

# 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.

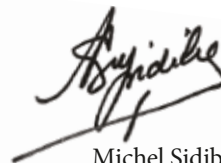
The pace of progress has quickened. Increments of achievement that once stretched over many years are now being reached in far less time. In just 24 months,

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.

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.

# 186

**COUNTRIES REPORTING**

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

# 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.

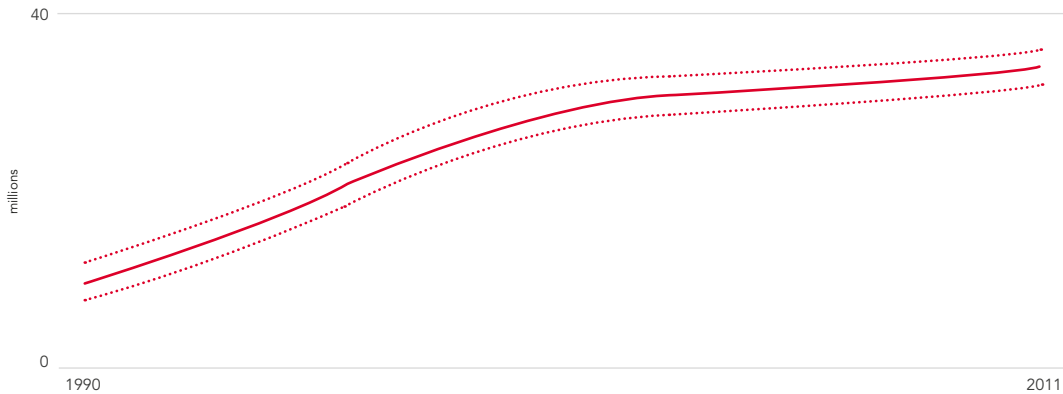
Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide. Although the regional prevalence of HIV infection is nearly 25 times higher in sub-Saharan Africa than in Asia, almost 5 million people 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

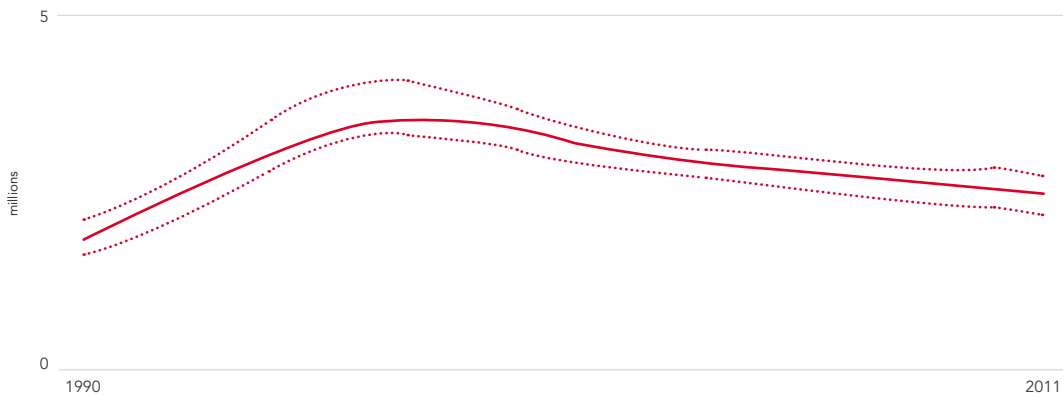
Worldwide, the number of people newly infected continues to fall: the number of people (adults and children) acquiring HIV infection in 2011 (2.5 million [2.2 million–2.8 million]) was 20% lower than in 2001. Here, too, variation is apparent. The sharpest declines in the numbers of people acquiring HIV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

## Global HIV trends, 1990–2011

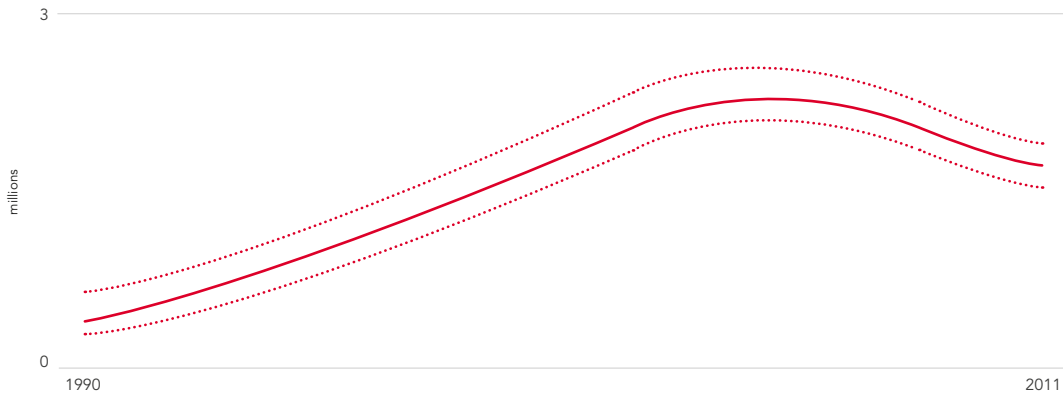
NUMBER OF PEOPLE LIVING WITH HIV, GLOBAL, 1990–2011



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



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



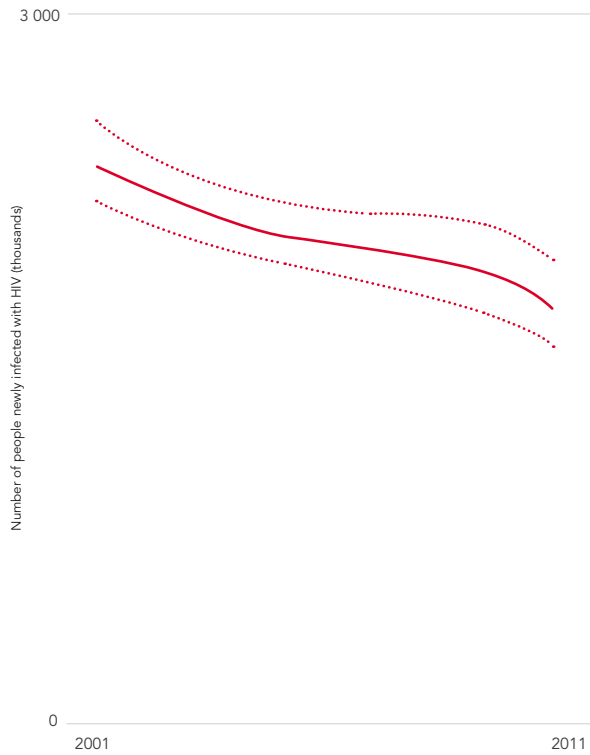
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Source: UNAIDS estimates.

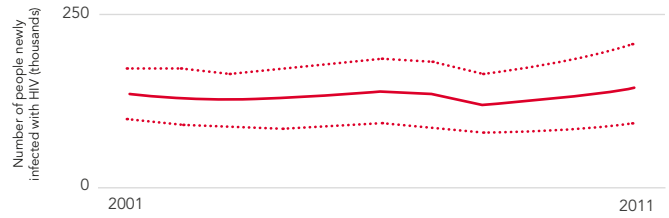
In some other parts of the world, HIV trends (for children and adults) are cause for concern. Since 2001, the number of people newly infected in the Middle East and North Africa has increased by more than 35% (from 27 000 [22 000–34 000] to 37 000 [29 000–46 000]). Evidence indicates that the incidence 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

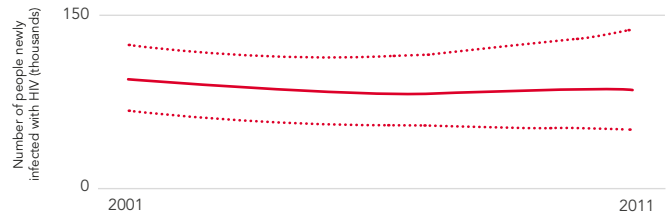
SUB-SAHARAN AFRICA



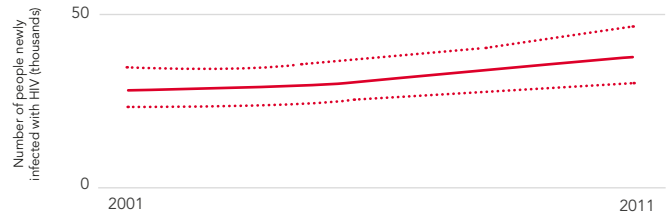
EASTERN EUROPE AND CENTRAL ASIA



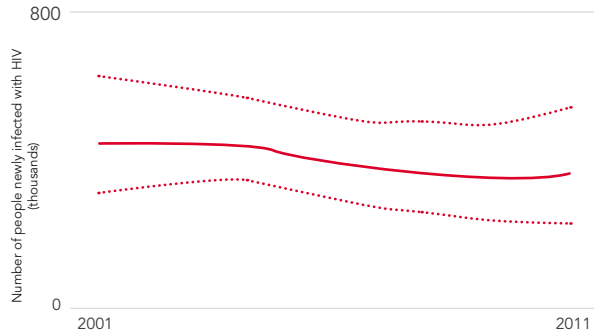
LATIN AMERICA



MIDDLE EAST AND NORTH AFRICA



ASIA



CARIBBEAN



OCEANIA



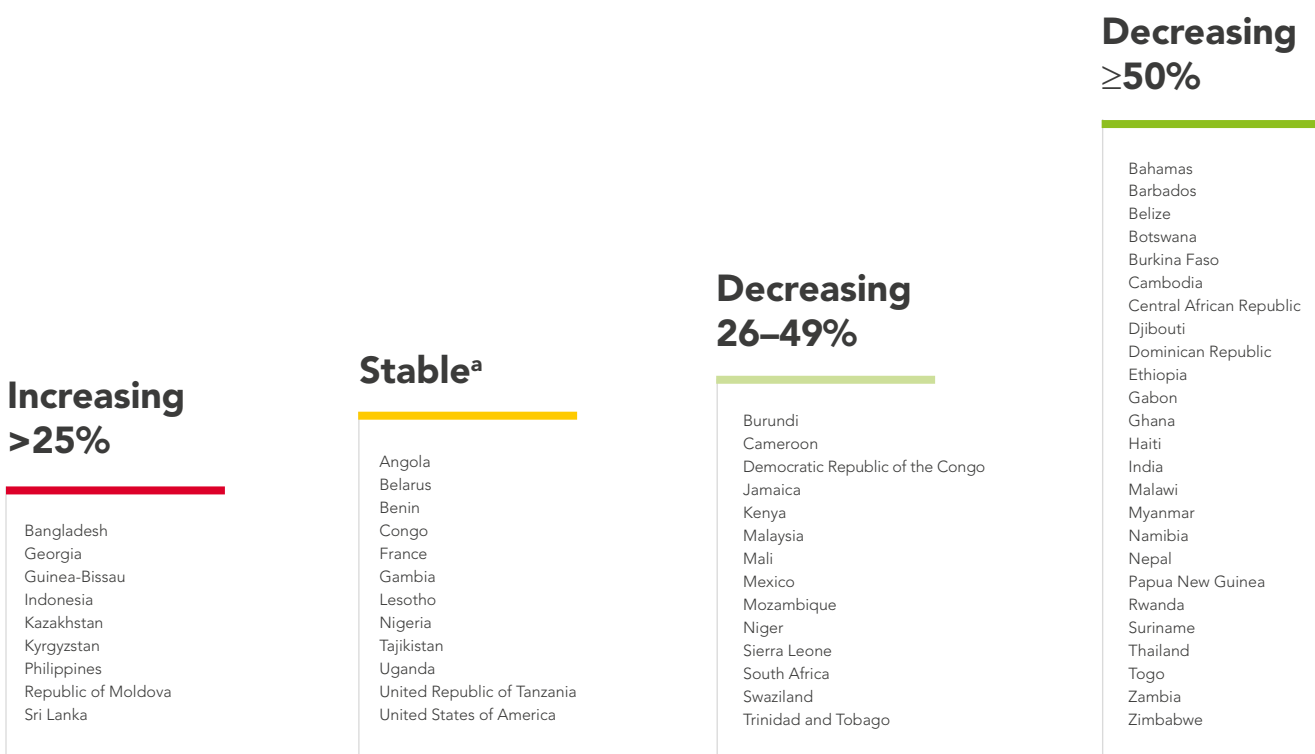
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Source: UNAIDS estimates.

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



<sup>a</sup> 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<sup>a</sup>

### No change or decrease <25%

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

### Decrease 25–49%

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

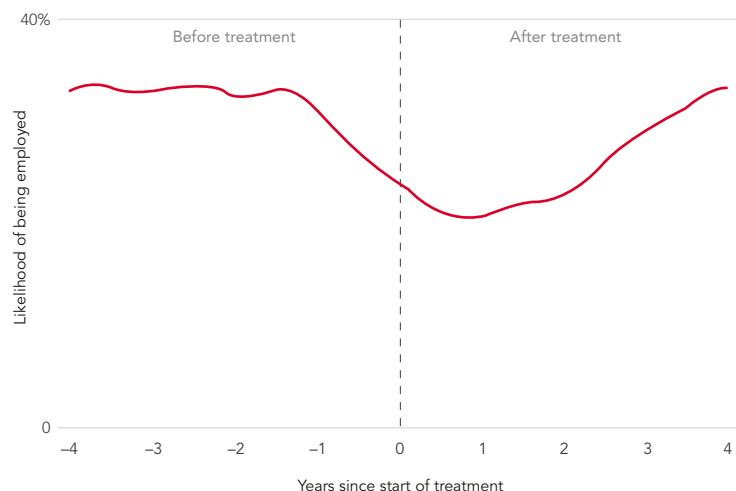
### Decrease ≥50%

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

<sup>a</sup> 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).<sup>1</sup> 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.

<sup>1</sup> 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](http://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<sup>a</sup>**



<sup>a</sup> 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.

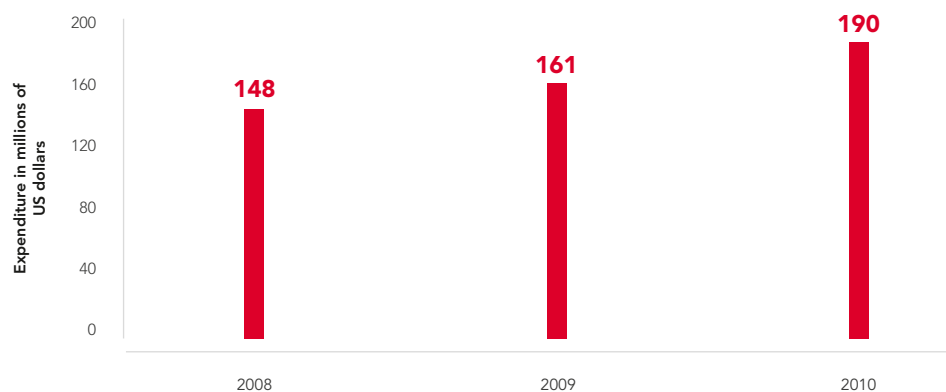
Although population-level behaviour change has been shown to reduce the prevalence of HIV infection in several countries with generalized epidemics (4–6), linking behaviour change programming to specific HIV outcomes remains challenging. The consistent association between behaviour change and reduced 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,<sup>2</sup> 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).

<sup>2</sup> 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](http://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).

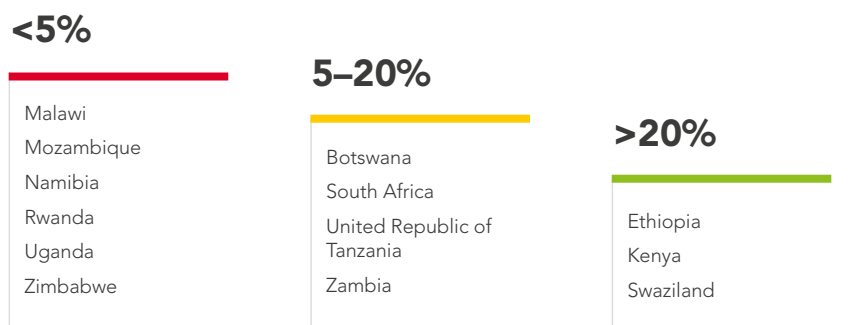
Increasing condom use requires both adequate supply and adequate demand. A recent study in Kenya estimated that, although condom use was low in the study population, so was the unmet need for condoms, highlighting the importance of building demand for condoms in the context of HIV prevention (9). The 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



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).

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.

# 13.5x

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

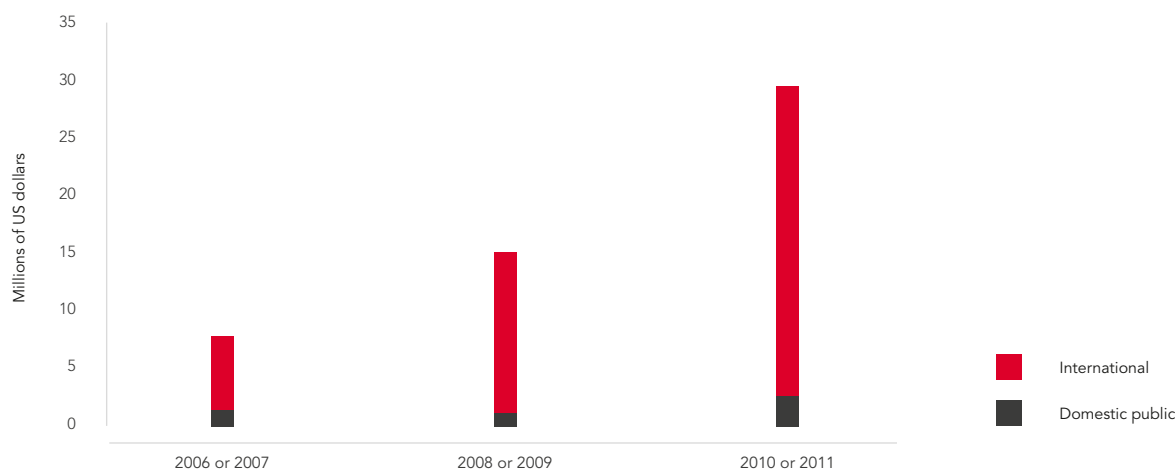
Programmes targeting sex workers are common but are far less consistently available for the clients of sex workers. Programmes that effectively target and engage the clients of sex workers are a critical omission, as this is a large population in many countries, and reducing the demand for unprotected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

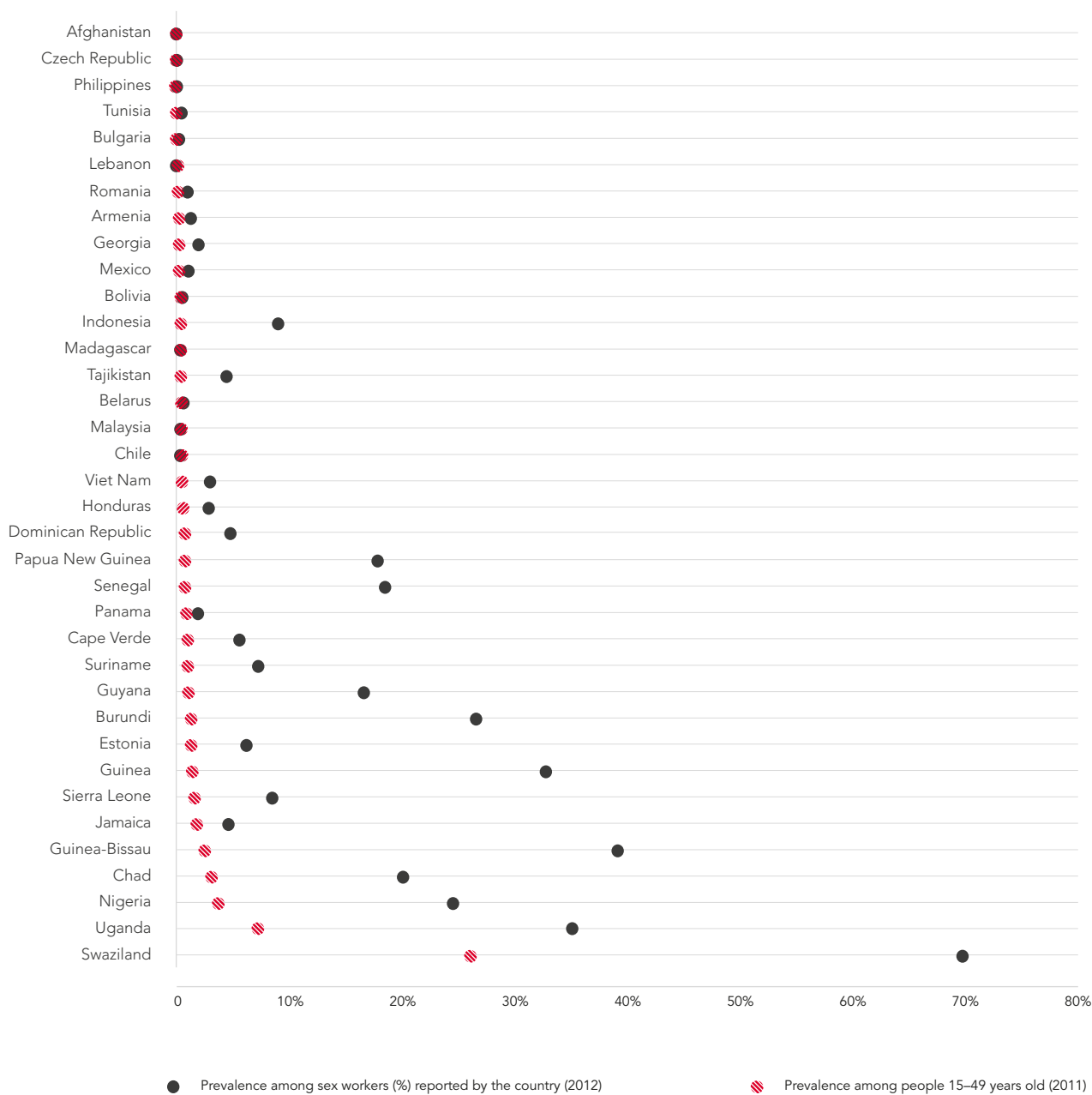


Source: 2012 country progress reports ([www.unaids.org/cpr](http://www.unaids.org/cpr)).



Fig. 1.4

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

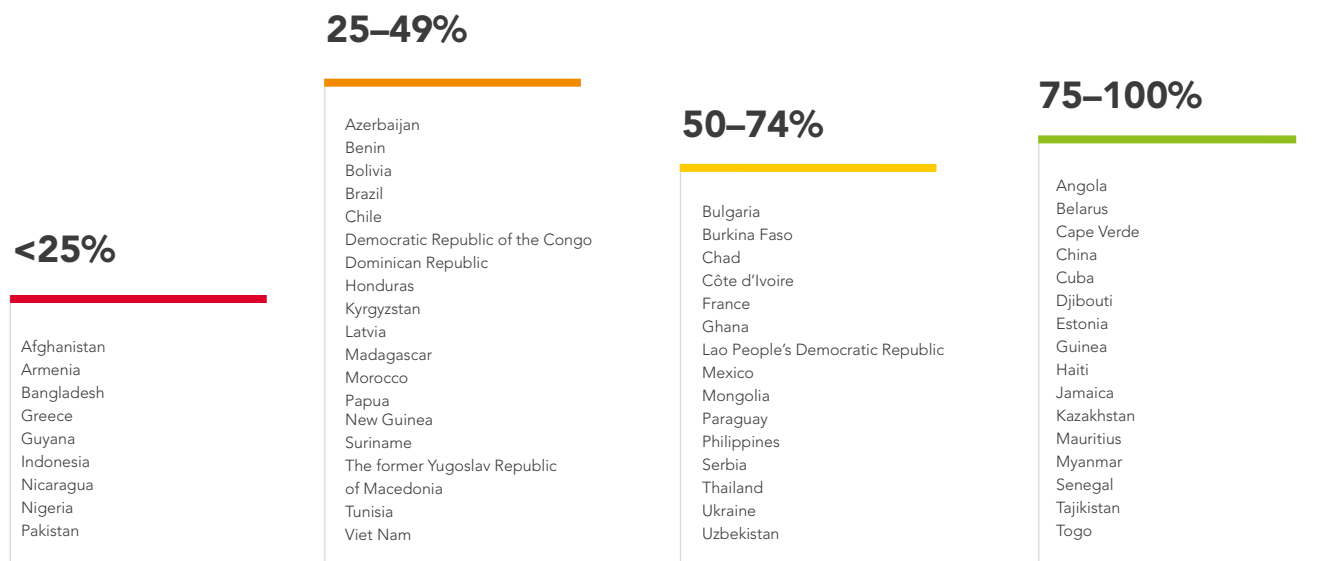


Sources: prevalence for the general population: UNAIDS estimates for 2011; prevalence for sex workers: 2012 country progress reports ([www.unaids.org/cpr](http://www.unaids.org/cpr)). Sex workers are classified as having received prevention services if they respond yes to whether they know where to get 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



## Non-reporting countries

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

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

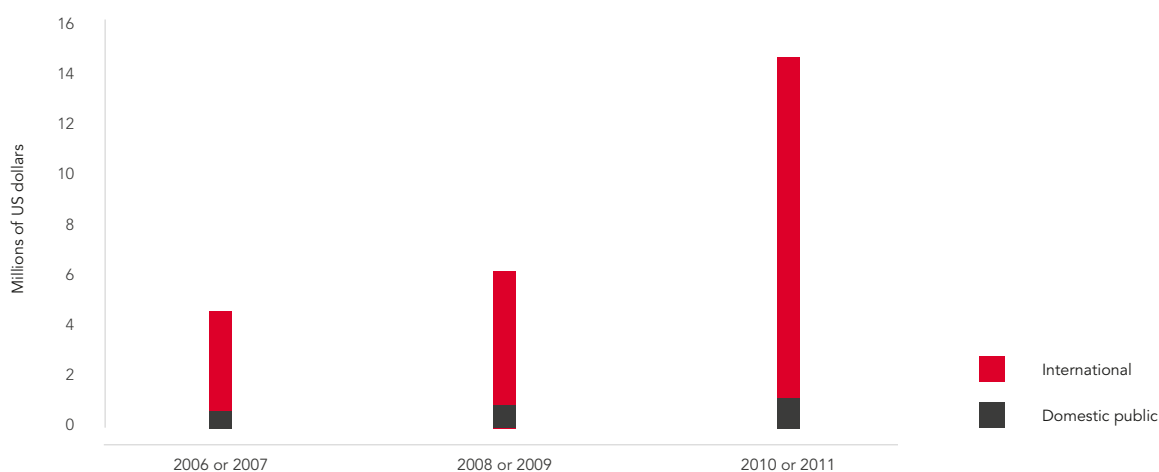
These data were reported in 2012, but countries may differ in methods. Surveys are usually conducted in capital cities and may not be nationally representative.

