	No	No
Ghana	No	No
Greece	No	No
Grenada	No	No
Guatemala	No	No
Guinea	No	No
Guinea-Bissau	No	No
Guyana	No	No
Haiti	No	No
Hungary	No	No
Iceland	No	No
India	No	No
Indonesia	No	No
Iran	No	No
Iraq	Yes	Yes
Ireland	No	No
Israel	Yes	Yes
Italy	No	No
Jamaica	No	No
Japan	No	No
Jordan	Yes	Yes
Kazakhstan	No	No
Kenya	No	No
Korea DPR	Yes	Yes
Korea Rep	Yes	No
Kuwait	Yes	Yes
Kyrgyzstan	No	No
Lao PDR	No	No
Latvia	No	No
Lebanon	Yes	Yes
Lesotho	No	No

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2009	2011
Liberia	No	No
Libya	No	No
Liechtenstein	No	No
Lithuania	Yes	Yes
Luxembourg	No	No
Macedonia	No	No
Madagascar	No	No
Malawi	No	No
Malaysia	Yes	Yes
Maldives	No	No
Mali	No	No
Malta	No	No
Marshall Islands	Yes	Yes
Mauritania	No	No
Mauritius	Yes	Yes
Mexico	No	No
Monaco	No	No
Mongolia	Yes	Yes
Montenegro	No	No
Morocco	No	No
Mozambique	No	No
Myanmar	No	No
Namibia	No	No
Nepal	No	No
Netherlands	No	No
New Zealand	Yes	Yes
Nicaragua	Yes	Yes
Nigeria	No	No
Norway	No	No
Oman	Yes	Yes
Pakistan	No	No
Panama	No	No
Papua New Guinea	Yes	Yes
Paraguay	Yes	Yes
Peru	No	No
Philippines	No	No
Poland	No	No
Portugal	No	No
Qatar	Yes	Yes
Republic of Moldova	Yes	No
Romania	No	No
Russian Federation	Yes	Yes
Rwanda	No	No

	2009	2011
Saint Kitts and Nevis	No	No
Saint Lucia	No	No
Samoa	Yes	Yes
San Marino	No	No
Saudi Arabia	Yes	Yes
Senegal	No	No
Serbia	No	No
Sierra Leone	No	No
Singapore	Yes	Yes
Slovakia	Yes	Yes
Slovenia	No	No
Solomon Islands	Yes	Yes
Somalia	No	No
South Africa	No	No
Spain	No	No
Sri Lanka	No	No
Sudan	Yes	Yes
Swaziland	No	No
Sweden	No	No
Switzerland	No	No
Syria	Yes	Yes
Tajikistan	Yes	Yes
Tanzania	No	No
Thailand	No	No
Togo	No	No
Tonga	Yes	Yes
Trinidad and Tobago	No	No
Tunisia	No	No
Turkey	No	No
Turkmenistan	Yes	Yes
Uganda	No	No
Ukraine	No	No
United Arab Emirates	Yes	Yes
United Kingdom	No	No
United States of America	No	No
Uruguay	No	No
Uzbekistan	Yes	Yes
Vanuatu	No	No
Venezuela	No	No
Viet Nam	No	No
Yemen	Yes	Yes
Zambia	No	No
Zimbabwe	No	No

COUNTRY REPORTS THAT IS HAS DEVELOPED A NATIONAL MULTI-SECTORAL STRATEGY TO RESPOND TO HIV

	2011
Afghanistan	Yes
Albania	Yes
Algeria	Yes
Angola	Yes
Antigua and Barbuda	Yes
Argentina	Yes
Australia	Yes
Azerbaijan	Yes
Bahamas	Yes
Bahrain	Yes
Bangladesh	Yes
Barbados	Yes
Belarus	Yes
Belgium	No
Belize	Yes
Benin	Yes
Bhutan	Yes
Bolivia	Yes
Bosnia and Herzegovina	Yes
Botswana	Yes
Brazil	Yes
Brunei	No
Bulgaria	Yes
Burkina Faso	Yes
Burundi	Yes
Cambodia	Yes
Cameroon	Yes
Canada	Yes
Cape Verde	Yes
Central African Republic	Yes
Chad	Yes
Chile	Yes
China	Yes
Colombia	Yes
Comoros	Yes
Congo	Yes
Congo Dem. Rep.	Yes
Costa Rica	Yes
Croatia	Yes
Cuba	Yes
Cyprus	Yes
Czech Republic	Yes
CÃ´te d'Ivoire	Yes