## 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

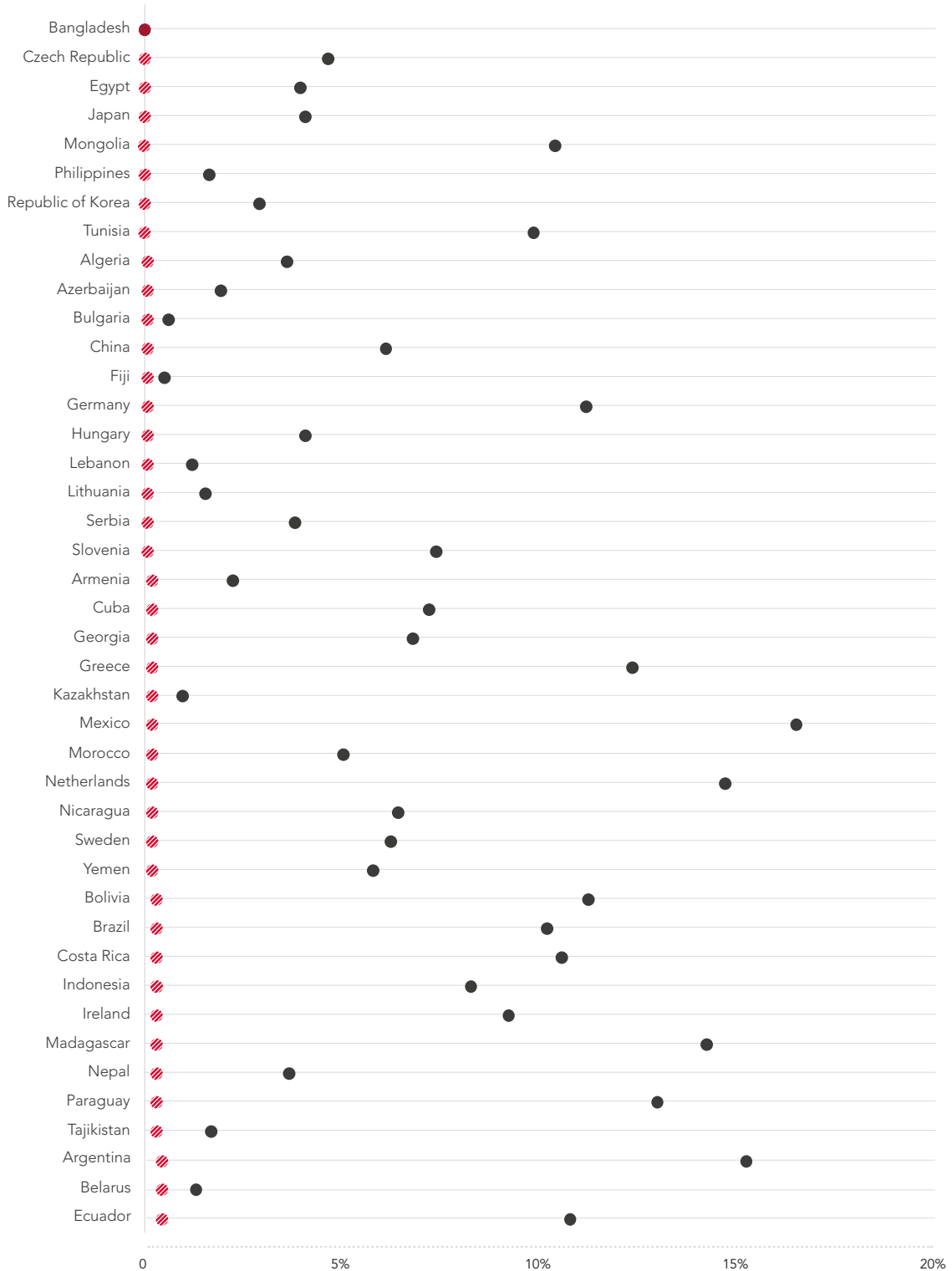
### HIV spending on prevention programmes for men who have sex with men 21 low- and middle-income countries with available data, latest year available

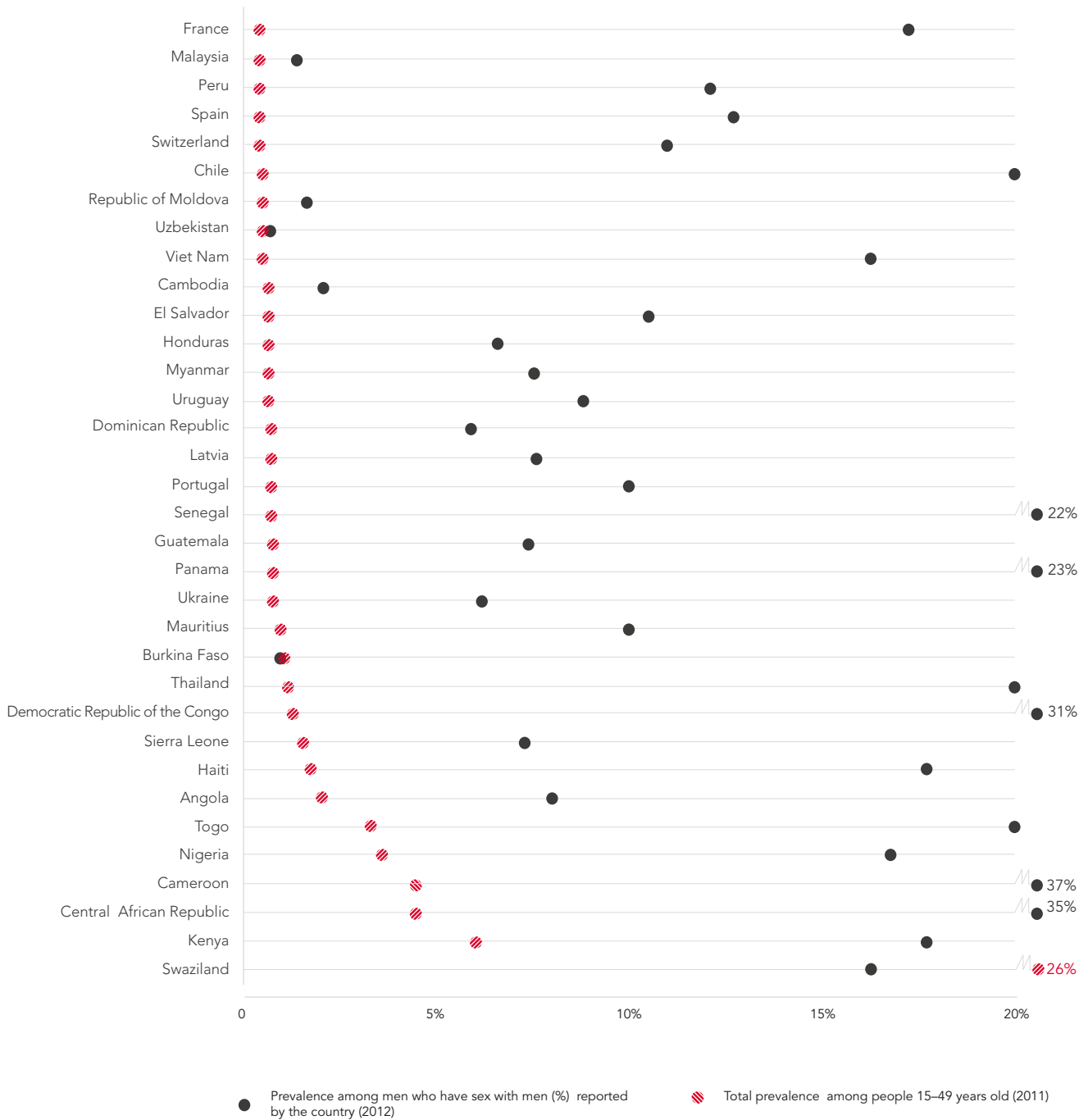


Source: 2012 country progress reports ([www.unaids.org/cpr](http://www.unaids.org/cpr)).

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](http://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%.

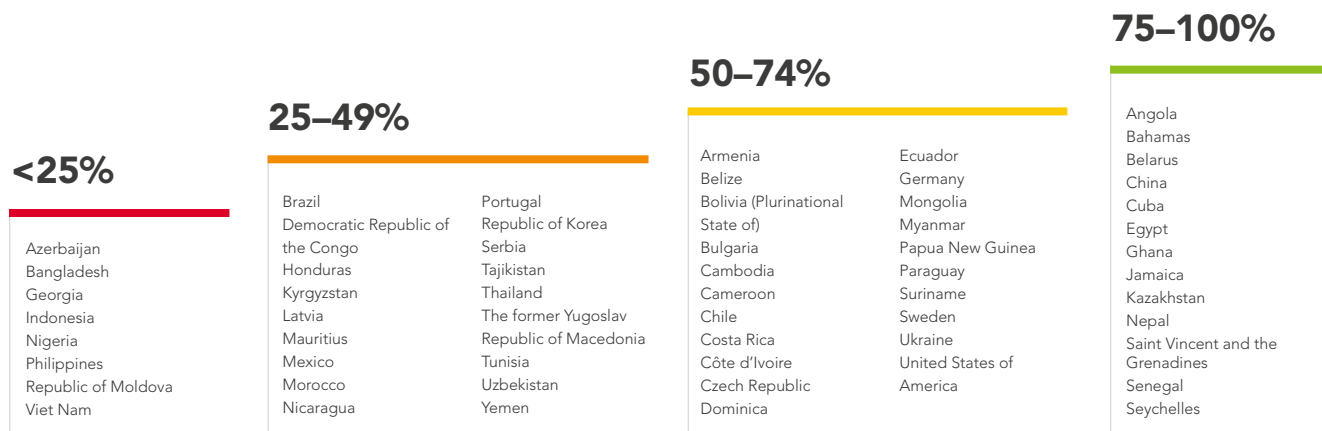
More countries are acknowledging the existence of men who have sex with men as a key population in relation to the epidemic, reflected both in the inclusion of men who have sex with men in national strategies in 146 countries and in increased reporting of prevalence data. The number of countries reporting 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



## Non-reporting countries

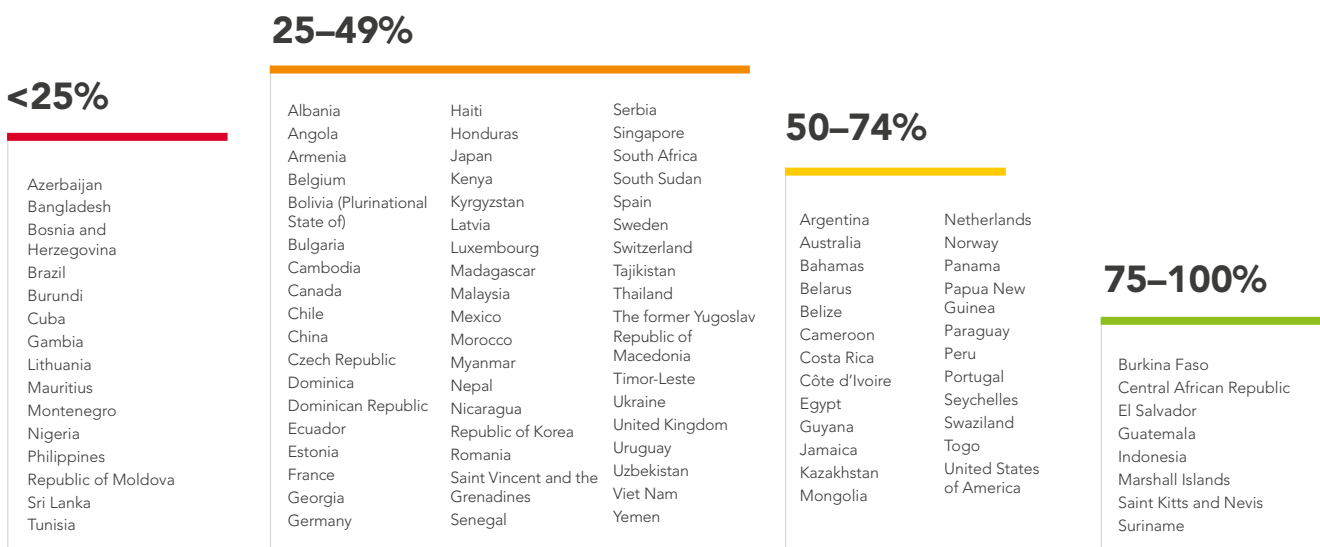
Afghanistan	Djibouti	Jordan	Nauru	South Sudan
Algeria	Dominican Republic	Kenya	Netherlands	Spain
Andorra	Equatorial Guinea	Kiribati	New Zealand	Sri Lanka
Antigua and Barbuda	Eritrea	Kuwait	Niger	Sudan
Argentina	Estonia	Lao People's Democratic Republic	Norway	Switzerland
Australia	Ethiopia	Lebanon	Oman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

Source: 2012 country progress reports ([www.unaids.org/cpr](http://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



## Non-reporting countries

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

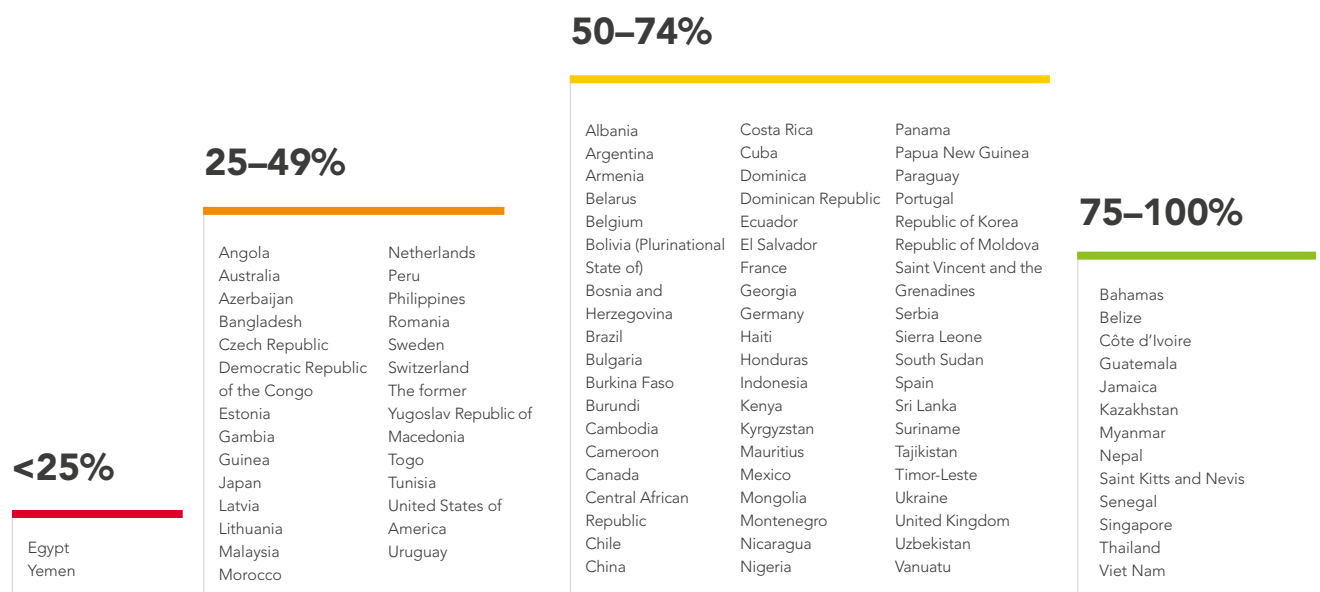
Source: 2012 country progress reports ([www.unaids.org/cpr](http://www.unaids.org/cpr)).

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



## Non-reporting countries

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

Source: 2012 country progress reports ([www.unaids.org/cpr](http://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.

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## 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

# 22x

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.

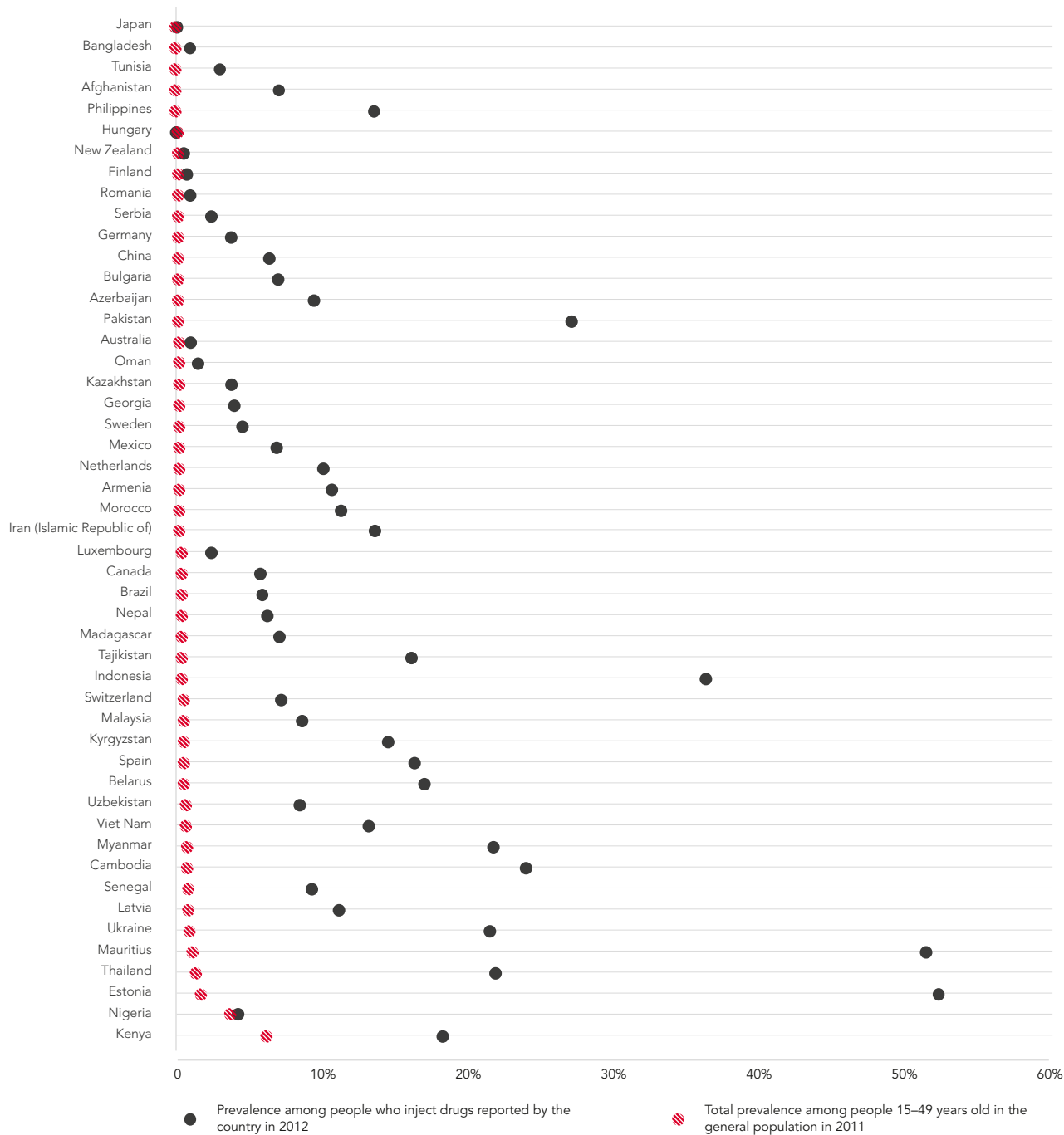
In addition to imposing extraordinary burdens on people who use drugs, drug-related transmission also undermines global efforts to lay the foundation for the eventual end of AIDS. In Eastern Europe and Central Asia, one of two regions where the number of people newly infected is rising, national epidemics 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](http://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).<sup>1</sup> 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%.

<sup>1</sup> 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	Nepal
Albania	Pakistan
Armenia	Poland
Azerbaijan	Republic of Moldova
Belarus	Romania
Bosnia and Herzegovina	Senegal
Bulgaria	Serbia
Cyprus	Seychelles
Georgia	Sri Lanka
Greece	Switzerland
Indonesia	Tajikistan
Iran (Islamic Republic of)	Thailand
Latvia	The former Yugoslav Republic of Macedonia
Lithuania	Tunisia
Mauritius	Ukraine
Mexico	
Morocco	

### 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<sup>a</sup>

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

<sup>a</sup> 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.

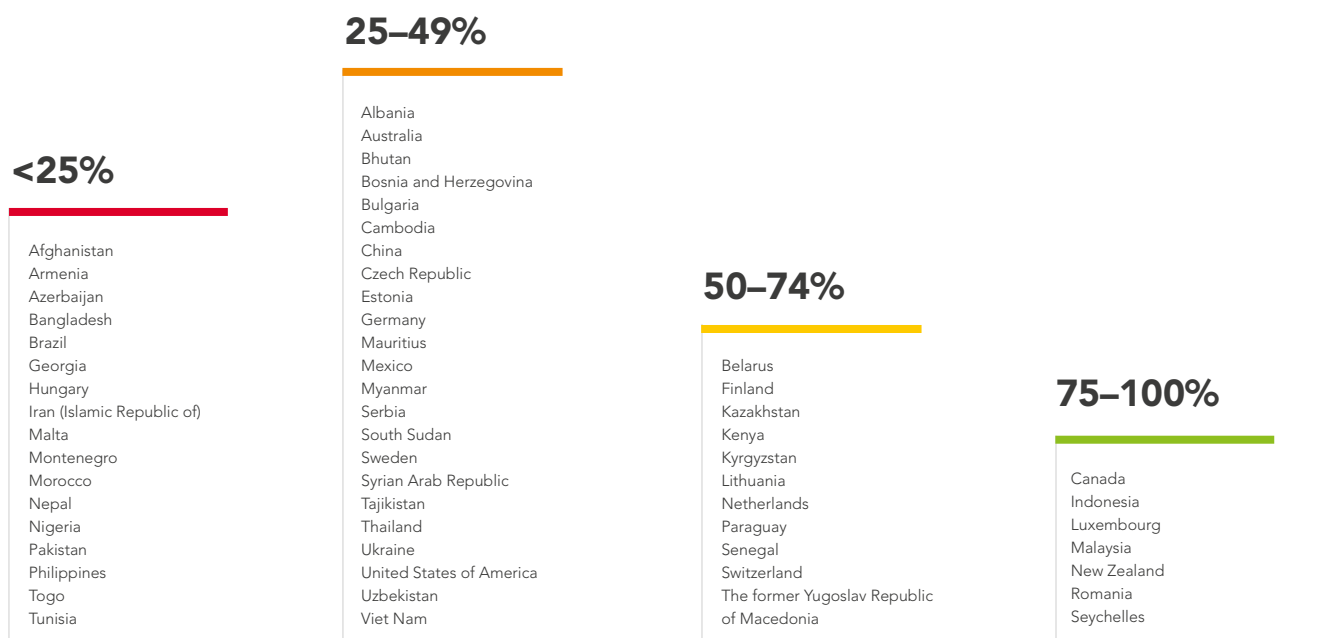
Oman and Slovenia reported data on the number of syringes distributed but did not have available data on the estimated number of people who inject drugs.

Source: 2012 country progress reports ([www.unaids.org/cpr](http://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



## Non-reporting countries with people who inject drugs<sup>a</sup>

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

<sup>a</sup> 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](http://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

### 25–49%

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

### <25%

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

### 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<sup>a</sup>

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

<sup>a</sup> 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](http://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<sup>1</sup> 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.

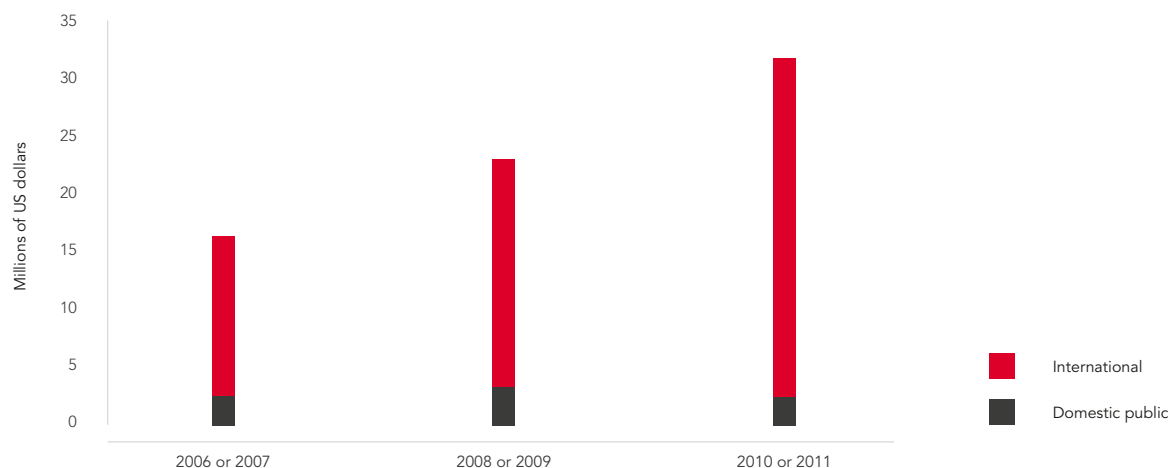
<sup>1</sup> Afghanistan (2011), Angola (2011), Argentina (2009), Armenia (2011), Azerbaijan (2011), Bangladesh (2011), Belarus (2011), Brazil (2009), Bulgaria (2011), Burundi (2010), Cambodia (2009), Colombia (2011), Georgia (2011), Ghana (2010), Guatemala (2010), Haiti (2011), India (2011), Indonesia (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](http://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).

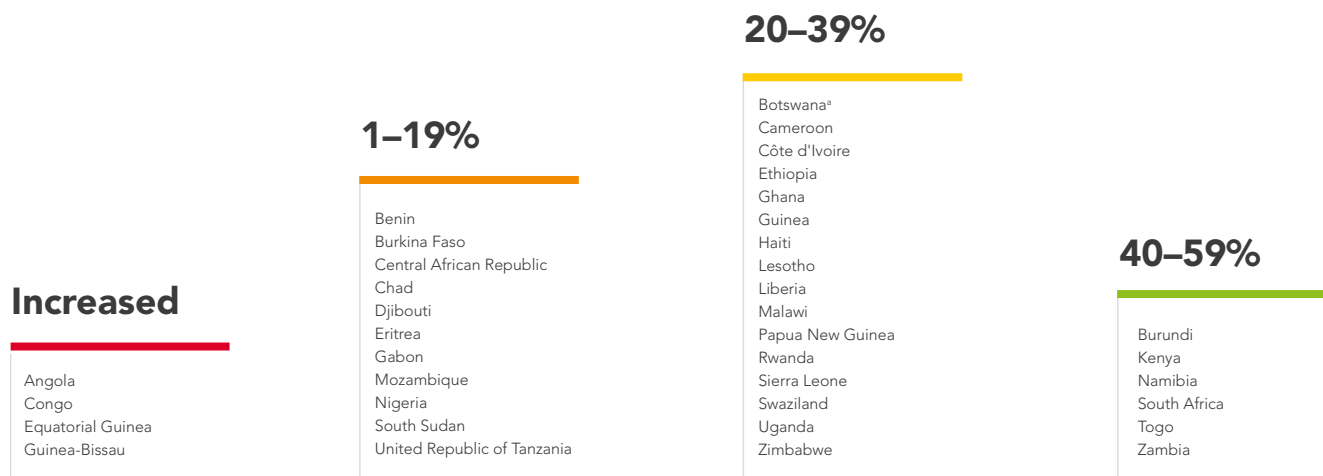
More than 90% of the children who acquired HIV infection in 2011 live in sub-Saharan Africa. There, the number of children newly infected fell by 24% from 2009 to 2011. The number of children acquiring HIV infection also declined significantly in the Caribbean (32%) and Oceania (36%), with a more modest 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



Sources: UNAIDS estimates.

\* 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.

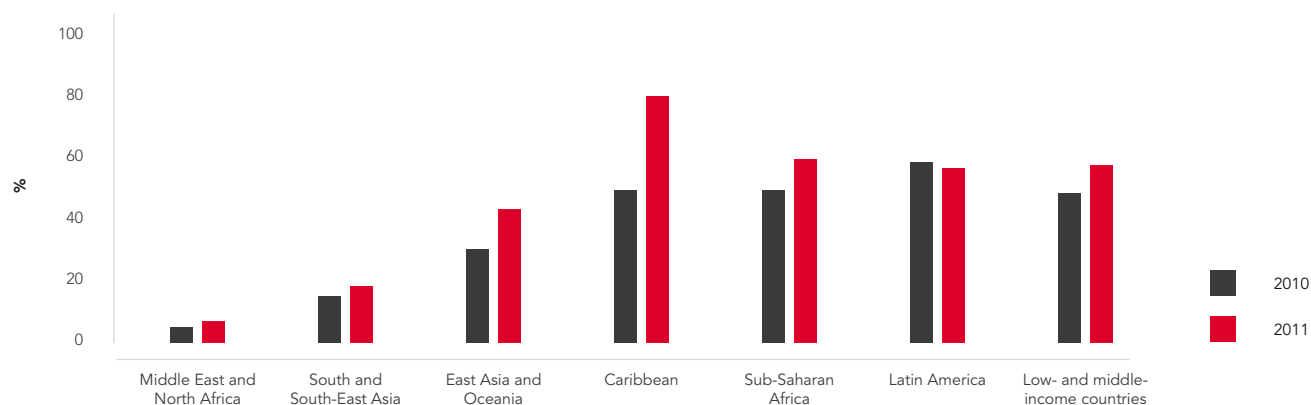
## A BLUEPRINT TO ELIMINATE NEW HIV INFECTIONS AMONG CHILDREN

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](http://www.unaids.org/cpr)) and UNAIDS estimates.

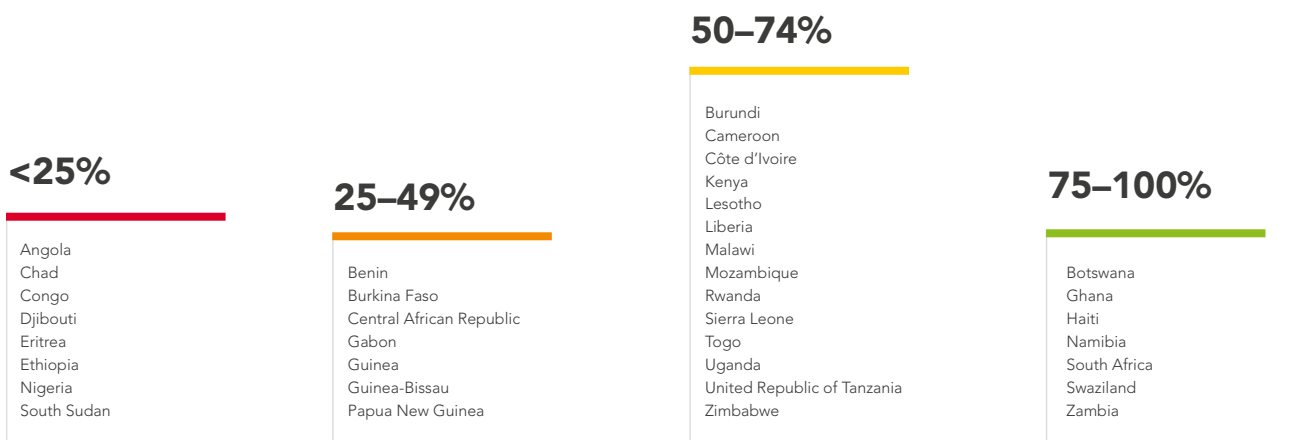
## PROVIDING SERVICES TO THE PEOPLE WHO NEED THEM

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



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

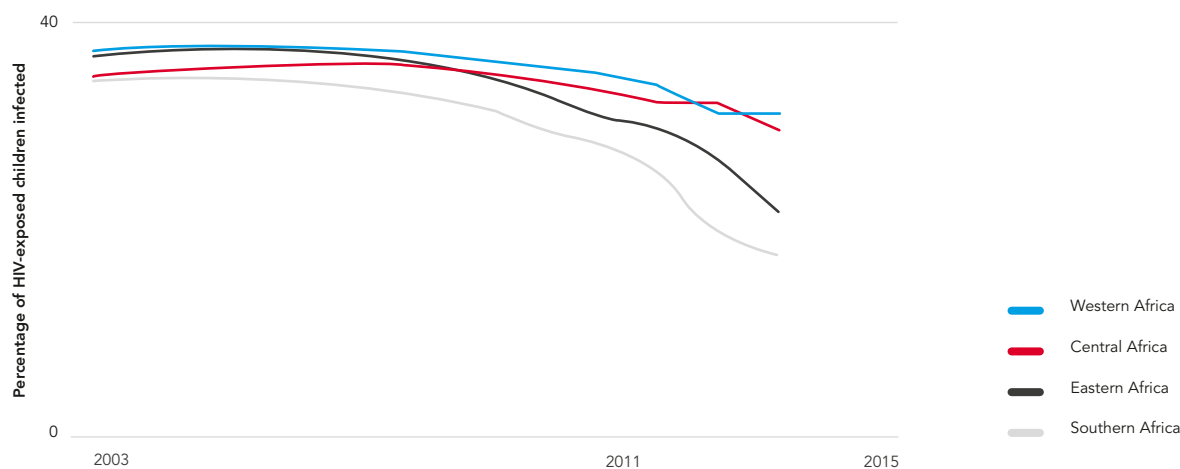
The percentage of pregnant women and infant pairs receiving antiretroviral medicines to prevent mother-to-child transmission exceeds 50% in most countries with generalized epidemics and available data. Coverage of antiretroviral regimens exceeds 75% in 8 countries with generalized epidemics, with an 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,<sup>1</sup> 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.

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## 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

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<sup>1</sup> The Global Plan priority countries include: Angola, Botswana, Burundi, Cameroon, 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.

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.

# 2.5x

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

# 4 TREATMENT

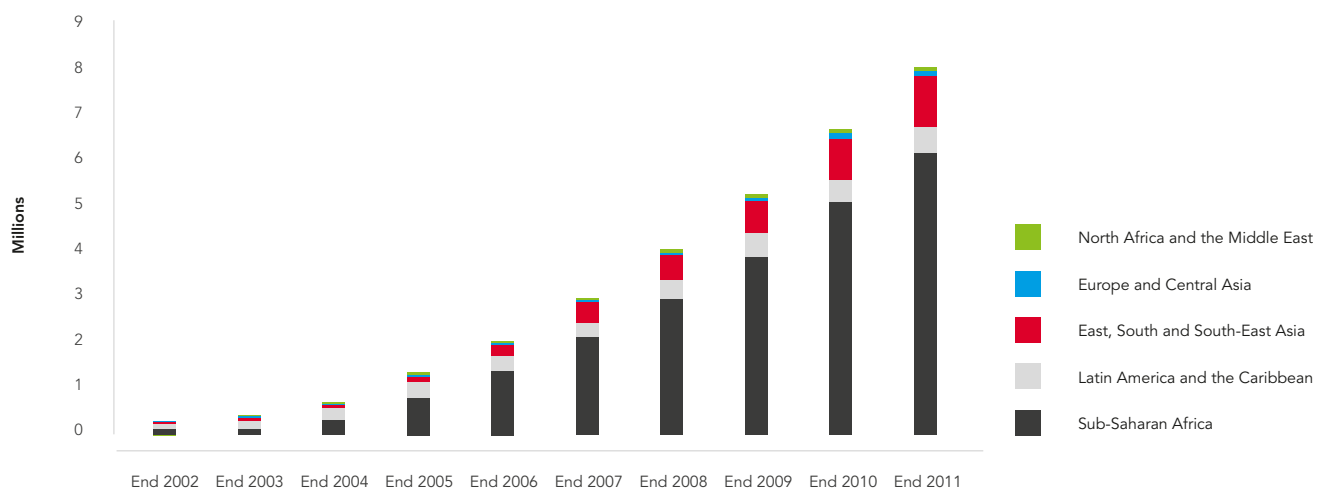
The rapid expansion of antiretroviral therapy – one of the most remarkable achievements in recent public health history – continued in 2011. More people initiated antiretroviral therapy in 2011 than in any previous year, with the number of people living with HIV receiving treatment rising by 21% compared 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](http://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.

## 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.

**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.

## 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.

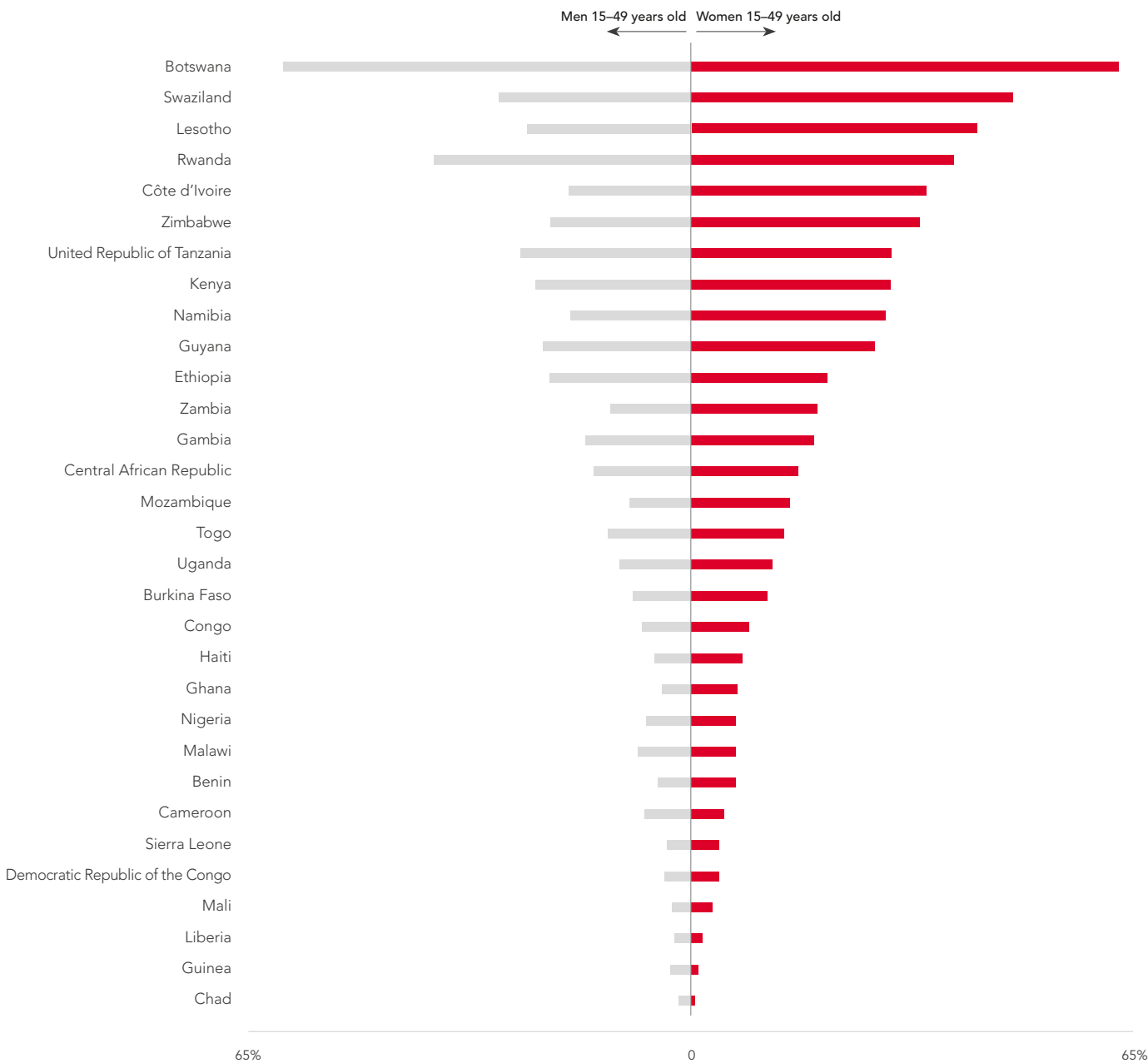
## ENGAGING COMMUNITIES IN THE PUSH TO EXPAND TREATMENT ACCESS

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

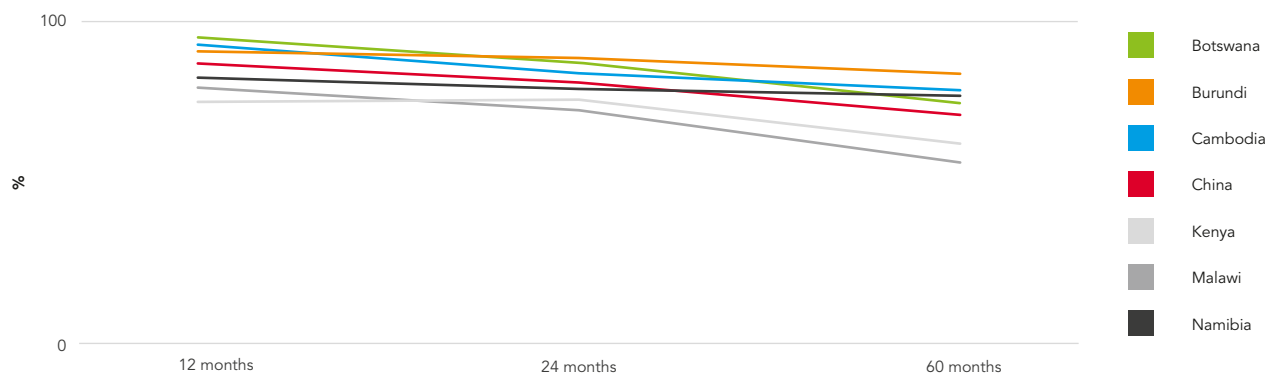
Percentage of women and men aged 15–49 years who received an HIV test in the past 12 months and received their results, 2004-2011



Source: Demographic and Health Surveys ([www.measuredhs.com](http://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](http://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.

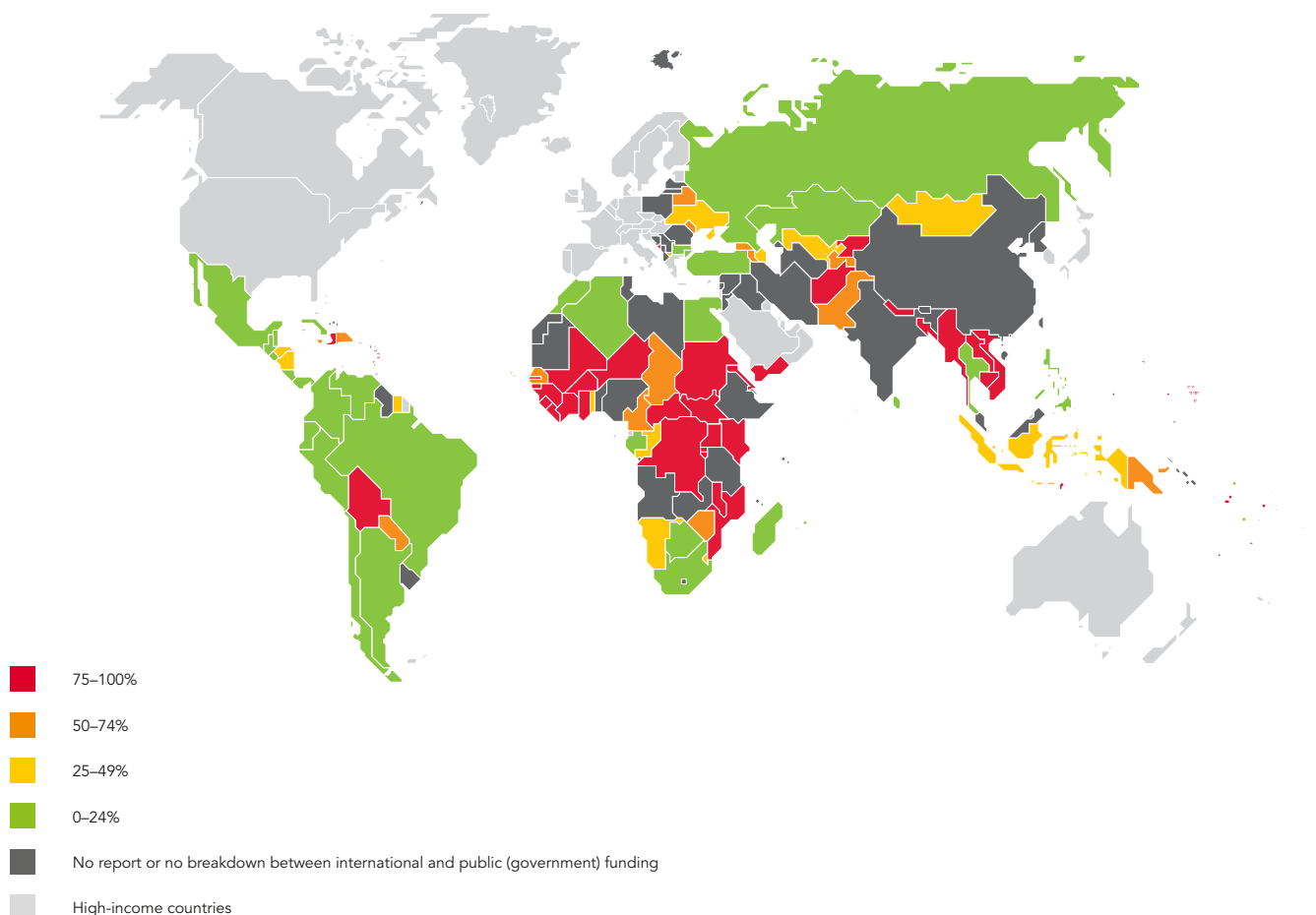
## GLOBAL RELIANCE ON AID FOR TREATMENT

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](http://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.

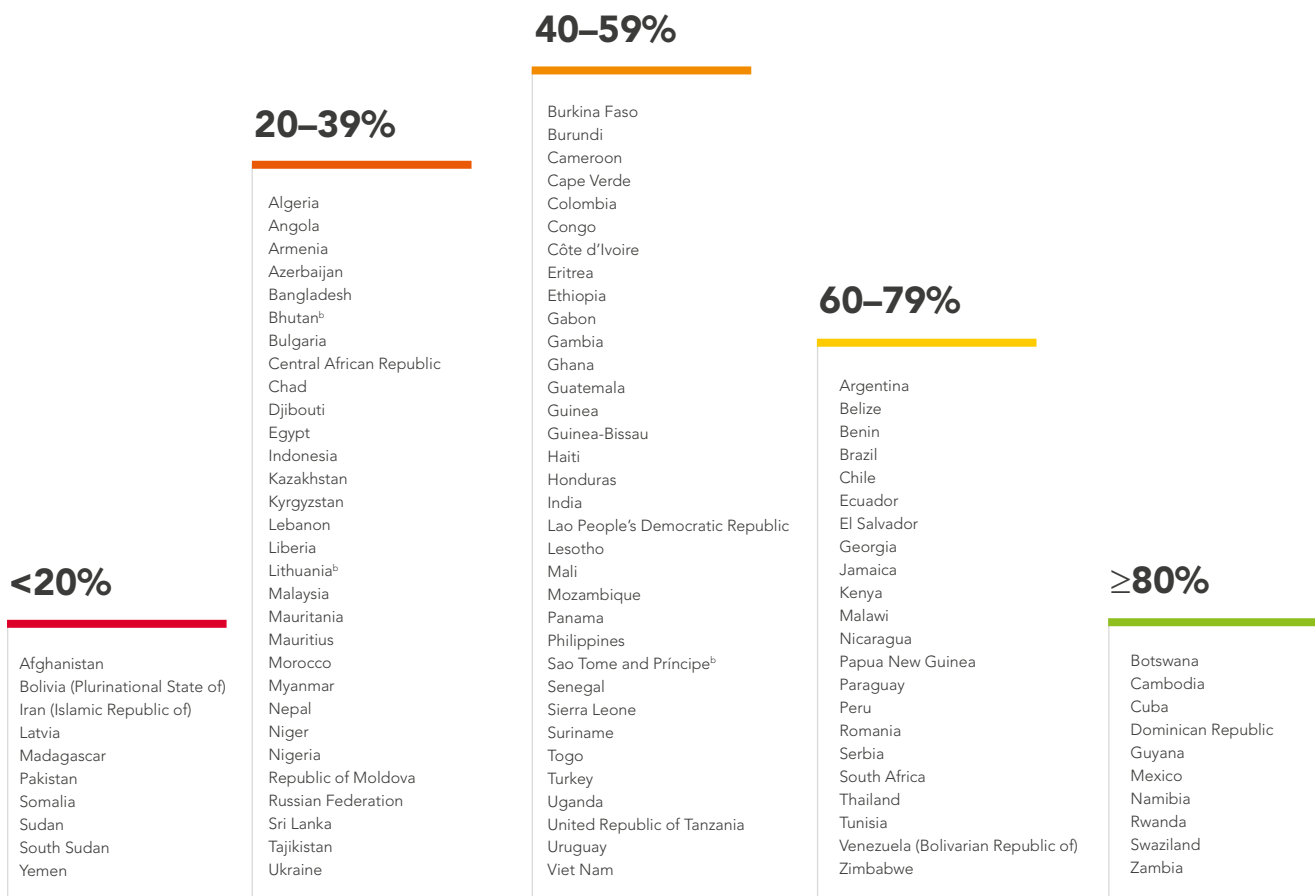
Maximizing the therapeutic and preventive benefits of treatment requires substantially greater success in closing gaps in the treatment continuum. People living with HIV need to be diagnosed early in the course of infection through testing services that are simple and easy to access, those who test positive 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<sup>a</sup>



<sup>a</sup> The table does not include countries with fewer than 100 people who need antiretroviral therapy.