	2011
Djibouti	Yes
Dominica	Yes
Dominican Republic	Yes
Ecuador	Yes
Egypt	Yes
El Salvador	Yes
Eritrea	Yes
Estonia	Yes
Ethiopia	Yes
Federated States of Micronesia	No
Fiji	Yes
Finland	No
France	Yes
Gabon	Yes
Gambia The	Yes
Georgia	Yes
Germany	Yes
Ghana	Yes
Greece	Yes
Grenada	Yes
Guatemala	Yes
Guinea-Bissau	Yes
Guyana	Yes
Haiti	Yes
Honduras	Yes
Iceland	No
India	Yes
Indonesia	Yes
Iran	Yes
Italy	Yes
Jamaica	Yes
Japan	Yes
Jordan	Yes
Kazakhstan	Yes
Kenya	Yes
Korea DPR	No
Korea Rep	Yes
Kuwait	Yes
Kyrgyzstan	Yes
Lao PDR	Yes
Latvia	Yes
Lebanon	Yes

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	2011
Lesotho	Yes
Liberia	Yes
Lithuania	Yes
Luxembourg	Yes
Macedonia	Yes
Madagascar	Yes
Malawi	Yes
Malaysia	Yes
Mali	Yes
Malta	Yes
Marshall Islands	Yes
Mauritania	Yes
Mexico	Yes
Mongolia	Yes
Montenegro	Yes
Morocco	Yes
Mozambique	Yes
Myanmar	Yes
Namibia	Yes
Nepal	Yes
Netherlands	Yes
New Zealand	No
Nicaragua	Yes
Niger	Yes
Nigeria	Yes
Norway	Yes
Oman	Yes
Pakistan	Yes
Palau	Yes
Panama	Yes
Papua New Guinea	Yes
Paraguay	Yes
Peru	Yes
Philippines	Yes
Poland	Yes
Portugal	Yes
Qatar	No
Republic of Moldova	Yes
Romania	Yes
Rwanda	Yes
Saint Kitts and Nevis	Yes
Saint Lucia	Yes
Samoa	Yes

	2011
Sao Tome and Principe	Yes
Saudi Arabia	Yes
Senegal	Yes
Serbia	Yes
Seychelles	Yes
Sierra Leone	Yes
Singapore	Yes
Slovakia	Yes
Slovenia	Yes
Solomon Islands	No
Somalia	Yes
South Africa	Yes
South Sudan	Yes
Spain	Yes
Sri Lanka	Yes
St Vincent and the Grenadines	Yes
Sudan	Yes
Suriname	Yes
Swaziland	Yes
Sweden	Yes
Switzerland	Yes
Syria	Yes
Tajikistan	Yes
Tanzania	Yes
Thailand	Yes
Timor Leste	Yes
Togo	Yes
Trinidad and Tobago	Yes
Tunisia	Yes
Tuvalu	Yes
Uganda	Yes
Ukraine	Yes
United Arab Emirates	Yes
United Kingdom	Yes
United States of America	Yes
Uruguay	Yes
Vanuatu	Yes
Venezuela	Yes
Viet Nam	Yes
Yemen	Yes
Zambia	Yes
Zimbabwe	Yes

COUNTRY REPORTS THAT IT HAS DEVELOPED A PLAN TO STRENGTHEN HEALTH SYSTEMS

	2011
Afghanistan	Yes
Albania	Yes
Algeria	Yes
Angola	Yes
Antigua and Barbuda	Yes
Argentina	No
Australia	No
Azerbaijan	Yes
Bahamas	Yes
Bangladesh	Yes
Barbados	No
Belarus	Yes
Belgium	Yes
Belize	Yes
Benin	Yes
Bhutan	Yes
Bolivia	Yes
Bosnia and Herzegovina	Yes
Botswana	Yes
Brazil	Yes
Brunei	Yes
Bulgaria	Yes
Burkina Faso	Yes
Burundi	No
Cambodia	Yes
Cameroon	Yes
Cape Verde	Yes
Central African Republic	Yes
Chad	Yes
Chile	Yes
China	Yes
Colombia	Yes
Congo	Yes
Costa Rica	No
Croatia	No
Cuba	Yes
Cyprus	Yes
Côte d'Ivoire	Yes
Djibouti	Yes
Dominica	Yes
Dominican Republic	Yes
Ecuador	Yes
Egypt	Yes

	2011
El Salvador	Yes
Eritrea	Yes
Estonia	Yes
Ethiopia	Yes
Federated States of Micronesia	Yes
Fiji	Yes
Finland	Yes
France	No
Gabon	Yes
Gambia The	Yes
Georgia	Yes
Germany	No
Ghana	Yes
Grenada	Yes
Guatemala	Yes
Guinea-Bissau	Yes
Guyana	Yes
Haiti	Yes
Honduras	Yes
Iceland	No
India	Yes
Indonesia	Yes
Iran	Yes
Italy	Yes
Jamaica	Yes
Japan	Yes
Jordan	Yes
Kazakhstan	Yes
Kenya	Yes
Korea Rep	Yes
Kuwait	No
Kyrgyzstan	Yes
Lao PDR	Yes
Latvia	Yes
Lebanon	Yes
Lesotho	Yes
Liberia	Yes
Lithuania	Yes
Luxembourg	Yes
Macedonia	Yes
Madagascar	Yes
Malawi	Yes