<sup>b</sup> 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

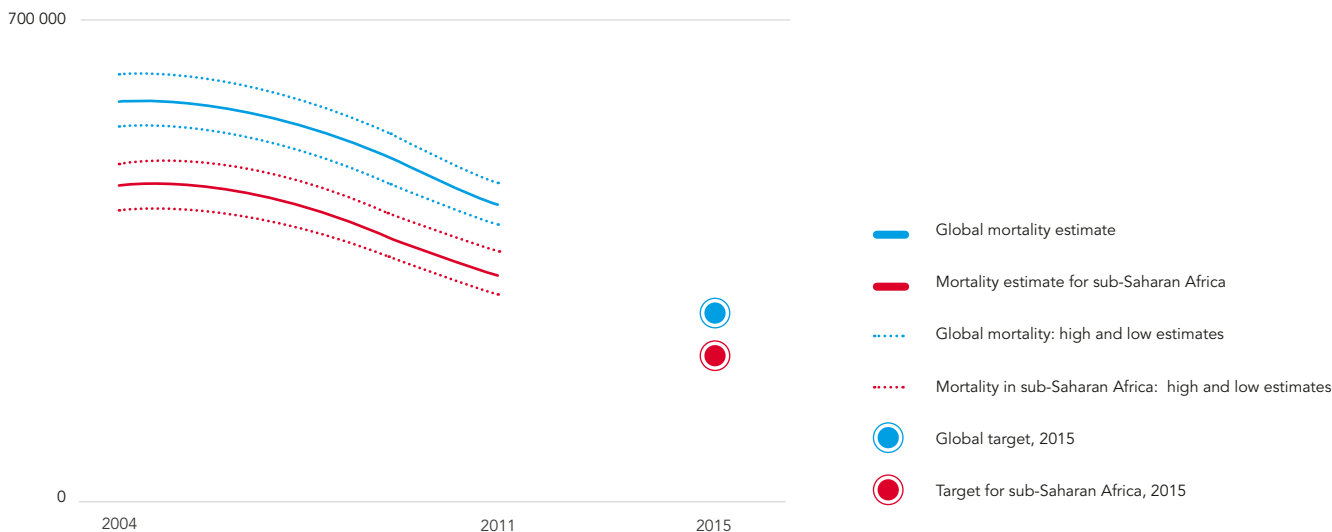
Major strides have been made towards the global goal of reducing the number of TB-related deaths among people living with HIV by 50% by 2015. Since 2004, TB-related deaths among people living with HIV have fallen by 25% worldwide (Fig. 5.1) and by 28% in sub-Saharan Africa, home to nearly 80% of all 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





Antiretroviral therapy significantly reduces the risk of people developing 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 TB and improve the outcome of TB treatment 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 living with HIV developing TB (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
<b>TOTAL</b>	<b>1 100</b>	<b>1 000</b>	<b>1 200</b>	<b>2 468 370</b>	<b>40</b>	<b>23</b>	<b>48</b>	<b>3 441 722</b>

NA: not available.

Source: *Global tuberculosis report 2012*. Geneva, World Health Organization, 2012 ([www.who.int/tb/publications/global\\_report/en](http://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 disease and 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 disease 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 HIV 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).

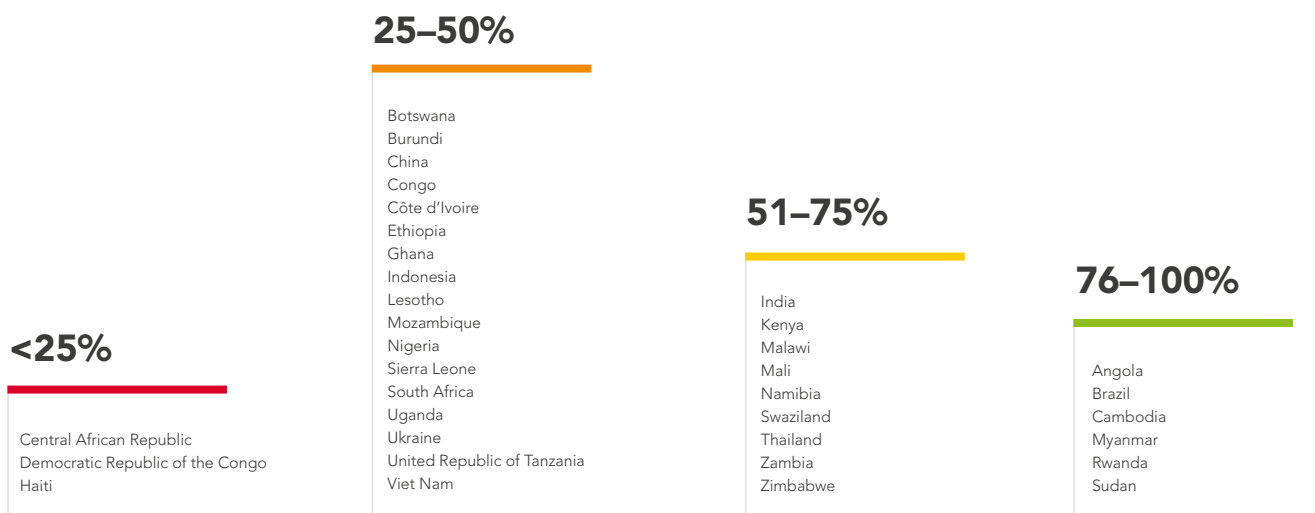
Among people living with HIV, 3.2 million were reported to have been screened for TB in 2011, and 460 000 people living with HIV without active TB received isoniazid preventive therapy. TB screening among people living with HIV rose almost two-fold in South Africa, and the number of people living with 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. 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, and those without active TB should receive isoniazid preventive therapy. People living with HIV who have active TB should also receive antiretroviral therapy 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).

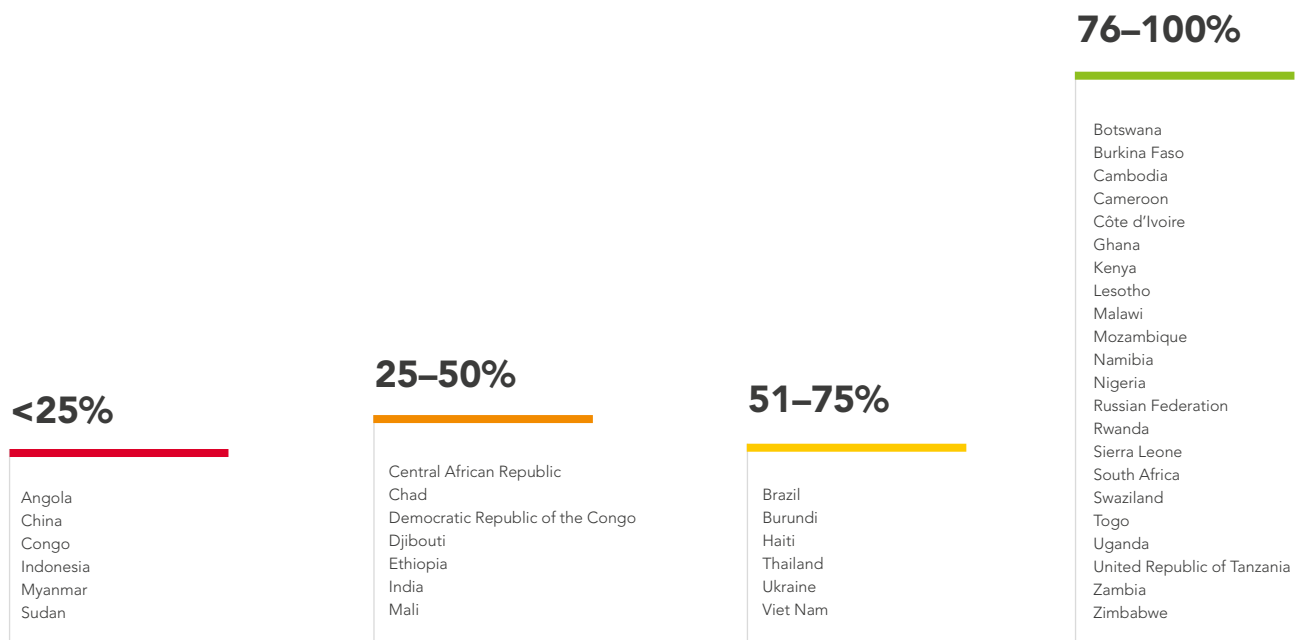
Table 5.2

## 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



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



Source: 2012 country progress reports ([www.unaids.org/cpr](http://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

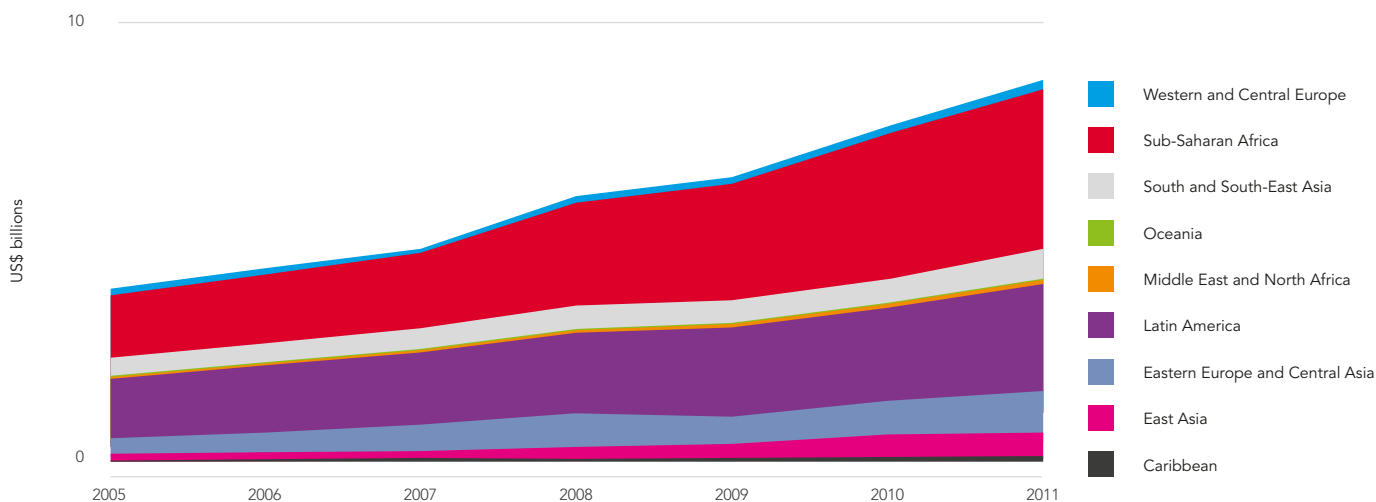
## Reporting AIDS spending in 2012

	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%
<b>TOTAL</b>	<b>192</b>	<b>127</b>	<b>65</b>	<b>66%</b>

Source: 2012 country progress reports ([www.unaids.org/cpr](http://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.

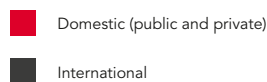
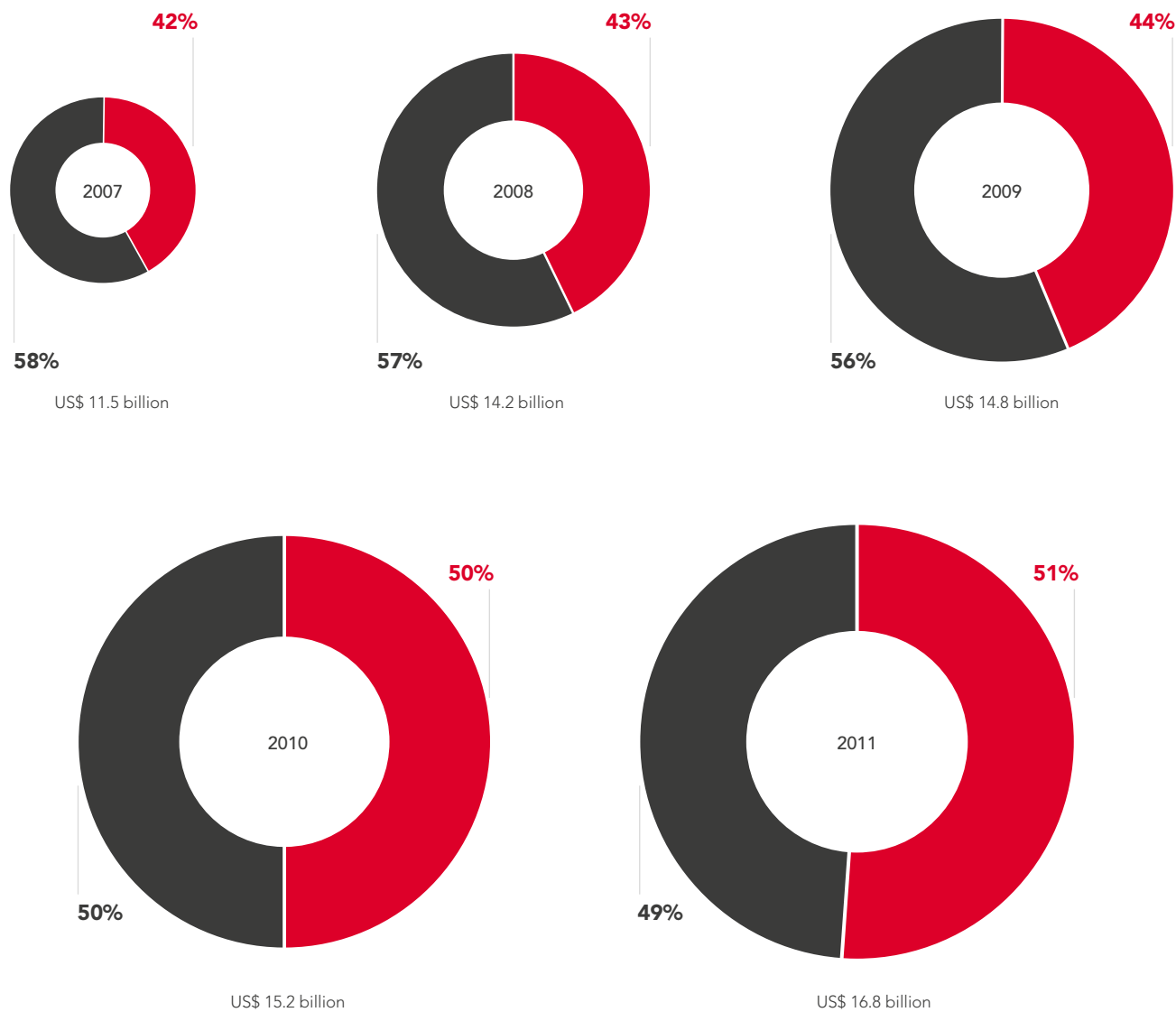
Zambia's domestic health budget for 2012 is 45% larger than in 2011, although total health expenditure remains short of the 15% share of the national budget for health agreed to in the Abuja Declaration (1).

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<sup>a</sup>

≥ 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 Principe 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  
 Niger 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

<sup>a</sup> 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](http://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<sup>1</sup> aims to promote the most strategic use of limited AIDS resources by allocating spending among six basic programmatic activities,<sup>2</sup> 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.

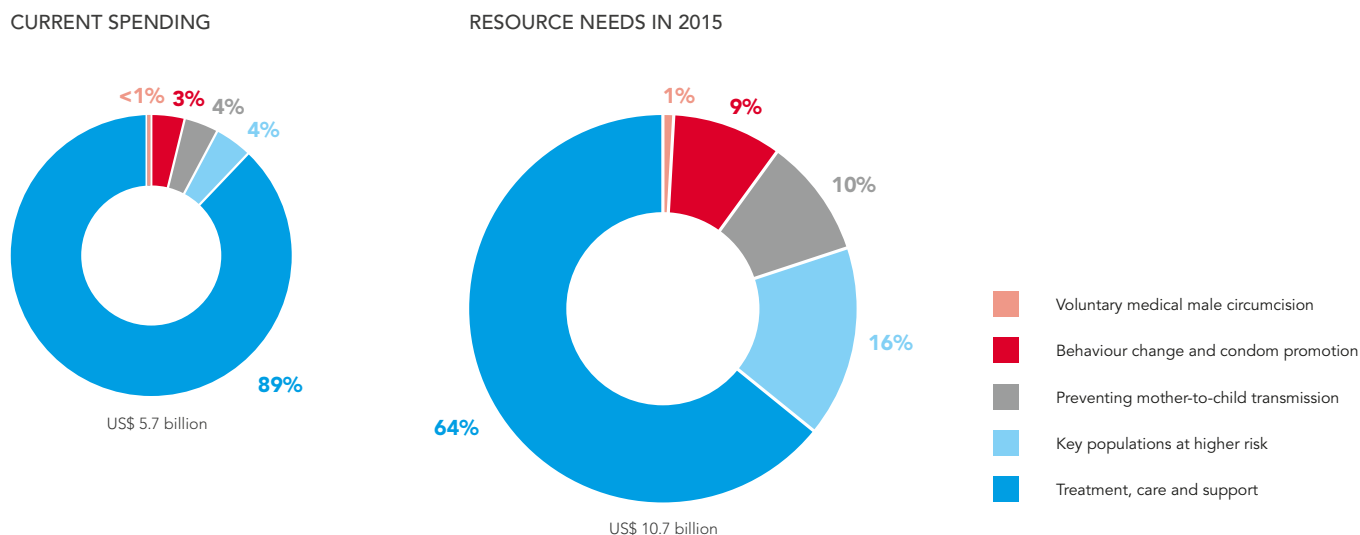
An important strategy for enhancing value for money is to maximize impact and cost-efficiency by focusing limited resources where the epidemic is most severe and on the populations in greatest need. The spending pattern differs between regions and countries according to their type of epidemic. In some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

<sup>1</sup> 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).

<sup>2</sup> 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

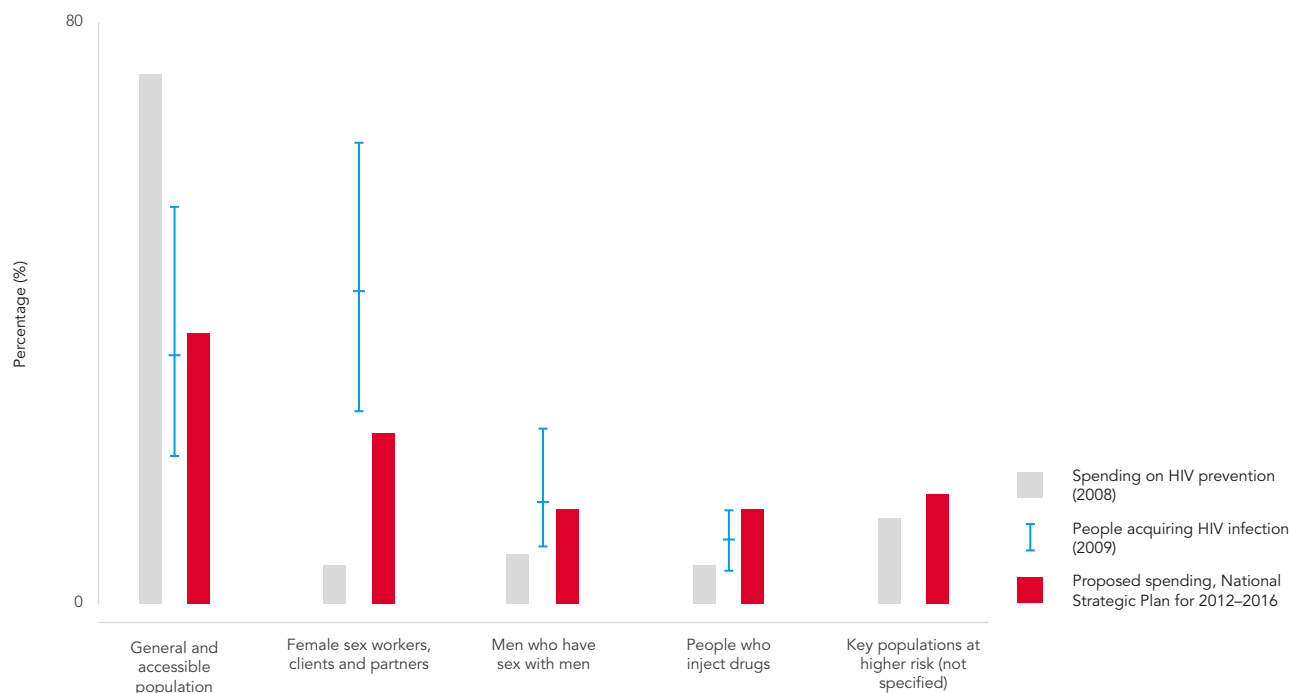


Sources: 2012 country progress reports ([www.unaids.org/cpr](http://www.unaids.org/cpr)) and Schwartländer B et al. Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet*, 2011, 377:2031–2041.

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.

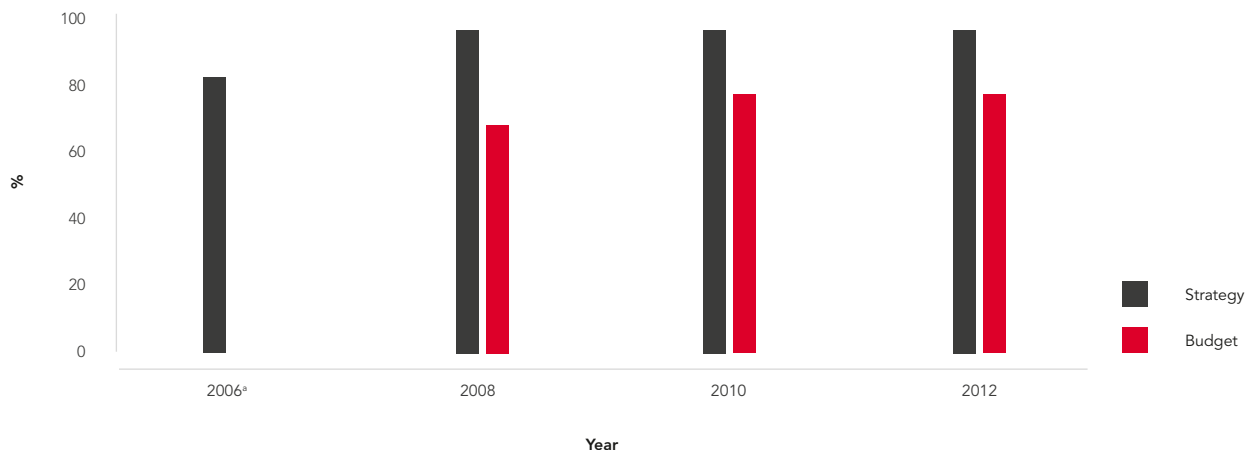
In 2011 (Fig. 7.2), only one third of countries had brought female condom programming to scale nationally, and a similar proportion were integrating HIV and sexual and reproductive health services. Only about 1 in 10 countries effectively engage men and boys in the AIDS response at the national level. 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**

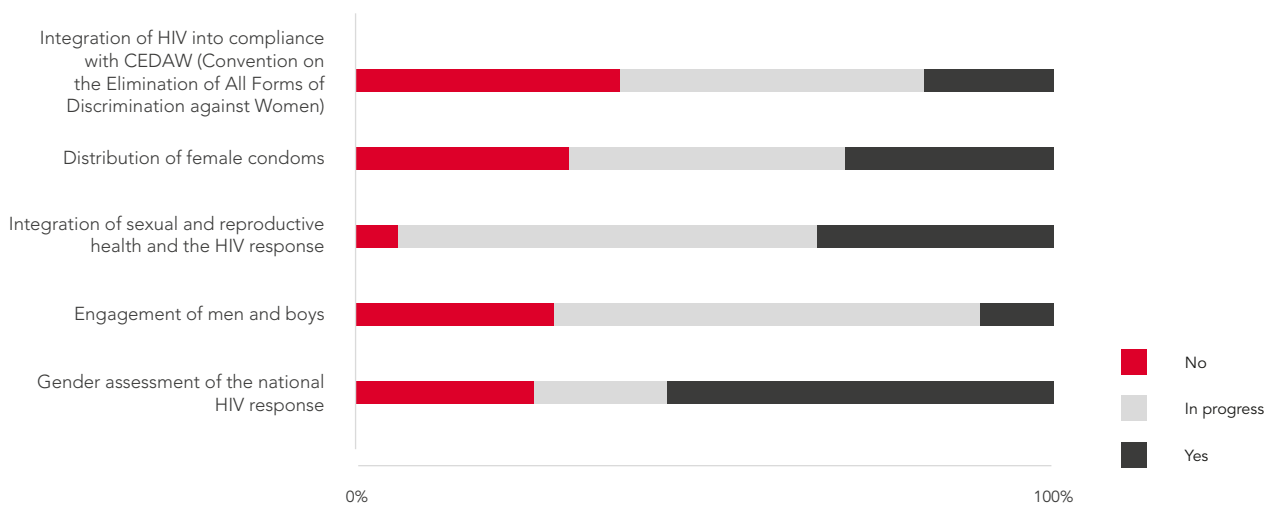


\* No budget data are available for 2006.

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

Fig. 7.2

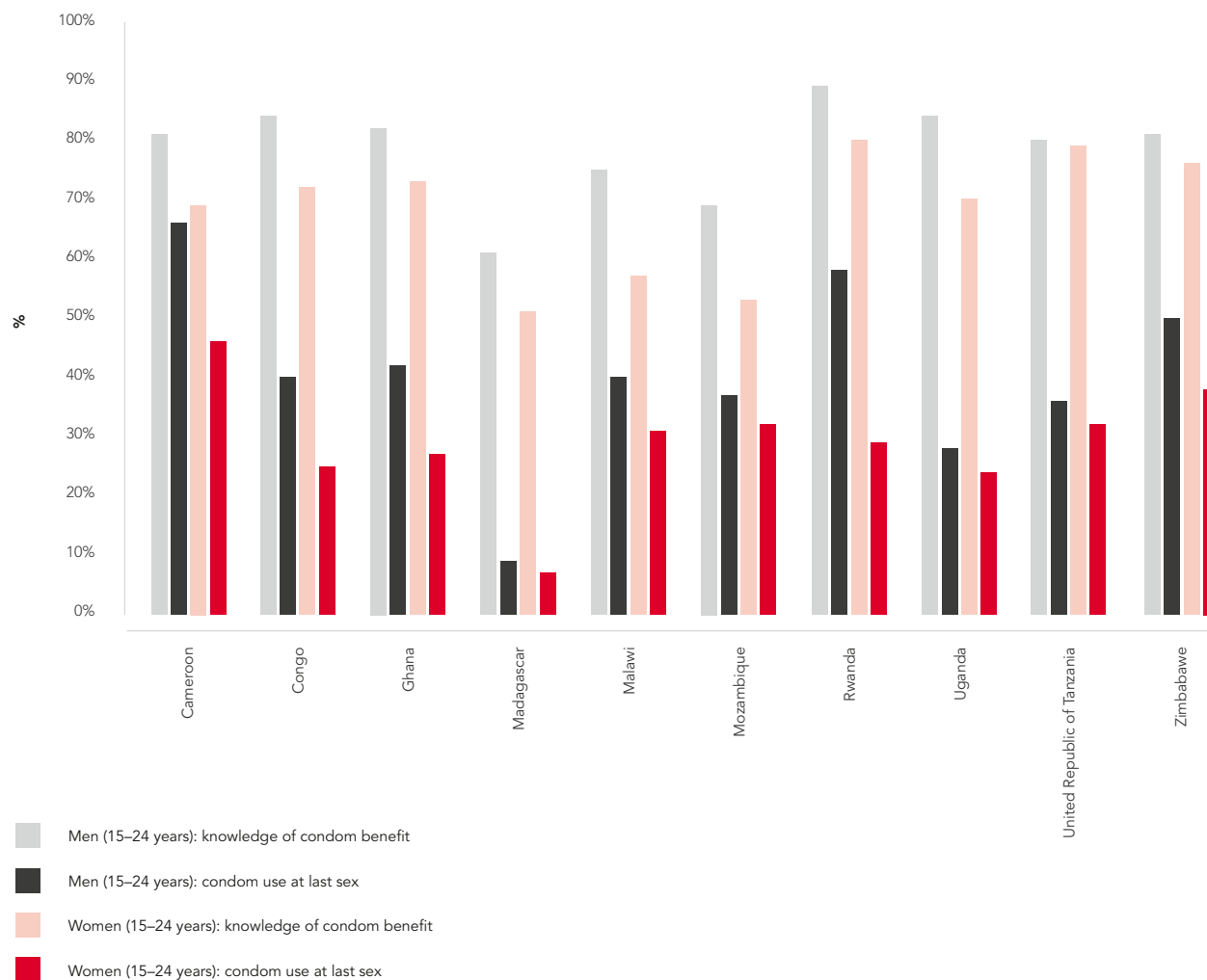
**Selected markers from the UNAIDS gender scorecard responses in 2011: percentage of 94 countries at various levels of progress**



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](http://www.measuredhs.com)).

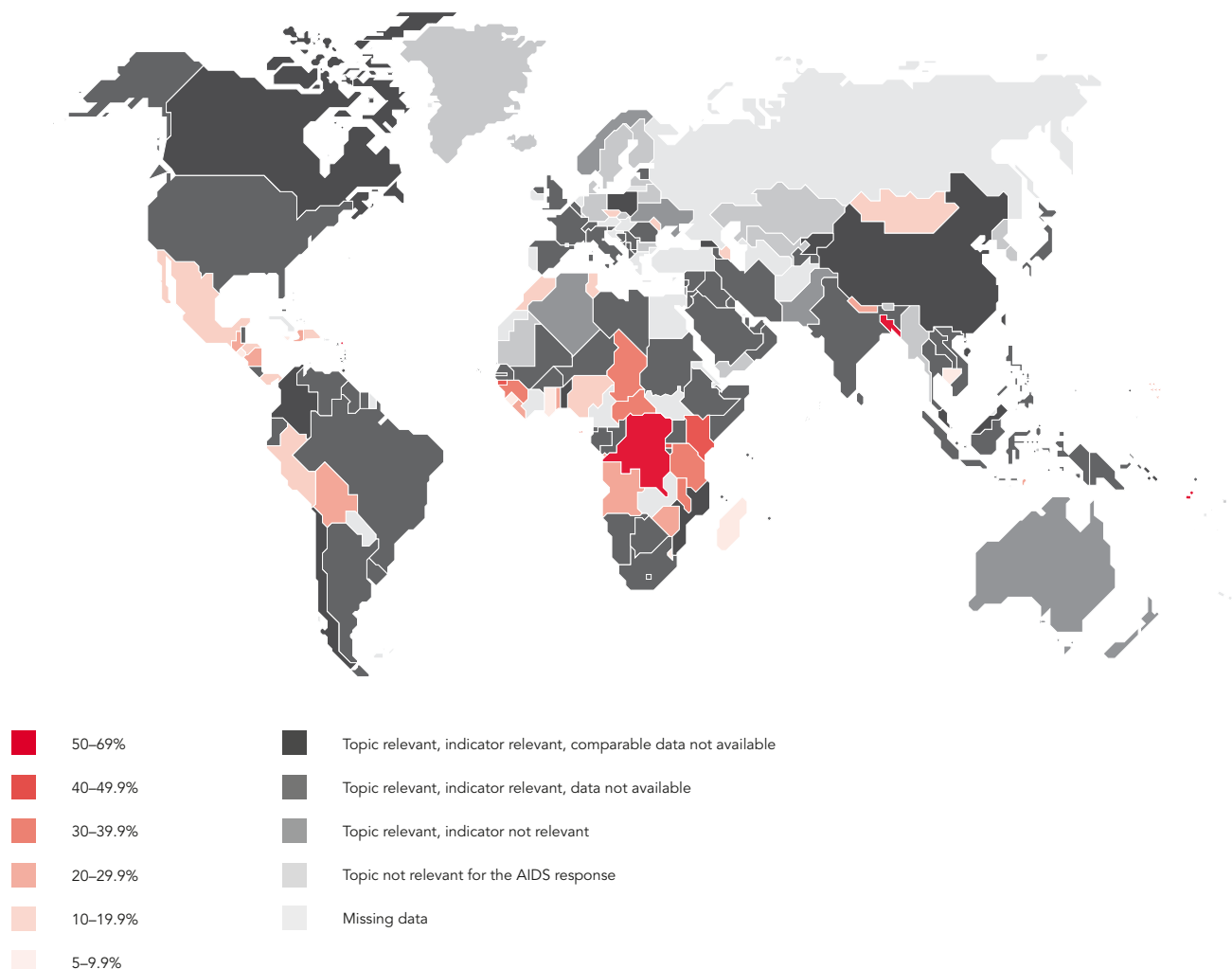
The failure to implement appropriate policies to address the needs and rights of women and girls undermines efforts to curb the spread of HIV. For example, in many countries, young women are consistently less likely than young men to know about the protective benefits of condoms or to report condom use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



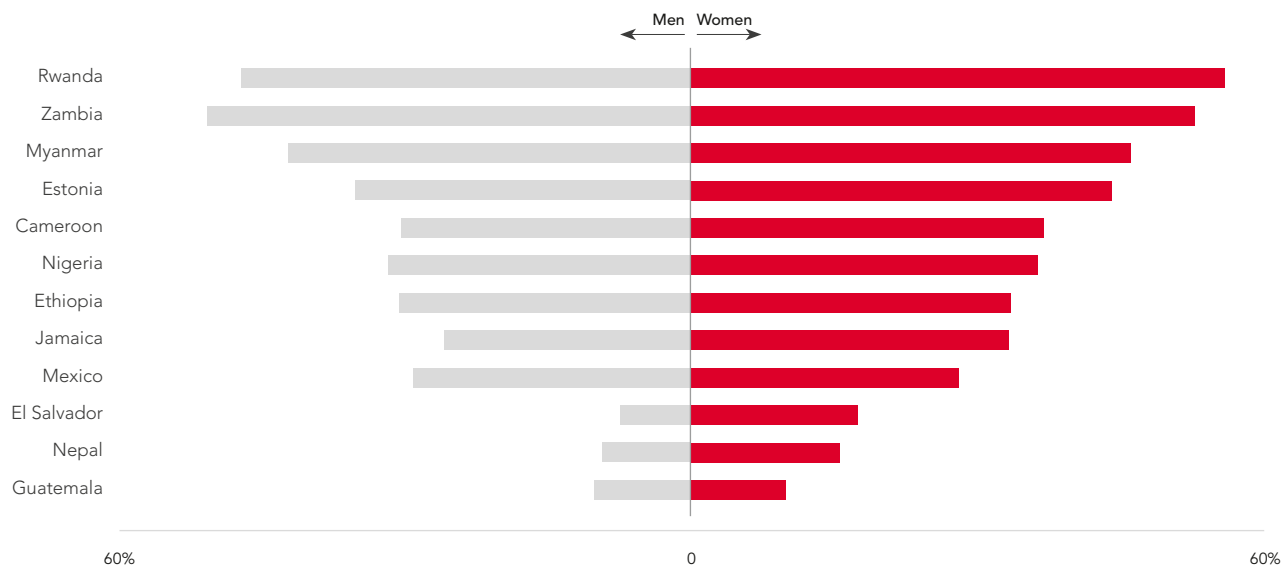
Source: 2012 country progress reports ([www.unaids.org/cpr](http://www.unaids.org/cpr)).

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).

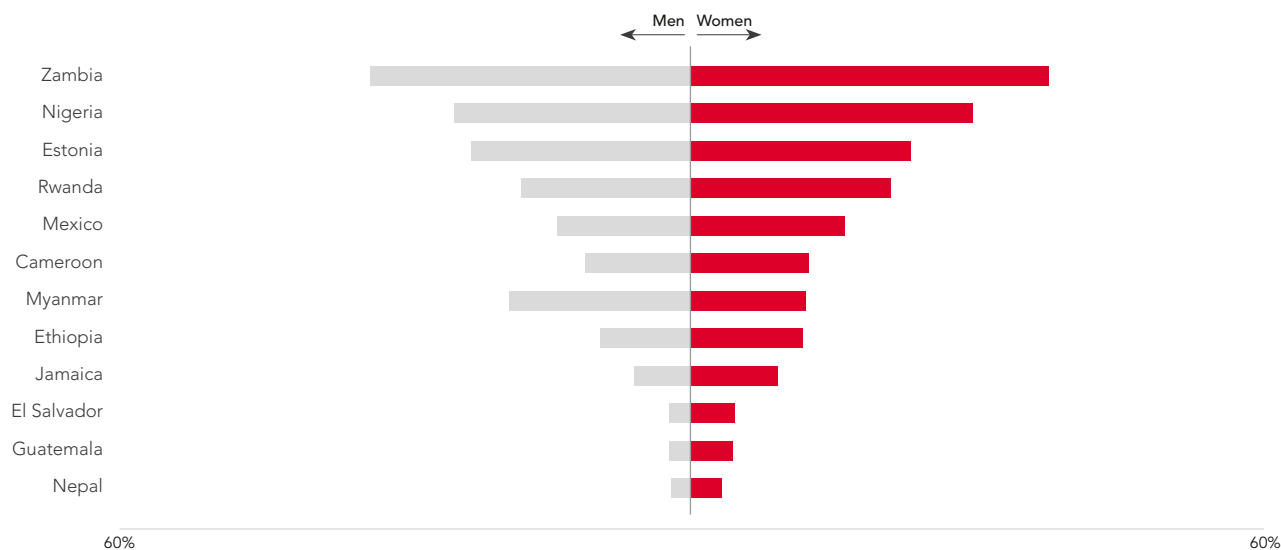
Fig. 7.5

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

**VERBAL VIOLENCE**



**PHYSICAL VIOLENCE**



Sources: surveys conducted using the People Living with HIV Stigma Index to be published at [www.stigmaindex.org](http://www.stigmaindex.org).

# 43%

## TRANSGENDER POLICIES

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

## ADDRESSING THE HIV-RELATED NEEDS OF 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,<sup>1</sup> 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).

<sup>1</sup> 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](http://www.stigmaindex.org). Sampling methods differ between countries, and caution should be taken in comparing results from different countries.





Table 8.1

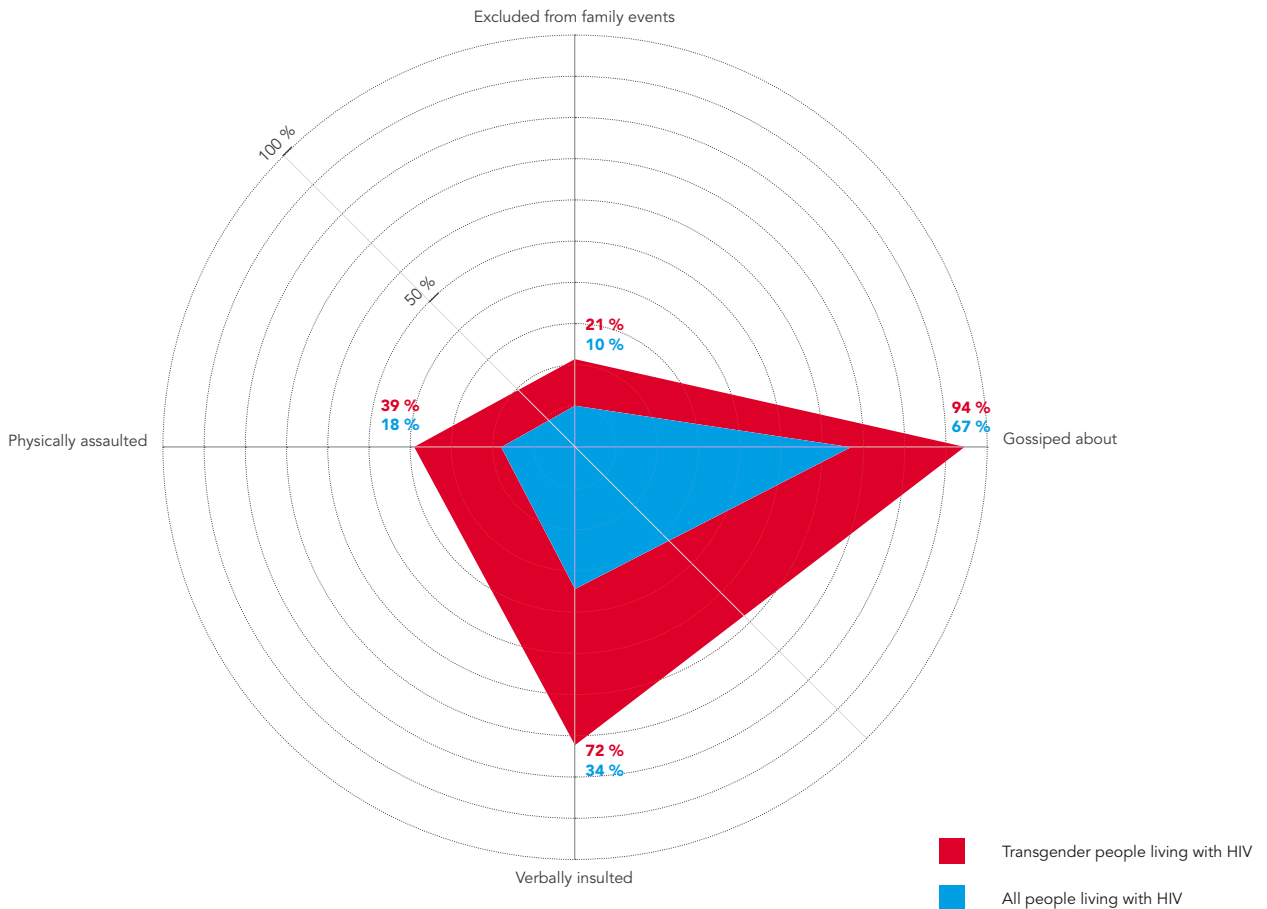
## Results of surveys using the People Living with HIV Stigma Index, selected countries, 2008–2011

	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](http://www.stigmaindex.org).

Fig. 8.1

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



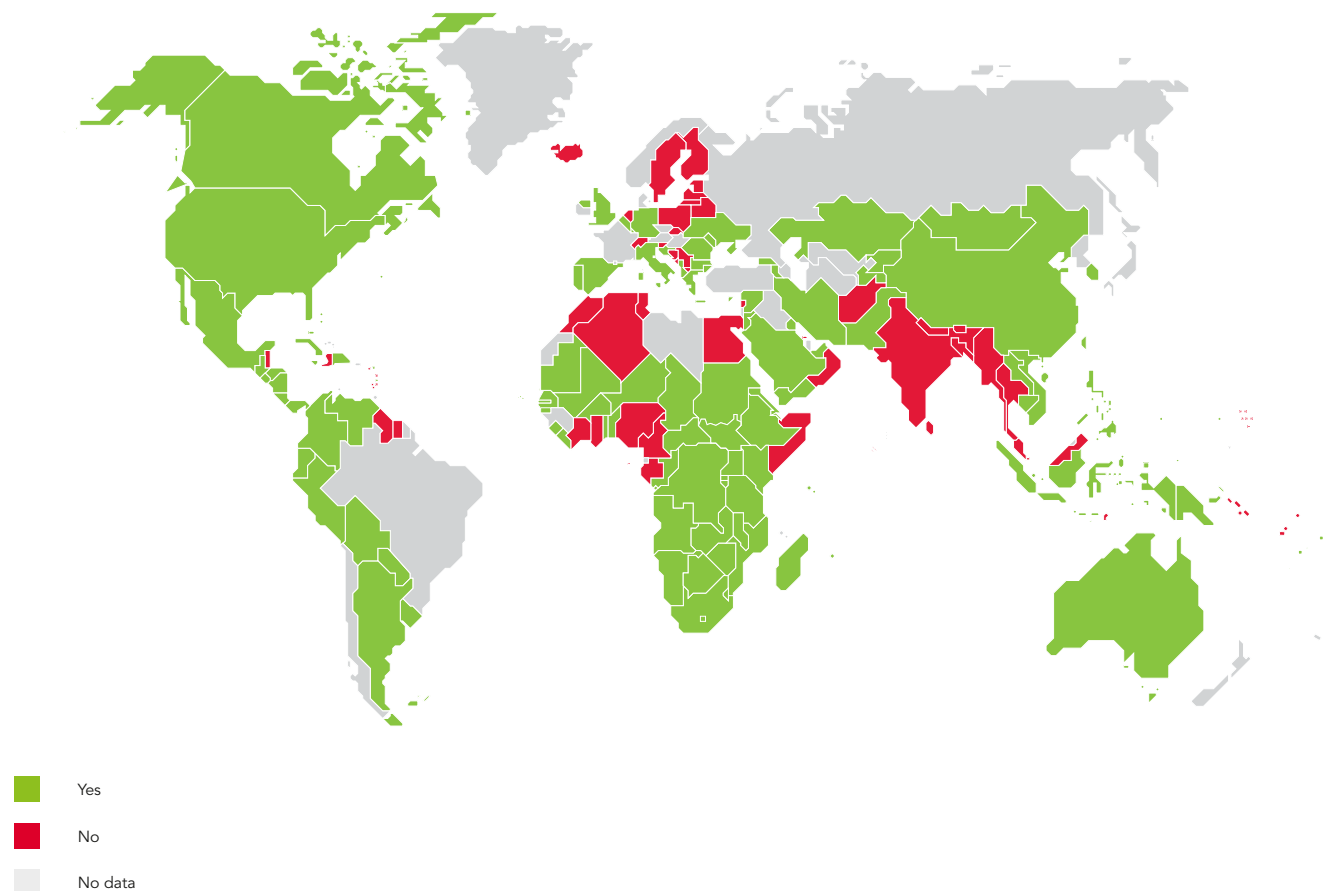
Source: data collected using the People Living with HIV Stigma Index in Mexico in 2011.

### 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](http://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.

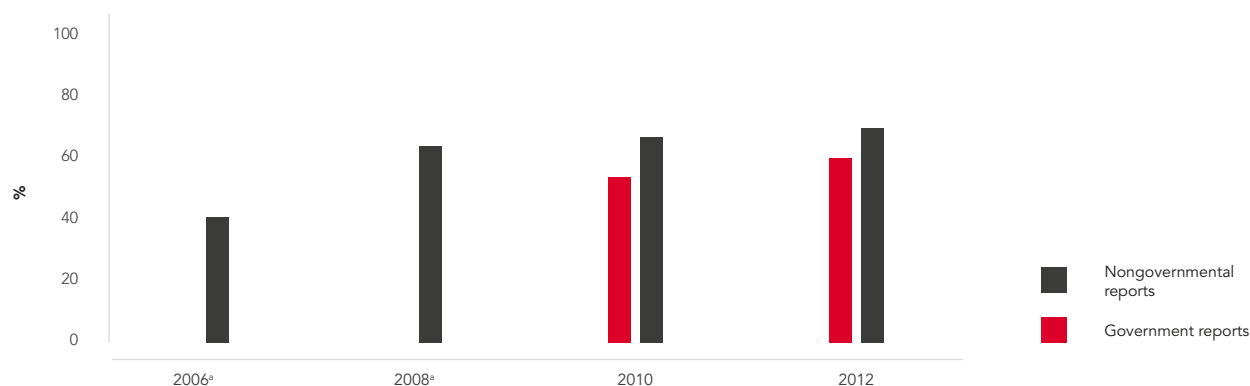
Some gains have been made in expanding access to justice for people living with HIV. The proportion of countries reporting the existence of HIV-related legal services has increased from 45% in 2008 to 55% in 2012, and the share of countries reporting to have trained judges and magistrates on HIV and 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**



<sup>a</sup> Governments were not asked this question in 2006 and 2008, and there are therefore no data for this.

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).

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.

# 60

## COUNTRIES CRIMINALIZE

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

## 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”.

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## 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).