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	2011
Malaysia	Yes
Mali	Yes
Malta	No
Marshall Islands	Yes
Mauritania	Yes
Mexico	Yes
Mongolia	Yes
Montenegro	No
Morocco	Yes
Mozambique	Yes
Myanmar	Yes
Namibia	Yes
Nepal	Yes
Netherlands	No
New Zealand	No
Nicaragua	Yes
Niger	Yes
Nigeria	Yes
Oman	Yes
Pakistan	Yes
Palau	Yes
Panama	Yes
Papua New Guinea	No
Paraguay	Yes
Peru	Yes
Philippines	Yes
Poland	No
Portugal	Yes
Qatar	Yes
Republic of Moldova	Yes
Romania	No
Rwanda	Yes
Saint Kitts and Nevis	No
Saint Lucia	Yes
Samoa	Yes
Sao Tome and Principe	No
Saudi Arabia	Yes
Senegal	Yes
Serbia	Yes
Seychelles	No
Sierra Leone	Yes
Singapore	No

	2011
Slovakia	No
Slovenia	No
Solomon Islands	Yes
Somalia	Yes
South Africa	Yes
South Sudan	Yes
Spain	Yes
Sri Lanka	Yes
St Vincent and the Grenadines	Yes
Sudan	Yes
Suriname	Yes
Swaziland	Yes
Switzerland	No
Syria	Yes
Tajikistan	Yes
Tanzania	Yes
Thailand	Yes
Timor Leste	Yes
Togo	Yes
Trinidad and Tobago	Yes
Tunisia	Yes
Tuvalu	Yes
Uganda	Yes
Ukraine	Yes
United Arab Emirates	Yes
United Kingdom	No
United States of America	Yes
Uruguay	Yes
Vanuatu	Yes
Venezuela	Yes
Viet Nam	Yes
Zambia	Yes
Zimbabwe	Yes

CURRENT SCHOOL ATTENDANCE AMONG YOUNG PEOPLE AGED 10–14

	Orphans		Non-orphans	
	2009	2011	2009	2011
Algeria	…	…	…	…
Angola	75	71	87	90
Argentina	…	…	…	…
Bahamas	100	…	100	…
Bangladesh	…	…	…	…
Belize	62	62	94	94
Benin	6	61	…	71
Bolivia	…	…	…	…
Bosnia and Herzegovina	…	…	…	…
Burkina Faso	56	…	49	…
Burundi	…	…	…	…
Cambodia	76	70	92	81
Cameroon	79	…	86	…
Cape Verde	…	…	…	…
Central African Republic	65	70	67	79
Chad	54	67	46	57
Colombia	…	…	…	…
Congo	82	…	93	93
Congo Dem. Rep.	63	63	81	85
Costa Rica	…	95	…	93
Croatia	…	…	…	…
Cuba	100	100	100	100
Côte d'Ivoire	36	…	52	…
Dominican Republic	69	95	97	98
Ethiopia	53	…	59	…
Gabon	81	81	96	96
Gambia The	…	91	…	94
Ghana	67	…	88	…
Guinea	…	…	…	…
Guinea-Bissau	…	78	…	72
Guyana	…	…	…	…
Haiti	77	77	89	89
Honduras	59	25	55	84
India	…	…	…	…
Indonesia	87	87	93	93
Iran	75	75	92	92
Japan	100	…	100	…
Kenya	64	94	61	98
Lesotho	…	93	…	95
Madagascar	…	60	…	81
Malawi	89	91	91	93

Source: UNAIDS | For more information please visit http://aidsinfo.unaids.org

	Orphans		Non-orphans	
	2009	2011	2009	2011
Mali	42	54	48	62
Mauritania	51	…	71	…
Mongolia	…	100	…	98
Mozambique	79	66	87	79
Namibia	95	94	94	95
Nicaragua	…	…	…	…
Niger	25	25	38	37
Nigeria	84	84	72	72
Oman	…	100	…	…
Papua New Guinea	75	…	87	…
Peru	…	89	…	94
Republic of Moldova	50	…	97	…
Rwanda	75	88	91	96
Saint Helena	…	100	…	100
Saint Lucia	100	…	72	…
Sao Tome and Principe	…	…	…	…
Senegal	…	90	…	94
Seychelles	…	100	…	100
Sierra Leone	47	47	76	76
Somalia	…	25	…	29
South Africa	98	98	99	99
Spain	99	…	…	…
Sudan	54	78	67	82
Suriname	…	86	…	97
Swaziland	90	97	93	99
Tanzania	60	32	…	62
Thailand	96	…	96	…
Timor Leste	…	66	…	87
Togo	92	77	96	89
Turkey	…	…	…	…
Uganda	…	…	82	…
Uruguay	…	100	…	…
Vanuatu	…	74	…	83
Zambia	81	…	88	…
Zimbabwe	…	88	…	95

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