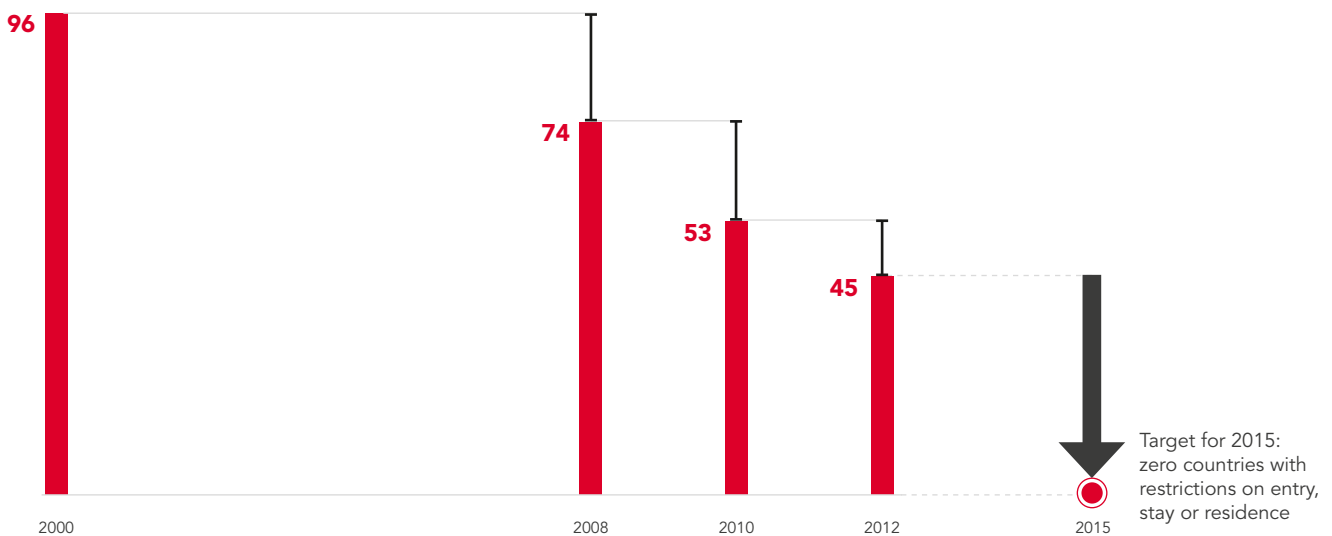
# 9 ELIMINATING RESTRICTIONS ON ENTRY, STAY AND RESIDENCE

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.

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.”

## 20 COUNTRIES REPORT

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

## 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.

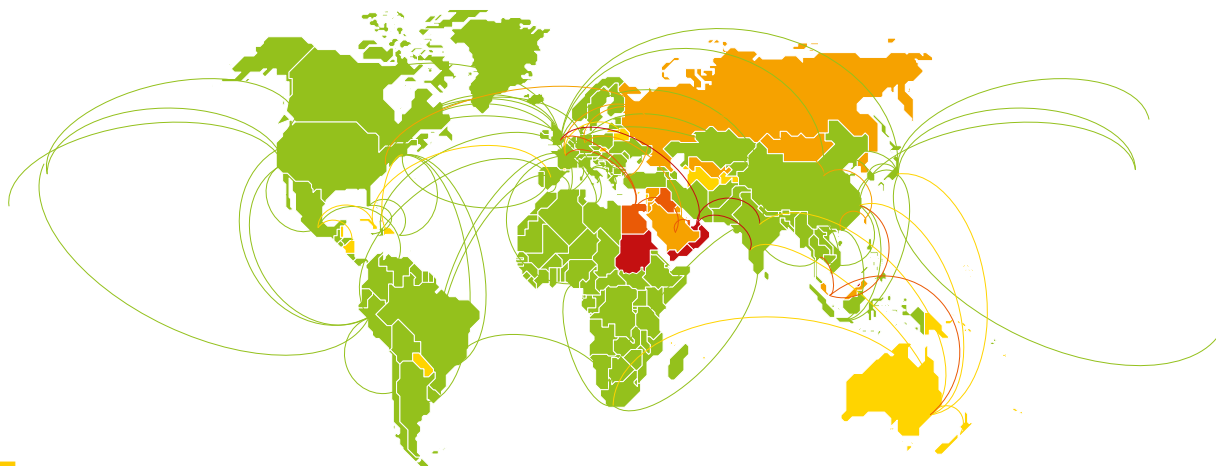
Fig. 9.2

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

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

**20**

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

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

**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 tackling 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).

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## **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.





## REFERENCES

### Introduction

1. *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*. Geneva, UNAIDS, 2011 ([http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610\\_un\\_a-res-65-277\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf), accessed 1 November 2012).
2. *Global AIDS Response Progress Reporting 2012: guidelines – construction of core indicators for monitoring the 2011 Political Declaration on HIV/AIDS*. Geneva, UNAIDS, 2012 ([http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215\\_Global\\_AIDS\\_Response\\_Progress\\_Reporting\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf), accessed 1 November 2012).

### 1. Sexual transmission

1. Hankins CA, de Zaluondo BO. Combination prevention: a deeper understanding of effective HIV prevention. *AIDS*, 2010, 24(Suppl. 4):S70–S80.
2. Schwartländer B et al. Towards an improved investment approach for an effective response to HIV/AIDS. *Lancet*, 2011, 377:2031–2041.
3. Marteau TM, Hollands, GJ, Fletcher PC. Changing human behavior to prevent disease: the importance of targeting automatic processes. *Science*, 2012, 337:1492–1495.
4. Hallett TB et al. Declines in HIV prevalence can be associated with changing sexual behaviour in Uganda, urban Kenya, Zimbabwe, and urban Haiti. *Sexually Transmitted Infections*, 2006, 82(Suppl. 1):i1–i8.
5. Gregson S et al. HIV decline associated with behavior change in eastern Zimbabwe. *Science*, 2006, 311:664–666.
6. Johnson LF et al. The effect of changes in condom usage and antiretroviral treatment coverage on human immunodeficiency virus incidence in South Africa: a model-based analysis. *Journal of the Royal Society Interface*, 2012, 9:1544–1554.
7. Jafa K, Chapman S. *Reinvigorating condoms as an HIV prevention tool*. Arlington, VA, AIDSTAR-One, 2012 (AIDSTAR-One Spotlight on Prevention series; [http://www.aidstar-one.com/sites/default/files/Prev\\_Spotlight\\_Condoms\\_Final.pdf](http://www.aidstar-one.com/sites/default/files/Prev_Spotlight_Condoms_Final.pdf), accessed 1 November 2012).
8. *UNAIDS resource needs for AIDS in low- and middle-income countries*. Geneva, UNAIDS, 2007 ([http://www.unaids.org/en/resources/presscentre/featurestories/2007/september/20070925resource\\_needs\\_methodology](http://www.unaids.org/en/resources/presscentre/featurestories/2007/september/20070925resource_needs_methodology), accessed 1 November 2012).
9. Papo JK et al. Exploring the condom gap: is supply or demand the limiting factor – condom access and use in an urban and a rural setting in Kilifi district, Kenya. *AIDS*, 2011, 25:247–255.
10. Njeuhmeli E et al. Voluntary medical male circumcision: modeling the impact and cost of expanding male circumcision for HIV prevention in eastern and southern Africa. *PLoS Medicine*, 2011, 8:e1001132.

11. WHO and UNAIDS. *Progress in scaling up voluntary medical male circumcision for HIV prevention in east and southern Africa*. Geneva, World Health Organization, 2012.
12. Baral S et al. Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. *Lancet Infectious Diseases*, 2012, 12:538–549.
13. Beyrer C et al. Global epidemiology of HIV infection in men who have sex with men. *Lancet*, 2012, 380:367–377.
14. van Griensven F, de Lind van Wijngaarden JW. A review of the epidemiology of HIV infection and prevention responses among MSM in Asia. *AIDS*, 2010, 24:S30–S40.
15. Handa S et al. Effect of a national social cash transfer program on HIV risk behavior in Kenya. *XIX International AIDS Conference, Washington DC, USA, 22–27 July 2012* (Abstract FRLBD01; <http://pag.aids2012.org/Abstracts.aspx?AID=21323>, accessed 1 November 2012).
16. Baird SJ et al. Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a clustered randomized trial. *Lancet*, 2012, 379:1320–1329.
17. Cohen MS et al. Prevention of HIV-1 infection with early antiretroviral therapy. *New England Journal of Medicine*, 2011, 365:493–505.
18. *Guidance on couples HIV testing and counselling, including antiretroviral therapy for treatment and prevention in serodiscordant couples: recommendations for a public health approach*. Geneva, World Health Organization, 2012 (<http://www.who.int/hiv/topics/vct/en>, accessed 1 November 2012).

## 2. People who inject drugs

1. Mathers B et al. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet*, 2008, 372:1733–1745.
2. Wood E et al. Attendance at supervised injecting facilities and use of detoxification services. *New England Journal of Medicine*, 2006, 354:2512–2514.
3. *Women, harm reduction, and HIV: key findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*. New York, Open Society Institute Public Health Program, 2009.
4. 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.
5. Degenhardt L et al. Prevention of HIV infection for people who inject drugs: why individual, structural, and combination approaches are needed. *Lancet*, 2010, 376:285–301.
6. El-Bassel N, Terlikbaeva A, Pinkham S. HIV and women who use drugs: double neglect, double risk. *Lancet*, 2010, 376:312–314.
7. Strathdee SA et al. Social and structural factors associated with HIV infection among female sex workers who inject drugs in the Mexico–US border region. *PLoS One*, 2011, 6:e19048.
8. Brown QL et al. The impact of homelessness on recent sex trade among pregnant women in drug treatment. *Journal of Substance Use*, 2012, 17:287–293.

9. Cavanaugh CE, Latimer WW. Recent sex trade and injection drug use among pregnant opiate and cocaine dependent women in treatment: the significance of psychiatric comorbidity. *Addiction Disorders and Their Treatment*, 2010, 9:32.

### 3. Eliminating HIV infection among children and keeping their mothers alive

1. *Countdown to zero: Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*. Geneva, UNAIDS, 2011 ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609\\_JC2137\\_Global-Plan-elimination-Hiv-Children\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-elimination-Hiv-Children_en.pdf), accessed 1 November 2012).
2. Mofenson LM. Antiretroviral drugs to prevent breastfeeding HIV transmission. *Antiviral Therapy*, 2010, 15:537–553.
3. *Antiretroviral therapy of HIV infection in infants and children: towards universal access. Recommendations for a public health approach: 2010 revision*. Geneva, World Health Organization, 2010 (<http://www.who.int/hiv/pub/paediatric/infants2010/en/index.html>, accessed 1 November 2012).
4. Marston M et al. Net survival of perinatally and postnatally HIV-infected children: a pooled analysis of individual data from sub-Saharan Africa. *International Journal of Epidemiology*, 2011, 40:385–396.
5. Getahun H et al. Prevention, diagnosis, and treatment of tuberculosis in children and mothers: evidence for action for maternal, neonatal, and child health services. *Journal of Infectious Diseases*, 2012, 205(Suppl. 2):S216–S227.
6. Mahy M et al. What will it take to achieve virtual elimination of mother-to-child transmission of HIV? An assessment of current progress and future needs. *Sexually Transmitted Infections*, 2010, 86(Suppl 2):ii48–ii55.
7. Schouten EJ et al. Prevention of mother-to-child transmission of HIV and the health-related Millennium Development Goals: time for a public health approach. *Lancet*, 2011, 378:282–284.
8. El-Sadr WM et al. Bridging the divide. *Journal of Acquired Immune Deficiency Syndromes*, 2011, 57(Suppl. 2):S59–S60.
9. Thorne C et al. Prevention of mother-to-child transmission of human immunodeficiency virus among pregnant women using injecting drugs in Ukraine, 2000–10. *Addiction*, 2012, 107:118–128.

### 4. Treatment

1. Holmes CB et al. PEPFAR's past and future efforts to cut costs, improve efficiency, and increase the impact of global HIV programs. *Health Affairs*, 2012, 31:1553–1660.
2. *Press release: new study finds cost of treating HIV patients far lower than commonly believed; agreement with generic drug makers will bring prices down even further*. New York, William J. Clinton Foundation, 2012 (<http://www.clintonfoundation.org/main/news-and-media/press-releases-and-statements/press-release-agreement-with-generic-drug-makers-will-bring-prices-down-even-further.html>, accessed 1 November 2012).

## 5. Tuberculosis and HIV

1. 2012 progress reports submitted by countries [online database]. Geneva, UNAIDS, 2012 (<http://www.unaids.org/cpr>, accessed 1 November 2012).
2. Suthar AB et al. Antiretroviral therapy for prevention of tuberculosis in adults with HIV: a systematic review and meta-analysis. *PLoS Medicine*, 2012, 9:e1001270.
3. *Global tuberculosis control 2009*. Geneva, World Health Organization, 2009.
4. *Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource-constrained settings*. Geneva, World Health Organization, 2011 (<http://www.who.int/tb/publications/2011/en/index.html>, accessed 1 November 2012).
5. WHO, United States President's Emergency Plan for AIDS Relief and UNAIDS. *A guide to monitoring and evaluation for collaborative TB/HIV activities*. Geneva, World Health Organization, 2009 (<http://www.who.int/tb/publications/2009/en/index.html>, accessed 1 November 2012).
6. WHO, UNAIDS, UNICEF and Global Fund to Fight AIDS, Tuberculosis and Malaria. *Three interlinked patient monitoring systems for HIV care/ART, MCH/PMTCT and TB/HIV: standardized minimum data set and illustrative tools*. Geneva, World Health Organization, 2009 ([http://www.who.int/hiv/pub/imai/three\\_patient\\_monitor/en](http://www.who.int/hiv/pub/imai/three_patient_monitor/en), accessed 1 November 2012).

## 6. Resources and spending

1. 2012 progress reports submitted by countries [online database]. Geneva, UNAIDS, 2012 (<http://www.unaids.org/cpr>, accessed 1 November 2012).
2. *Investing for results. Results for people. A people-centered investment tool towards ending AIDS*. Geneva, UNAIDS, 2012 ([http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/JC2359\\_investing-for-results\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/JC2359_investing-for-results_en.pdf), accessed 1 November 2012).

## 7. Gender and the HIV response

1. Peacock D. Men as partners: promoting men's involvement in care and support activities for people living with HIV/AIDS. *Expert Group Meeting on the Role of Men and Boys in Achieving Gender Equality, Brasilia, Brazil, 21–24 October 2003* (<http://www.un.org/womenwatch/daw/egm/men-boys2003/EP5-Peacock.pdf>, accessed 1 November 2012).
2. *Rapid assessment of gender-related barriers to services to prevent vertical transmission of HIV*. Geneva, UNAIDS, forthcoming.
3. Espen E. *Women and girls living with HIV/AIDS: overview and annotated bibliography*. Brighton, Institute of Development Studies, University of Sussex, 2007 ([http://www.bridge.ids.ac.uk/reports/BB18\\_HIV.pdf](http://www.bridge.ids.ac.uk/reports/BB18_HIV.pdf), accessed 1 November 2012).
4. Mullick S, Kuneni B, Wanjiru M. *Involving men in maternity care: health service delivery issues*. Washington, DC, Population Council, 2005 ([http://www.popcouncil.org/pdfs/frontiers/journals/Agenda\\_Mullick05.pdf](http://www.popcouncil.org/pdfs/frontiers/journals/Agenda_Mullick05.pdf), accessed 1 November 2012).

5. Cornell M, McIntyre J, Myer L. Men and antiretroviral therapy in Africa: our blind spot. *Tropical Medicine and International Health*, 2011, 16:828–829.
6. Mulula AS et al. Gender distribution of adult patients on highly active antiretroviral therapy (HAART) in South Africa: a systematic review. *BMC Public Health*, 2007, 25:7–63.
7. Ochieng-Ooko V et al. Influence of gender on loss to follow-up in a large HIV treatment programme in western Kenya. *Bulletin of the World Health Organization*, 2010, 88:681–688.
8. Taylor-Smith K et al. Gender differences in retention and survival on antiretroviral therapy of HIV-infected adults in Malawi. *Malawi Medical Journal*, 2010, 22:49–56.
9. Cornell M et al. Gender differences in survival among adult patients starting antiretroviral therapy in South Africa: a multicentre cohort study. *PLoS Medicine*, 2012,9:e1001304.
10. Stringer JS et al. Rapid scale-up of antiretroviral therapy at primary care sites in Zambia: feasibility and early outcomes. *JAMA*, 2006, 296:782–793.
11. *A national study on violence against children and young women in Swaziland*. New York, UNICEF, 2010.
12. UNICEF, United States Centres for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences. *Violence against children in Tanzania: findings from a national survey 2009*. Dar es Salaam, Government of the United Republic of Tanzania, 2011.
13. Hillis SD et al. Adverse childhood experience and sexual risk behaviours in women: a retrospective cohort study. *Family Planning Perspectives*, 2001, 33:206–211.
14. Winter S. *Lost in transition: transgender people, rights and HIV vulnerability in the Asia-Pacific Region*. Bangkok, United Nations Development Programme, 2012.
15. *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach 2011*. Geneva, World Health Organization, 2011 ([http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en), accessed 1 November 2012).
16. Hounsfield VL et al. Transgender people attending a Sydney sexual health service over a 16-year period. *Sexual Health*, 2007, 4:189–193.
17. Schulden JD et al. Rapid HIV testing in transgender communities by community-based organizations in three cities. *Public Health Reports*, 2008, 123:101–114.
18. 2012 progress reports submitted by countries [online database]. Geneva, UNAIDS, 2012 (<http://www.unaids.org/cpr>, accessed 1 November 2012).
19. 2012 National Commitments and Policies Instrument (NCPI) – countries [online database]. Geneva, UNAIDS, 2012 (<http://www.unaids.org/ncpi>, accessed 1 November 2012).
20. Orza L. *Community innovations: achieving sexual and reproductive health and rights for women and girls through the HIV response*. Geneva, UNAIDS and Athena Network, 2011 ([http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719\\_Community%20innovation.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719_Community%20innovation.pdf), accessed 1 November 2012).

## 8. Stigma, discrimination and the law

1. *Sigma and discrimination at work: findings from the People Living with HIV Stigma Index*. Amsterdam, Global Network of People Living with HIV, 2012 ([http://www.gnpplus.net/images/stories/Rights\\_and\\_stigma/SI\\_WorkBriefing\\_Online.pdf](http://www.gnpplus.net/images/stories/Rights_and_stigma/SI_WorkBriefing_Online.pdf), accessed 1 November 2012).
2. Global Commission on HIV and the Law. *Risks, rights & health*. New York, United Nations Development Programme, 2012.
3. 2012 country progress reports [online database]. Geneva, UNAIDS, 2012 (<http://www.unaids.org/cpr>, accessed 1 November 2012).
4. *The global criminalisation scan report 2010: documenting trends, presenting evidence*. Amsterdam, Global Network of People Living with HIV, 2010.
5. Itaborahy LP. *State-sponsored homophobia: a world survey of laws criminalising same-sex sexual acts between consenting adults*. Brussels, International Lesbian, Gay, Bisexual, Trans and Intersex Association ([http://old.ilga.org/Statehomophobia/ILGA\\_State\\_Sponsored\\_Homophobia\\_2012.pdf](http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2012.pdf), accessed 1 November 2012).
6. Chiu J, Burris S. *Punitive drug law and the risk environment for injecting drug users: understanding the connections*. New York, Global Commission on HIV and the Law, 2011 (Global Commission on HIV and the Law Working Paper; <http://www.hivlawcommission.org/index.php/working-papers?task=document.viewdoc&id=98>, accessed 1 November 2012).
7. *Laws and policies affecting sex work*. New York, Open Society Foundation, 2012 (<http://www.soros.org/sites/default/files/sex-work-laws-policies-20120713.pdf>, accessed 1 November 2012).
8. *Police and HIV programs*. Law Enforcement and HIV Network, 2012 (<http://www.leahn.org/key-affected-populations>, accessed 1 November 2012).
9. Spiegel B et al. Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: a systematic review. *Lancet*, 2007, 369:2187–2195.
10. Spiegel P, Nankoe A. *UNHCR, HIV/AIDS and refugees: lessons learned*. Geneva, Office of the United Nations High Commissioner for Refugees, 2011 (<http://www.unhcr.org/403a1f2d4.html>, accessed 1 November 2012).
11. *Making a difference: the Global Fund results report 2011*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2011 (<http://www.theglobalfund.org/en/library/publications/progressreports>, accessed 1 November 2012).
12. *Report of the Technical Review Panel and the Secretariat on the Transitional Funding Mechanism, 2012*. Geneva, Global Fund to Fight AIDS, Tuberculosis and Malaria, 2012.
13. *Positive health, dignity and prevention: a policy framework*. Geneva, UNAIDS, 2011 ([http://www.unaids.org/en/media/unaids/contentassets/document/unaidspublication/2011/20110701\\_phdp.pdf](http://www.unaids.org/en/media/unaids/contentassets/document/unaidspublication/2011/20110701_phdp.pdf), accessed 1 November 2012).

## 9. Eliminating restrictions on entry, stay and residence

1. Global Commission on HIV and the Law. *Risks, rights & health*. New York, United Nations Development Programme, 2012.
2. *World migration report, 2011*. Geneva, International Organization for Migration, 2011.
3. Marin M. Impact of HIV travel restrictions on migrant workers in Asia and the Gulf States. *19th International AIDS Conference, Washington, DC, 22–27 July 2012*.

## 10. Integration

1. *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*. Geneva, UNAIDS, 2011 ([http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610\\_un\\_a-res-65-277\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_a-res-65-277_en.pdf), accessed 1 November 2012).
2. A strategic revolution in HIV and global health. *Lancet*, 2011, 377:2055.
3. Howard AA, El-Sadr WM. Integration of tuberculosis and HIV services in sub-Saharan Africa: lessons learned. *Clinical and Infectious Diseases*, 2010, 50:S3.
4. Elden S et al. Integrated intensified case finding of tuberculosis into HIV care: an evaluation from rural Swaziland. *BMC Health Services Research*, 2011, 11:118.
5. Hensen B et al. Universal voluntary HIV testing in antenatal care settings: a review of the contribution of provider-initiated testing & counseling. *Tropical Medicine and Health*, 2012, 17:59–70.
6. *Chronic care of HIV and noncommunicable diseases: how to leverage the HIV experience*. Geneva, UNAIDS, 2011 ([http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110526\\_JC2145\\_Chronic\\_care\\_of\\_HIV.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110526_JC2145_Chronic_care_of_HIV.pdf), accessed 1 November 2012).
7. 2012 progress reports submitted by countries [online database]. Geneva, UNAIDS, 2012 (<http://www.unaids.org/cpr>, accessed 1 November 2012).
8. Garcia M, Moore CMT. *The cash dividend: the rise of cash transfer programmes in sub-Saharan Africa*. Washington, DC, World Bank, 2012 (<https://openknowledge.worldbank.org/handle/10986/2246>, accessed 1 November 2012).
9. Mont D. *Measuring disability prevalence*. Washington, DC, World Bank, 2007 (SP Discussion Paper No. 0706).
10. *Disability and HIV policy brief*. Geneva, World Health Organization, 2009 ([http://www.who.int/disabilities/jc1632\\_policy\\_brief\\_disability\\_en.pdf](http://www.who.int/disabilities/jc1632_policy_brief_disability_en.pdf), accessed 1 November 2012).
11. 2012 National Commitments and Policies Instrument (NCPI) – countries [online database]. Geneva, UNAIDS, 2012 (<http://www.unaids.org/ncpi>, accessed 1 November 2012).
12. UNFPA, UNAIDS and Asia Pacific Network of Sex Workers. *The HIV and sex work collection: innovative responses in Asia and the Pacific*. Geneva, UNAIDS, forthcoming.



13. Sherr L. Fathers and HIV: considerations for families. *Journal of the International AIDS Society*, 2011, 13(Suppl 2):S4.
14. Betancourt T et al. Family-centred approaches to the prevention of mother to child transmission of HIV. *Journal of the International AIDS Society*, 2010, 13(Suppl 2):S2.
15. *Guidance on couples HIV testing and counselling including antiretroviral therapy for treatment and prevention in serodiscordant couples: recommendations for a public health approach*. Geneva, World Health Organization, 2012 (<http://www.who.int/hiv/topics/vct/en>, accessed 1 November 2012).
16. Byamugisha B et al. Male partner antenatal attendance and HIV testing in eastern Uganda: a randomized facility-based intervention trial. *Journal of the International AIDS Society*, 2011, 14:43.
17. Farquhar C et al. Antenatal couple counseling increases uptake of interventions to prevent HIV-1 transmission. *Journal of Acquired Immune Deficiency Syndromes*, 2004, 37:1620–1626.
18. Allen, S. et al. Effect of serotesting with counselling on condom use and seroconversion among HIV discordant couples in Africa. *BMJ*, 1992, 304:1605–1609.
19. Dunkle K et al. New heterosexually transmitted HIV infections in married or cohabiting couples in urban Zambia and Rwanda: an analysis of survey and clinical data. *Lancet*, 2008, 371:2183–2191.
20. *Male involvement in the prevention of mother-to-child transmission of HIV*. Geneva, World Health Organization, 2012 (<http://www.who.int/reproductivehealth/publications/rtis/9789241503679/en/index.html>, accessed 1 November 2012).
21. Aluisi A et al. Male antenatal attendance and HIV testing are associated with decreased infant HIV infection and increased HIV-free survival. *Journal of Acquired Immune Deficiency Syndromes*, 2011, 56:76–82.
22. Ng'andwe C et al. The distribution of sexually-transmitted human papillomaviruses in HIV positive and negative patients in Zambia, Africa. *BMC Infectious Diseases*, 2007, 7:77.

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# ANNEXES

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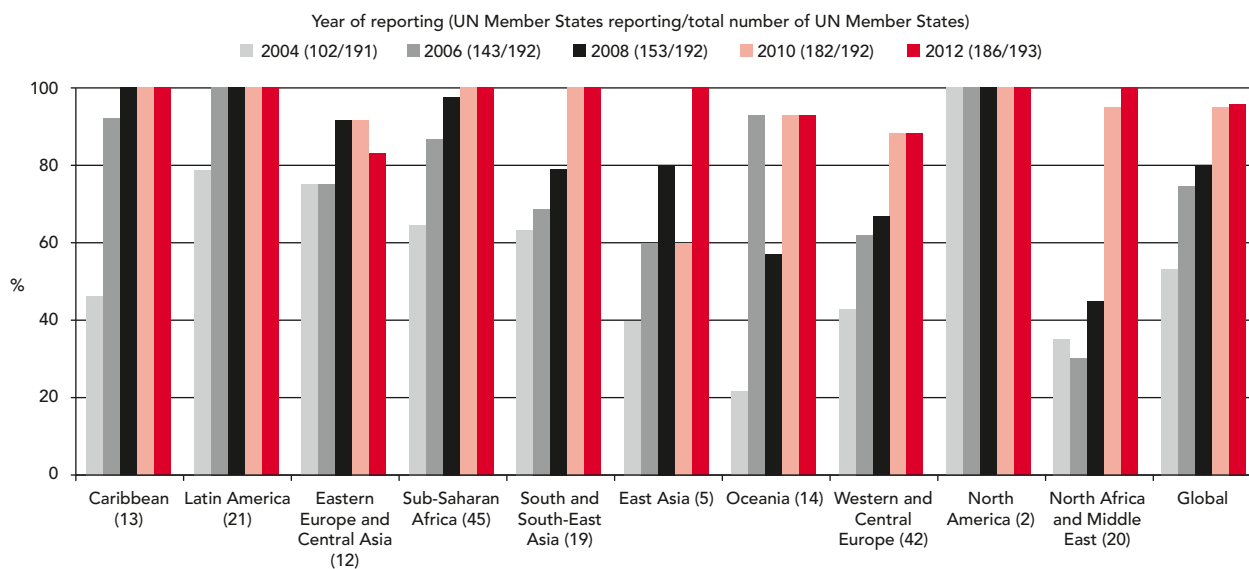
# ANNEXES

## 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**.

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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
<b>CARIBBEAN</b>						
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
<b>EAST ASIA</b>						
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
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
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
<b>OCEANIA</b>						
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
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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
<b>CARIBBEAN</b>						
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
<b>EAST ASIA</b>						
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
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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

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

	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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
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
<b>OCEANIA</b>						
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
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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
<b>CARIBBEAN</b>						
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
<b>EAST ASIA</b>						
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
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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

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

	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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
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
<b>OCEANIA</b>						
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
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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
<b>CARIBBEAN</b>						
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
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
Djibouti	1 300	<1000	1 700	<1000	<500	1 200
<b>OCEANIA</b>						
Papua New Guinea	2 900	2 300	3 500	1 700	1 100	2 600
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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
<b>CARIBBEAN</b>						
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
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
Djibouti	1 000	<1000	1 400	<1000	<500	<1000
<b>OCEANIA</b>						
Papua New Guinea	2 400	1 900	2 900	1 400	<1000	2 300
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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
<b>CARIBBEAN</b>						
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
<b>EAST ASIA</b>						
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
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
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
<b>OCEANIA</b>						
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
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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 estimate	estimate	lower estimate	upper estimate
<b>CARIBBEAN</b>						
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
<b>EAST ASIA</b>						
Japan	<200	<200	<500	<200	<100	<200
Korea Rep	<100	<100	<200	<500	<500	1 000
Mongolia	<100	<100	<100	<100	<100	<100
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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 estimate	estimate	lower estimate	upper estimate
<b>MIDDLE EAST AND NORTH AFRICA</b>						
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
<b>OCEANIA</b>						
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
<b>SUB-SAHARAN AFRICA</b>						
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 estimate	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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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 estimate	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

	Year, source (*)	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	
		Female 15-49	Male 15-49	Female 15-49	Male 15-49	Female 15-49	Male 15-49
<b>CARIBBEAN</b>							
Dominican Republic	2007 DHS	21	19	3	24	35	45
Haiti	2005-06 DHS	8	5	1	23	21	34
<b>EASTERN EUROPE AND CENTRAL ASIA</b>							
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
<b>LATIN AMERICA</b>							
Bolivia	2008 DHS	...	2	...	12	...	35
Colombia	2010 DHS	9	...	4	...	34	...
Guyana	2009 DHS	27	22	1	10	48	65
<b>SOUTH AND SOUTH-EAST ASIA</b>							
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	...	...	...	...
<b>SUB-SAHARAN AFRICA</b>							
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.



	Year, source (*)	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	
		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		2009	2011
Honduras	33%	33%	The former Yugoslav Republic of Macedonia	...	41%
India	31%	...	Timor Leste	...	...
Indonesia	29%	18%	Togo	82%	84%
Iran	...	...	Tunisia	38%	28%
Jamaica	...	87%	Turkey	...	...
Kazakhstan	88%	88%	Ukraine	58%	61%
Kyrgyzstan	61%	45%	Uzbekistan	71%	64%
Lao PDR	70%	55%	Viet Nam	47%	47%
Latvia	...	49%	Zambia	...	...
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%			

## 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		2009	2011
Germany	64%	...	Paraguay	...	95%
Ghana	...	92%	Peru	...	...
Greece	5%	5%	Philippines	65%	65%
Guatemala	96%	...	Portugal	...	95%
Guinea	65%	77%	Republic of Korea	...	80%
Guinea-Bissau	93%	93%	Romania	98%	89%
Guyana	61%	94%	Russian Federation	71%	...
Haiti	90%	90%	Rwanda	87%	80%
Honduras	80%	79%	Senegal	97%	94%
India	83%	...	Serbia	91%	87%
Indonesia	68%	58%	Sierra Leone	...	71%
Iran	55%	...	Singapore	99%	99%
Jamaica	97%	91%	Sri Lanka	89%	89%
Japan	65%	40%	Sudan	45%	...
Jordan	51%	...	Suriname	87%	...
Kazakhstan	96%	96%	Swaziland	87%	...
Kyrgyzstan	94%	88%	Sweden	19%	...
Lao PDR	94%	92%	Tajikistan	84%	75%
Latvia	...	85%	Tanzania	...	...
Lebanon	...	96%	Thailand	92%	95%
Liberia	...	...	The former Yugoslav Republic of Macedonia	78%	89%
Lithuania	92%	...	Timor Leste	...	36%
Madagascar	...	...	Togo	88%	91%
Malawi	...	...	Tunisia	52%	55%
Malaysia	61%	61%	Turkey	...	...
Mali	99%	98%	Uganda	...	82%
Mauritania	88%	88%	Ukraine	88%	92%
Mauritius	...	88%	Uruguay	76%	76%
Mexico	62%	65%	Uzbekistan	81%	84%
Micronesia, Federated States of	...	...	Vanuatu	67%	39%
Moldova	91%	...	Viet Nam	78%	87%
Mongolia	90%	90%	Zambia	...	...
Montenegro	72%	84%	Zimbabwe	...	68%
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%			

**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		2009	2011
Germany	...	...	Paraguay	100%	74%
Ghana	...	67%	Peru	20%	...
Greece	66%	66%	Philippines	19%	17%
Guatemala	93%	...	Portugal	...	70%
Guinea	...	53%	Romania	29%	...
Guinea-Bissau	43%	94%	Russian Federation	39%	...
Guyana	88%	84%	Rwanda	...	87%
Haiti	71%	65%	Sao Tome and Principe	31%	...
Honduras	76%	76%	Senegal	70%	69%
India	32%	...	Serbia	45%	59%
Indonesia	33%	79%	Sierra Leone	48%	9%
Iran	20%	...	Singapore	100%	100%
Jamaica	73%	67%	Spain	67%	...
Japan	...	76%	Sri Lanka	43%	44%
Kazakhstan	81%	77%	Sudan	7%	...
Kenya	...	...	Suriname	64%	95%
Kyrgyzstan	42%	35%	Swaziland	...	...
Lao PDR	14%	22%	Sweden	78%	...
Latvia	...	50%	Tajikistan	42%	47%
Lebanon	...	64%	Tanzania	...	...
Lithuania	53%	33%	Thailand	36%	50%
Madagascar	...	60%	The former Yugoslav Republic of Macedonia	47%	38%
Malawi	...	...	Timor Leste	...	66%
Malaysia	20%	90%	Togo	58%	58%
Maldives	14%	...	Tunisia	14%	13%
Mali	91%	...	Turkey	...	...
Mauritania	69%	40%	Uganda	...	35%
Mauritius	...	25%	Ukraine	59%	59%
Mexico	...	...	Uruguay	26%	26%
Micronesia, Federated States of	...	...	Uzbekistan	35%	39%
Moldova	23%	...	Vanuatu	12%	...
Mongolia	52%	52%	Viet Nam	35%	44%
Montenegro	83%	...	Zambia	...	...
Morocco	51%	25%	Zimbabwe	...	59%
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%			

## 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		2009	2011
Guinea-Bissau	40%	39%	Senegal	20%	18%
Guyana	17%	17%	Serbia	2%	1%
Haiti	5%	8%	Sierra Leone	...	8%
Honduras	2%	3%	Singapore	0%	...
India	5%	...	Spain	3%	2%
Indonesia	10%	9%	Sri Lanka	0%	0%
Iran	...	...	Sudan	1%	...
Jamaica	5%	5%	Suriname	...	7%
Japan	...	...	Swaziland	...	70%
Kazakhstan	1%	1%	Sweden	0%	...
Kyrgyzstan	2%	4%	Tajikistan	3%	4%
Lao PDR	1%	1%	Thailand	3%	...
Latvia	...	22%	The former Yugoslav Republic of Macedonia	0%	0%
Lebanon	0%	0%	Timor Leste	...	2%
Lithuania	0%	7%	Togo	29%	13%
Madagascar	...	0%	Tunisia	0%	1%
Malawi	...	...	Turkey	0%	...
Malaysia	11%	0%	Uganda	...	35%
Maldives	0%	...	Ukraine	13%	9%
Mali	35%	...	Uruguay	19%	19%
Mauritania	8%	8%	Uzbekistan	2%	2%
Mauritius	...	32%	Viet Nam	3%	3%
Mexico	2%	1%	Zambia	...	...
Moldova	6%	...	Zimbabwe	...	50%
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%	...			

## 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		2009	2011
Germany	59%	51%	Romania	43%	42%
Ghana	...	...	Russian Federation	56%	...
Greece	11%	...	Rwanda	50%	...
Guatemala	78%	80%	Saint Kitts and Nevis	...	82%
Guinea	...	39%	Saint Lucia	63%	...
Guyana	84%	...	Saint Vincent & the Grenadines	...	73%
Haiti	73%	73%	Senegal	76%	76%
Honduras	47%	71%	Serbia	67%	64%
Hungary	25%	...	Sierra Leone	...	60%
India	58%	...	Singapore	17%	79%
Indonesia	57%	60%	Slovenia	43%	...
Iran	38%	...	South Africa	35%	...
Jamaica	73%	77%	Spain	66%	59%
Japan	65%	49%	Sri Lanka	61%	61%
Kazakhstan	76%	76%	Suriname	89%	53%
Kenya	...	55%	Sweden	51%	42%
Kyrgyzstan	...	70%	Switzerland	80%	41%
Lao PDR	...	...	Tajikistan	...	68%
Latvia	50%	40%	Thailand	...	85%
Lebanon	...	...	The former Yugoslav Republic of Macedonia	56%	49%
Lithuania	47%	42%	Timor Leste	38%	66%
Malaysia	21%	38%	Togo	72%	47%
Mali	54%	...	Trinidad and Tobago	...	...
Mauritius	...	51%	Tunisia	40%	29%
Mexico	64%	73%	Turkey	...	...
Moldova	...	56%	Tuvalu	...	...
Mongolia	78%	70%	Ukraine	64%	71%
Montenegro	...	50%	United Kingdom	63%	55%
Morocco	...	50%	United States of America	...	50%
Myanmar	82%	82%	Uruguay	47%	46%
Nepal	75%	75%	Uzbekistan	87%	57%
Netherlands	...	42%	Vanuatu	63%	71%
Nicaragua	36%	51%	Viet Nam	66%	76%
Nigeria	53%	51%	Yemen	...	20%
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%			

**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		2009	2011
Guatemala	64%	98%	Romania	75%	42%
Guyana	87%	72%	Russian Federation	61%	...
Haiti	71%	49%	Rwanda	47%	...
Honduras	29%	29%	Saint Kitts and Nevis	...	95%
Hungary	100%	...	Saint Lucia	100%	...
India	17%	...	Saint Vincent & the Grenadines	...	32%
Indonesia	34%	92%	Senegal	34%	36%
Iran	11%	...	Serbia	31%	33%
Jamaica	53%	69%	Seychelles	...	56%
Japan	32%	25%	Singapore	43%	40%
Kazakhstan	60%	61%	Slovenia	33%	...
Kenya	...	36%	South Africa	27%	27%
Kyrgyzstan	...	42%	Spain	87%	44%
Lao PDR	14%	...	Sri Lanka	14%	14%
Latvia	26%	26%	Suriname	59%	97%
Lebanon	30%	...	Swaziland	...	54%
Lithuania	41%	20%	Sweden	39%	31%
Luxembourg	...	30%	Switzerland	31%	36%
Madagascar	...	50%	Tajikistan	...	40%
Malaysia	...	30%	Thailand	21%	29%
Maldives	10%	...	The former Yugoslav Republic of Macedonia	56%	29%
Mali	...	22%	Timor Leste	26%	33%
Marshall Islands	...	100%	Togo	53%	55%
Mauritania	...	...	Tunisia	18%	15%
Mauritius	...	18%	Turkey	...	...
Mexico	50%	43%	Ukraine	43%	38%
Moldova	...	12%	United Kingdom	31%	37%
Mongolia	78%	66%	United States of America	...	62%
Montenegro	...	15%	Uruguay	26%	29%
Morocco	...	31%	Uzbekistan	44%	31%
Myanmar	48%	48%	Viet Nam	19%	30%
Nepal	42%	42%	Yemen	...	28%
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%			

## 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		2009	2011
Georgia	4%	7%	Philippines	1%	2%
Germany	...	12%	Poland	...	5%
Ghana	...	...	Portugal	...	10%
Greece	...	13%	Republic of Korea	...	3%
Guatemala	8%	8%	Romania	4%	5%
Guyana	19%	19%	Russian Federation	8%	...
Haiti	...	18%	Saint Kitts and Nevis	...	1%
Honduras	7%	7%	Saint Vincent & the Grenadines	...	30%
Hungary	3%	4%	Senegal	22%	22%
India	7%	...	Serbia	6%	4%
Indonesia	5%	8%	Seychelles	...	15%
Iran	...	...	Sierra Leone	...	8%
Ireland	...	10%	Singapore	3%	3%
Italy	...	10%	Slovenia	2%	8%
Jamaica	32%	38%	South Africa	13%	10%
Japan	4%	4%	Spain	10%	13%
Kazakhstan	0%	1%	Sri Lanka	1%	1%
Kenya	...	18%	Suriname	...	...
Kyrgyzstan	...	1%	Swaziland	...	17%
Lao PDR	6%	...	Sweden	...	6%
Latvia	4%	8%	Switzerland	8%	11%
Lebanon	1%	1%	Tajikistan	...	2%
Lithuania	0%	2%	Thailand	14%	20%
Madagascar	...	15%	The former Yugoslav Republic of Macedonia	3%	1%
Malaysia	4%	1%	Timor Leste	...	1%
Maldives	0%	...	Togo	...	20%
Mali	...	20%	Trinidad and Tobago	...	...
Mauritania	...	8%	Tunisia	5%	10%
Mauritius	...	10%	Turkey	...	...
Mexico	10%	17%	Ukraine	9%	6%
Moldova	...	2%	United Kingdom	8%	4%
Mongolia	2%	11%	Uruguay	9%	9%
Montenegro	...	5%	Uzbekistan	7%	1%
Morocco	...	5%	Viet Nam	17%	17%
Myanmar	29%	8%	Yemen	...	6%
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%			

## 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		2009	2011
Afghanistan	35%	35%	Nepal	51%	47%
Albania	...	46%	New Zealand	...	34%
Algeria	...	28%	Nigeria	66%	52%
Armenia	...	44%	Pakistan	31%	23%
Australia	27%	...	Paraguay	22%	45%
Azerbaijan	15%	8%	Philippines	22%	15%
Bangladesh	43%	45%	Portugal	38%	...
Belarus	59%	53%	Romania	17%	56%
Benin	30%	...	Russian Federation	45%	...
Bhutan	...	54%	Senegal	...	36%
Bosnia and Herzegovina	30%	32%	Serbia	29%	32%
Brazil	70%	41%	Seychelles	...	88%
Bulgaria	38%	40%	Spain	55%	...
Cambodia	...	81%	Sweden	7%	8%
Canada	39%	30%	Switzerland	50%	48%
China	36%	40%	Tajikistan	28%	40%
Croatia	50%	...	Thailand	42%	46%
Estonia	66%	36%	The former Yugoslav Republic of Macedonia	51%	54%
Georgia	78%	22%	Togo	...	37%
Germany	...	31%	Tunisia	35%	19%
Hungary	...	29%	Ukraine	48%	48%
India	16%	...	United Kingdom	44%	...
Indonesia	36%	52%	United States of America	...	25%
Iran	33%	15%	Uzbekistan	26%	43%
Japan	...	36%	Viet Nam	52%	52%
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%			

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		2009	2011
Afghanistan	94%	94%	Nepal	99%	95%
Albania	82%	75%	New Zealand	...	62%
Algeria	...	47%	Nigeria	89%	71%
Argentina	91%	...	Pakistan	77%	66%
Armenia	...	89%	Paraguay	71%	92%
Australia	80%	...	Philippines	85%	25%
Azerbaijan	62%	46%	Portugal	69%	...
Bangladesh	32%	36%	Romania	85%	16%
Belarus	87%	89%	Russian Federation	83%	...
Belgium	53%	...	Senegal	...	87%
Benin	31%	...	Serbia	80%	77%
Bosnia and Herzegovina	87%	79%	Spain	81%	...
Brazil	54%	54%	Sweden	58%	65%
Bulgaria	86%	86%	Switzerland	94%	...
Cambodia	...	62%	Tajikistan	63%	69%
Canada	...	97%	Thailand	63%	78%
China	72%	66%	The former Yugoslav Republic of Macedonia	73%	92%
Cote d'Ivoire	...	0%	Tunisia	78%	88%
Estonia	...	94%	Ukraine	87%	96%
Georgia	48%	48%	United Kingdom	81%	...
Germany	...	91%	Uzbekistan	82%	80%
Hungary	74%	...	Viet Nam	95%	95%
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%			

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

	2009	2011		2009	2011
Afghanistan	22%	22%	New Zealand	...	80%
Albania	17%	41%	Nigeria	23%	19%
Armenia	...	16%	Pakistan	12%	9%
Australia	...	48%	Paraguay	...	63%
Azerbaijan	5%	4%	Philippines	1%	5%
Bangladesh	4%	5%	Portugal	36%	...
Belarus	57%	54%	Republic of Moldova	48%	...
Belgium	36%	...	Romania	19%	100%
Benin	25%	...	Russian Federation	26%	...
Bhutan	...	28%	Saint Lucia	17%	...
Bosnia and Herzegovina	31%	26%	Senegal	...	71%
Brazil	13%	15%	Serbia	32%	33%
Bulgaria	48%	48%	Seychelles	...	89%
Cambodia	35%	35%	Spain	76%	...
Canada	47%	86%	Sweden	82%	38%
China	37%	44%	Switzerland	60%	54%
Czech Republic	34%	44%	Syria	...	27%
Estonia	47%	39%	Tajikistan	36%	46%
Finland	63%	63%	Thailand	62%	41%
Georgia	6%	6%	Togo	...	0%
Germany	...	50%	Tunisia	21%	19%
Hungary	100%	22%	Ukraine	26%	36%
India	21%	...	United Kingdom	70%	...
Indonesia	44%	91%	United States of America	...	47%
Iran	23%	25%	Uzbekistan	34%	29%
Kazakhstan	56%	65%	Viet Nam	18%	29%
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%			

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

## PERCENTAGE OF PEOPLE WHO INJECT DRUGS WHO ARE LIVING WITH HIV

	2009	2011		2009	2011
Afghanistan	7%	7%	Malaysia	22%	9%
Albania	0%	1%	Maldives	0%	...
Algeria	...	7%	Mauritius	47%	52%
Argentina	12%	...	Mexico	5%	7%
Armenia	...	11%	Moldova	16%	...
Australia	2%	1%	Montenegro	0%	<1%
Austria	4%	...	Morocco	2%	11%
Azerbaijan	10%	10%	Myanmar	36%	22%
Bangladesh	2%	1%	Nepal	21%	6%
Belarus	14%	17%	Netherlands	...	10%
Belgium	9%	...	New Zealand	0%	<1%
Benin	4%	6%	Nigeria	6%	4%
Bosnia and Herzegovina	0%	<1%	Oman	...	1%
Brazil	6%	6%	Pakistan	21%	27%
Bulgaria	7%	7%	Philippines	0%	14%
Cambodia	24%	24%	Portugal	14%	...
Canada	13%	6%	Romania	1%	1%
Cape Verde	...	20%	Russian Federation	16%	...
China	9%	6%	Saint Lucia	6%	...
Cote d'Ivoire	22%	...	Senegal	...	9%
Croatia	0%	...	Serbia	5%	2%
Cyprus	...	0%	Seychelles	...	11%
Czech Republic	0%	<1%	Spain	20%	16%
Estonia	63%	52%	Sweden	...	5%
Finland	1%	1%	Switzerland	11%	7%
Georgia	2%	4%	Syria	...	<1%
Germany	...	4%	Tajikistan	18%	16%
Guatemala	2%	...	Thailand	39%	22%
Hungary	0%	0%	The former Yugoslav Republic of Macedonia	1%	0%
India	9%	...	Togo	...	0%
Indonesia	52%	36%	Tunisia	3%	3%
Iran	14%	14%	Ukraine	23%	22%
Italy	...	11%	United Kingdom	2%	1%
Japan	...	<1%	Uzbekistan	11%	8%
Kazakhstan	3%	4%	Viet Nam	18%	13%
Kenya	...	18%			
Kyrgyzstan	14%	15%			
Latvia	23%	11%			
Lebanon	0%	0%			
Lithuania	8%	4%			
Luxembourg	2%	2%			
Madagascar	...	7%			

**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		2011
Georgia	96%	Qatar	100%
Ghana	18%	Romania	70%
Grenada	0%	Saint Lucia	60%
Guatemala	10%	Saint Vincent & the Grenadines	83%
Guinea	12%	Sao Tome and Principe	0%
Guinea-Bissau	2%	Saudi Arabia	109%
Guyana	45%	Senegal	8%
Haiti	67%	Serbia	100%
Honduras	71%	Seychelles	100%
Jamaica	87%	Singapore	100%
Japan	100%	Slovakia	100%
Kazakhstan	97%	Somalia	0%
Kenya	39%	South Africa	50%
Kiribati	0%	Spain	99%
Kyrgyzstan	3%	Sri Lanka	0%
Lao PDR	9%	Swaziland	69%
Latvia	100%	Tanzania	29%
Lesotho	72%	Thailand	73%
Liberia	21%	Togo	14%
Madagascar	2%	Tonga	0%
Malaysia	100%	Trinidad and Tobago	40%
Mali	49%	Tunisia	8%
Malta	100%	Tuvalu	0%
Marshall Islands	0%	Uganda	32%
Moldova	83%	Ukraine	55%
Mongolia	50%	United Kingdom	99%
Morocco	13%	Uruguay	100%
Mozambique	41%	Uzbekistan	46%
Myanmar	5%	Venezuela	65%
Namibia	88%	Viet Nam	26%
Nepal	2%	Yemen	14%
New Zealand	100%	Zambia	55%
Nicaragua	72%	Zimbabwe	29%
Nigeria	4%		
Oman	83%		
Pakistan	20%		
Panama	60%		
Papua New Guinea	22%		
Paraguay	27%		
Peru	10%		
Philippines	5%		
Poland	100%		
Portugal	91%		

## NEW HIV INFECTIONS IN CHILDREN

	2009			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
<b>CARIBBEAN</b>						
Haiti	1,300	<1000	1,600	<1000	<1000	1,200
<b>MIDDLE EAST AND NORTH AFRICA</b>						
Djibouti	<200	<200	<200	<200	<100	<200
<b>OCEANIA</b>						
Papua New Guinea	<500	<500	<1000	<500	<200	<500
<b>SUB-SAHARAN AFRICA</b>						
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





## 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
<b>CARIBBEAN</b>							
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
<b>EAST ASIA</b>							
China	...	...	...	...	...	...	2,500
Mongolia	...	10	16	...	<100	<100	<100
<b>EASTERN EUROPE AND CENTRAL ASIA</b>							
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
<b>LATIN AMERICA</b>							
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
<b>MIDDLE EAST AND NORTH AFRICA</b>							
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
<b>OCEANIA</b>							
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
<b>SUB-SAHARAN AFRICA</b>							
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
<b>SOUTH AND SOUTH-EAST ASIA</b>							
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>							
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		2011
Georgia	79%	Nigeria	73%
Germany	86%	Oman	74%
Ghana	71%	Palau	...
Grenada	52%	Papua New Guinea	78%
Guatemala	87%	Paraguay	81%
Guinea	77%	Peru	88%
Guinea-Bissau	62%	Philippines	92%
Guyana	80%	Qatar	100%
Haiti	78%	Republic of Korea	92%
Honduras	84%	Rwanda	93%
Indonesia	68%	Saint Kitts and Nevis	100%
Iran	82%	Saint Lucia	77%
Jamaica	76%	Saint Vincent & the Grenadines	70%
Japan	96%	Sao Tome and Principe	96%
Jordan	100%	Senegal	74%
Kazakhstan	64%	Seychelles	81%
Kenya	75%	Sierra Leone	83%
Kyrgyzstan	88%	Singapore	97%
Lao PDR	88%	Slovakia	93%
Latvia	42%	Solomon Islands	100%
Lebanon	87%	Somalia	84%
Lesotho	75%	South Sudan	63%
Liberia	62%	Sri Lanka	78%
Lithuania	97%	Sudan	62%
Madagascar	95%	Suriname	66%
Malawi	80%	Swaziland	87%
Malaysia	92%	Sweden	97%
Maldives	67%	Tajikistan	73%
Malta	95%	Tanzania	71%
Marshall Islands	100%	Thailand	83%
Mauritania	86%	The former Yugoslav Republic of Macedonia	88%
Mauritius	87%	Timor Leste	83%
Mexico	88%	Togo	87%
Moldova	81%	Trinidad and Tobago	83%
Mongolia	83%	Tunisia	96%
Montenegro	75%	Uganda	70%
Morocco	91%	Ukraine	82%
Mozambique	74%	United Kingdom	89%
Myanmar	87%	Uruguay	65%
Namibia	82%	Uzbekistan	85%
Nepal	82%	Vanuatu	100%
Netherlands	89%	Venezuela	95%
New Zealand	98%	Viet Nam	82%
Nicaragua	71%	Zimbabwe	86%
Niger	72%		

## 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
<b>CARIBBEAN</b>						
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	...	...	...	...	...	...
<b>EAST ASIA</b>						
China	...	...	...	...	...	...
Mongolia	<100	<100	<100	<200	<200	<200
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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	...	...	...	...	...	...
<b>LATIN AMERICA</b>						
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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
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
<b>OCEANIA</b>						
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	...	...	...	...	...	...
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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

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
<b>CARIBBEAN</b>						
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	...	...	...	...	...	...
<b>EAST ASIA</b>						
China	...	...	...	...	...	...
Mongolia	...	...	...	...	...	...
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
Armenia	...	...	...	...	...	...
Azerbaijan	...	...	...	...	...	...
Belarus	...	...	...	...	...	...
Georgia	...	...	...	...	...	...
Kazakhstan	...	...	...	...	...	...
Kyrgyzstan	...	...	...	...	...	...
Republic of Moldova	...	...	...	...	...	...
Russian Federation	...	...	...	...	...	...
Tajikistan	...	...	...	...	...	...
Ukraine	...	...	...	...	...	...
Uzbekistan	...	...	...	...	...	...
<b>LATIN AMERICA</b>						
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	...	...	...	...	...	...
<b>MIDDLE EAST AND NORTH AFRICA</b>						
Algeria	...	...	...	...	...	...
Djibouti	<1000	<500	<1000	<1000	<1000	<1000
Egypt	...	...	...	...	...	...
Iran	...	...	...	...	...	...
Iraq	...	...	...	...	...	...
Jordan	...	...	...	...	...	...
Lebanon	...	...	...	...	...	...
Morocco	...	...	...	...	...	...
Oman	...	...	...	...	...	...
Somalia	...	...	...	...	...	...
Sudan	...	...	...	...	...	...
Syria	...	...	...	...	...	...
Tunisia	...	...	...	...	...	...
Yemen	...	...	...	...	...	...
<b>OCEANIA</b>						
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	...	...	...	...	...	...
<b>SUB-SAHARAN AFRICA</b>						
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>

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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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	...	...	...	...	...	...
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
Albania	...	...	...	...	...	...
Bosnia and Herzegovina	...	...	...	...	...	...
Bulgaria	...	...	...	...	...	...
Croatia	...	...	...	...	...	...
Hungary	...	...	...	...	...	...
Latvia	...	...	...	...	...	...
Lithuania	...	...	...	...	...	...
Macedonia	...	...	...	...	...	...
Montenegro	...	...	...	...	...	...
Poland	...	...	...	...	...	...
Romania	...	...	...	...	...	...
Serbia	...	...	...	...	...	...
Turkey	...	...	...	...	...	...

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		2011
Honduras	37%	Serbia	71%
Hungary	100%	Seychelles	100%
Indonesia	4%	Sierra Leone	33%
Iran	19%	Singapore	91%
Jamaica	22%	Slovakia	100%
Japan	...	Somalia	2%
Kazakhstan	75%	South Africa	65%
Kenya	65%	South Sudan	2%
Kiribati	100%	Spain	100%
Kyrgyzstan	23%	Sri Lanka	16%
Lao PDR	49%	Sudan	1%
Latvia	53%	Suriname	56%
Lesotho	40%	Swaziland	10%
Liberia	2%	Sweden	100%
Madagascar	3%	Tajikistan	18%
Malawi	79%	Tanzania	26%
Malaysia	18%	Thailand	30%
Mali	6%	Togo	47%
Malta	100%	Trinidad and Tobago	61%
Marshall Islands	100%	Tunisia	25%
Mauritania	2%	Uganda	55%
Mexico	48%	Ukraine	36%
Moldova	51%	United Kingdom	95%
Mongolia	6%	Uruguay	33%
Morocco	54%	Uzbekistan	24%
Mozambique	10%	Venezuela	48%
Namibia	36%	Viet Nam	30%
New Zealand	100%	Yemen	19%
Nicaragua	48%	Zambia	...
Niger	14%	Zimbabwe	23%
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	...		

## HIV+ TB PATIENTS ON ART

	2010		2010
Afghanistan	2	Dominican Republic	21
Albania	0	Ecuador	427
Andorra	0	Egypt	7
Angola	700	El Salvador	113
Antigua and Barbuda	5	Equatorial Guinea	69
Argentina	...	Estonia	16
Armenia	7	Ethiopia	3 823
Australia	...	Fiji	3
Austria	...	Gabon	348
Azerbaijan	...	Gambia The	103
Bahamas	12	Georgia	27
Bahrain	0	Germany	...
Bangladesh	4	Ghana	487
Barbados	2	Grenada	0
Belize	29	Guatemala	255
Benin	340	Guinea	614
Bhutan	...	Guinea-Bissau	...
Bolivia	113	Guyana	124
Bosnia and Herzegovina	0	Haiti	185
Botswana	1 720	Honduras	180
Brazil	8 575	Hungary	1
Brunei	1	Iceland	0
Bulgaria	2	India	23 641
Burkina Faso	503	Indonesia	325
Burundi	509	Iran	72
Cambodia	944	Iraq	0
Cameroon	4 235	Israel	...
Cape Verde	...	Jamaica	30
Central African Republic	534	Jordan	0
Chad	297	Kazakhstan	25
China	2 036	Kenya	19 331
Colombia	433	Kiribati	0
Comoros	0	Kuwait	3
Congo, Republic of the	22	Kyrgyzstan	68
Costa Rica	0	Lao PDR	...
Cote d'Ivoire	1 118	Latvia	54
Cuba	35	Lebanon	7
Cyprus	...	Lesotho	2 273
Democratic People's Republic of Korea	0	Liberia	0
Democratic Republic of the Congo	489	Libya	...
Denmark	...	Madagascar	14
Djibouti	27	Malawi	5 718
Dominica	1	Malaysia	352
		Maldives	0

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

	2010		2010
Mali	217	Serbia	12
Malta	...	Seychelles	1
Marshall Islands	0	Sierra Leone	190
Mauritania	55	Slovakia	1
Mauritius	6	Slovenia	...
Mexico	424	Solomon Islands	0
Micronesia, Federated States of	0	Somalia	61
Moldova	97	South Africa	69 959
Mongolia	2	South Sudan	...
Montenegro	1	Sri Lanka	7
Morocco	17	Sudan	247
Mozambique	6 250	Suriname	22
Myanmar	899	Swaziland	2 726
Namibia	2 294	Syria	0
Nauru	0	Tajikistan	54
Nepal	0	Tanzania	7 572
Netherlands	...	Thailand	4 796
Nicaragua	40	The former Yugoslav Republic of Macedonia	0
Niger	0	Timor Leste	...
Nigeria	5 902	Togo	312
Occupied Palestinian Territory	0	Tonga	0
Oman	4	Trinidad and Tobago	20
Pakistan	12	Tunisia	7
Palau	0	Turkey	9
Panama	201	Turkmenistan	...
Papua New Guinea	...	Tuvalu	0
Paraguay	96	Uganda	4 782
Peru	10	Ukraine	2 269
Philippines	0	United Arab Emirates	4
Portugal	303	Uruguay	35
Qatar	0	Uzbekistan	157
Republic of Korea	...	Vanuatu	0
Romania	214	Venezuela	156
Russian Federation	7 225	Viet Nam	1 497
Rwanda	1 587	Yemen	0
Saint Kitts and Nevis	0	Zambia	12 646
Saint Lucia	0	Zimbabwe	14 223
Saint Vincent & the Grenadines	3		
Samoa	0		
Sao Tome and Principe	7		
Saudi Arabia	...		
Senegal	289		

## 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 d'Ivoire	9 477 423	...	...	97 609 230	...	...	4 474 748	...	...
Cuba	56 999 895	58 593 535	60 633 504	...	...	...	...	...	...
Democratic People's 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	...



	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		2009	2011
Afghanistan	5 026 352	8 002 074	El Salvador	...	...
Albania	...	...	Equatorial Guinea	1 878 564	...
Algeria	171 000	851 954	Eritrea	12 444 472	...
Angola	18 379 174	12 014 753	Estonia	...	...
Antigua and Barbuda	131 501	290 466	Federated States of Micronesia	685 926	473 470
Argentina	728 886	...	Fiji	2 058 089	1 787 610
Armenia	1 668 431	3 501 166	Gabon	2 543 529	3 604 203
Azerbaijan	1 916 604	5 992 296	Gambia The	...	...
Bahamas	486 442	...	Georgia	5 715 058	8 521 911
Bangladesh	26 938 054	17 900 906	Ghana	40 544 316	...
Barbados	0	0	Grenada	0	104 090
Belarus	5 308 642	10 195 678	Guatemala	14 480 297	...
Belgium	0	...	Guinea	12 722 272	14 139 106
Belize	1 372 281	...	Guinea-Bissau	5 017 686	...
Benin	15 771 349	...	Haiti	134 996 832	170 405 424
Bolivia	7 900 006	6 975 048	Honduras	13 385 132	...
Bosnia and Herzegovina	3 284 302	...	Hungary	0	...
Botswana	89 848 432	90 246 248	India	116 907 888	0
Brazil	3 303 385	...	Indonesia	38 966 576	...
Bulgaria	5 355 739	6 477 691	Iran	4 551 488	...
Burkina Faso	35 616 612	...	Italy	...	0
Burundi	24 950 074	...	Jamaica	11 708 616	...
Cambodia	51 994 840	...	Japan	0	0
Cameroon	63 401 168	...	Jordan	1 854 000	433 831
Cape Verde	1 091 793	3 073 161	Kazakhstan	6 511 406	6 540 161
Central African Republic	9 201 002	13 785 987	Kenya	563 092 160	...
Chad	10 463 370	10 512 867	Kiribati	...	258 888
Chile	309 232	...	Korea DPR	52 500	75 000
China	84 760 648	59 997 524	Korea Rep	0	0
Colombia	220 541	332 684	Kuwait	0	...
Congo	7 532 540	...	Kyrgyzstan	10 652 301	4 279 280
Congo Dem. Rep.	85 047 024	...	Lao PDR	5 882 668	10 916 446
Costa Rica	...	...	Latvia	341 391	95 849
Croatia	189 793	...	Lebanon	1 250 000	850 000
Cuba	11 720 931	9 321 423	Lesotho	0	...
Czech Republic	2 340 369	...	Liberia	...	30 933 572
Côte d'Ivoire	119 583 528	...	Lithuania	...	68 390
Djibouti	2 006 625	3 696 788	Luxembourg	0	...
Dominica	146 921	0	Macedonia	2 455 079	...
Dominican Republic	...	...	Madagascar	...	7 845 418
Ecuador	0	...	Malawi	71 804 800	77 390 000
Egypt	...	...			

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	2009	2011		2009	2011
Malaysia	447 059	2 539 805	South Africa	265 130 624	...
Mali	22 879 948	...	Spain	0	14 594 897
Marshall Islands	3 655	108 578	Sri Lanka	2 134 720	...
Mauritania	0	0	St Vincent and the Grenadines	2 408 008	1 568 710
Mauritius	...	...	Sudan	...	...
Mexico	1 379 026	...	Suriname	1 741 807	2 343 104
Mongolia	3 506 193	2 562 338	Swaziland	42 837 712	...
Montenegro	830 121	...	Sweden	0	...
Morocco	7 629 376	6 389 275	Switzerland	0	...
Mozambique	...	...	Syria	175 793	189 850
Myanmar	32 428 850	42 349 184	Tajikistan	6 328 162	13 032 202
Namibia	121 978 960	...	Tanzania	...	...
Nauru	44 850	...	Thailand	13 986 791	46 430 392
Nepal	19 713 138	...	Timor Leste	1 782 014	...
Nicaragua	...	...	Togo	11 421 701	...
Niger	9 988 336	15 573 092	Tonga	205 316	0
Nigeria	317 218 624	...	Trinidad and Tobago	2 117 705	...
Oman	190 537	175 040	Tunisia	...	2 625 149
Pakistan	8 261 902	...	Turkey	...	...
Palau	67 449	650 636	Tuvalu	32 000	156 916
Panama	...	...	Uganda	...	...
Papua New Guinea	40 132 668	...	Ukraine	26 558 618	...
Paraguay	3 696 709	...	United Arab Emirates	29 973	...
Peru	29 550 796	...	United Kingdom	0	...
Philippines	8 763 309	3 872 142	Uruguay	...	...
Poland	0	12 647	Uzbekistan	7 703 423	7 035 901
Portugal	0	0	Vanuatu	1 042 180	1 847 008
Republic of Moldova	5 933 726	8 519 018	Venezuela	345 384	133 327
Romania	4 154 847	5 677 124	Viet Nam	94 161 904	...
Russian Federation	...	...	Yemen	4 829 843	1 146 525
Rwanda	156 678 128	...	Zambia	...	...
Saint Kitts and Nevis	128 526	16 000	Zimbabwe	61 552 176	176 031 168
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	...			

## TOTAL DOMESTIC HIV SPENDING

	2009	2011		2009	2011
Afghanistan	5 158 552	8 002 074	Ecuador	0	...
Albania	...	...	Egypt	...	...
Algeria	2 708 185	8 921 155	El Salvador	...	...
Angola	34 423 488	33 477 540	Equatorial Guinea	2 797 300	...
Antigua and Barbuda	390 760	617 262	Eritrea	13 661 214	...
Argentina	287 100 480	...	Estonia	...	...
Armenia	2 301 071	5 580 436	Federated States of Micronesia	685 926	473 470
Australia	...	...	Fiji	2 332 252	2 255 212
Azerbaijan	6 061 651	14 555 704	Gabon	6 400 654	10 028 093
Bahamas	4 888 516	...	Gambia The	...	...
Bangladesh	26 938 054	18 647 130	Georgia	9 087 328	13 083 921
Barbados	5 539 683	5 874 278	Ghana	46 596 284	...
Belarus	16 660 383	19 864 484	Greece	...	...
Belgium	146 014 576	...	Grenada	194 493	286 803
Belize	2 024 335	...	Guatemala	40 805 672	...
Benin	28 789 376	...	Guinea	13 121 090	14 777 291
Bolivia	9 733 435	9 251 710	Guinea-Bissau	5 255 637	...
Bosnia and Herzegovina	3 584 302	...	Haiti	136 605 072	172 013 648
Botswana	319 299 456	385 513 824	Honduras	28 170 402	...
Brazil	656 848 896	...	Hungary	3 496 377	...
Bulgaria	11 051 032	13 145 886	India	140 001 568	0
Burkina Faso	50 772 980	...	Indonesia	60 285 420	...
Burundi	26 851 020	...	Iran	40 761 320	...
Cambodia	53 698 244	...	Italy	...	508 145 472
Cameroon	65 324 552	...	Jamaica	15 146 511	...
Cape Verde	1 110 770	3 595 435	Japan	73 196 544	67 907 856
Central African Republic	11 442 259	15 673 308	Jordan	3 099 000	1 433 832
Chad	12 526 530	14 338 620	Kazakhstan	22 778 078	36 887 020
Chile	110 745 968	...	Kenya	670 864 192	...
China	353 535 360	589 373 504	Kiribati	...	258 888
Colombia	88 003 320	102 847 416	Korea DPR	868 500	1 145 420
Comoros	...	...	Korea Rep	13 178 000	11 171 000
Congo	11 976 747	...	Kuwait	4 578 055	...
Congo Dem. Rep.	85 209 296	...	Kyrgyzstan	12 153 796	5 720 845
Costa Rica	...	...	Lao PDR	5 997 398	11 744 135
Croatia	10 367 188	...	Latvia	7 127 693	7 288 265
Cuba	68 720 824	69 954 928	Lebanon	4 450 000	2 420 000
Czech Republic	69 311 120	...	Lesotho	0	...
Côte d'Ivoire	129 060 952	...	Liberia	...	31 123 572
Djibouti	2 006 625	4 293 493	Lithuania	...	3 669 401
Dominica	177 655	223 664	Luxembourg	0	...
Dominican Republic	...	...			

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

	2009	2011		2009	2011
Macedonia	4 753 257	...	Singapore	14 361 842	23 091 270
Madagascar	...	13 875 825	Solomon Islands	575 216	908 429
Malawi	71 804 800	77 390 000	Somalia	5 981 774	...
Malaysia	27 700 294	39 207 956	South Africa	2 195 592 704	...
Mali	28 161 516	...	Spain	947 070 400	1 078 922 368
Marshall Islands	125 841	228 824	Sri Lanka	4 219 808	...
Mauritania	86 917	3 720 945	St Vincent and the Grenadines	2 629 219	2 836 345
Mauritius	...	...	Sudan	...	...
Mexico	333 582 912	...	Suriname	3 955 373	4 592 708
Mongolia	4 663 529	3 731 466	Swaziland	72 750 024	...
Montenegro	830 121	...	Sweden	0	...
Morocco	13 452 667	13 117 972	Switzerland	14 843 029	...
Mozambique	...	...	Syria	1 976 645	809 850
Myanmar	34 264 132	46 293 476	Tajikistan	7 478 840	15 302 037
Namibia	242 817 968	...	Tanzania	...	...
Nauru	97 112	...	Thailand	209 106 528	314 362 656
Nepal	19 978 554	...	Timor Leste	1 803 014	...
Nicaragua	...	...	Togo	14 667 008	...
Niger	10 080 692	15 656 028	Tonga	279 391	0
Nigeria	415 009 120	...	Trinidad and Tobago	13 532 974	...
Oman	811 771	4 703 923	Tunisia	...	2 742 549
Pakistan	14 029 210	...	Turkey	...	...
Palau	67 449	1 044 959	Tuvalu	38 369	177 096
Panama	...	...	Uganda	...	...
Papua New Guinea	49 993 548	...	Ukraine	64 611 224	...
Paraguay	11 417 737	...	United Arab Emirates	17 583 652	...
Peru	54 450 200	...	United Kingdom	80 303 032	...
Philippines	10 633 933	7 998 805	Uruguay	...	...
Poland	48 104 392	74 338 328	Uzbekistan	15 939 901	26 271 146
Portugal	10 081 614	201 374 448	Vanuatu	1 114 768	1 883 490
Republic of Moldova	11 478 397	13 644 548	Venezuela	83 424 288	80 485 624
Romania	84 255 936	108 135 600	Viet Nam	111 337 968	...
Russian Federation	...	...	Yemen	4 955 843	1 613 920
Rwanda	173 313 632	...	Zambia	...	...
Saint Kitts and Nevis	1 210 091	93 349	Zimbabwe	70 435 728	204 092 352
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	...			

## YOUNG PEOPLE'S KNOWLEDGE ABOUT HIV PREVENTION

Comprehensive correct knowledge about AIDS  
among young people aged 15-24 (2 ways to prevent  
AIDS and reject 3 misconceptions) (%)

	Year, source (*)	Female	Male
<b>CARIBBEAN</b>			
Dominican Republic	2007 DHS	40.8	33.7
Haiti	2005-06 DHS	33.9	40.1
<b>EASTERN EUROPE AND CENTRAL ASIA</b>			
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
<b>LATIN AMERICA</b>			
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	...
<b>SOUTH AND SOUTH-EAST ASIA</b>			
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
<b>MIDDLE EAST AND NORTH AFRICA</b>			
Egypt	2005 DHS	4.4	...
Jordan	2007 DHS	12.5	...
Morocco	2003-04 DHS	11.7	...
<b>SUB-SAHARAN AFRICA</b>			
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		2011
Angola	29%	Togo	22%
Antigua and Barbuda	69%	Tunisia	16%
Azerbaijan	14%	United Republic of Tanzania	35%
Bangladesh	53%	Vanuatu	60%
Bolivia	24%	Zimbabwe	22%
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%		

## NUMBER OF HIV INFECTED FEMALE ADULTS

	2001			2011		
	estimate	lower estimate	upper estimate	estimate	lower estimate	upper estimate
<b>CARIBBEAN</b>						
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
<b>EAST ASIA</b>						
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
<b>EASTERN EUROPE AND CENTRAL ASIA</b>						
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
<b>LATIN AMERICA</b>						
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
<b>MIDDLE EAST AND NORTH AFRICA</b>						
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
<b>OCEANIA</b>						
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
<b>SUB-SAHARAN AFRICA</b>						
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
<b>SOUTH AND SOUTH-EAST ASIA</b>						
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
<b>WESTERN AND CENTRAL EUROPE AND NORTH AMERICA</b>						
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		2009	2011
Albania	No	No	Ecuador	No	No
Andorra	Yes	Yes	Egypt	Yes	Yes
Antigua and Barbuda	No	No	El Salvador	No	No
Argentina	No	No	Estonia	No	No
Armenia	Yes	No	Ethiopia	No	No
Australia	Yes	Yes	Federated States of Micronesia	No	No
Austria	No	No	Fiji	Yes	No
Azerbaijan	No	No	Finland	No	No
Bahrain	Yes	Yes	France	No	No
Bangladesh	No	No	Gabon	No	No
Barbados	No	No	Gambia The	No	No
Belarus	Yes	Yes	Georgia	No	No
Belgium	No	No	Ghana	No	No
Belize	Yes	Yes	Greece	No	No
Benin	No	No	Grenada	No	No
Bosnia and Herzegovina	No	No	Guatemala	No	No
Botswana	No	No	Guinea	No	No
Brazil	No	No	Guinea-Bissau	No	No
Brunei	Yes	Yes	Guyana	No	No
Bulgaria	No	No	Haiti	No	No
Burkina Faso	No	No	Hungary	No	No
Burundi	No	No	Iceland	No	No
Cambodia	No	No	India	No	No
Cameroon	No	No	Indonesia	No	No
Canada	No	No	Iran	No	No
Central African Republic	No	No	Iraq	Yes	Yes
Chad	No	No	Ireland	No	No
Chile	No	No	Israel	Yes	Yes
China	No	No	Italy	No	No
Colombia	No	No	Jamaica	No	No
Comoros	Yes	Yes	Japan	No	No
Congo	No	No	Jordan	Yes	Yes
Congo Dem. Rep.	No	No	Kazakhstan	No	No
Costa Rica	No	No	Kenya	No	No
Croatia	No	No	Korea DPR	Yes	Yes
Cuba	Yes	Yes	Korea Rep	Yes	No
Cyprus	Yes	Yes	Kuwait	Yes	Yes
Czech Republic	No	No	Kyrgyzstan	No	No
Côte d'Ivoire	No	No	Lao PDR	No	No
Denmark	No	No	Latvia	No	No
Djibouti	No	No	Lebanon	Yes	Yes
Dominica	No	No	Lesotho	No	No
Dominican Republic	Yes	Yes			

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



	2009	2011		2009	2011
Liberia	No	No	Saint Kitts and Nevis	No	No
Libya	No	No	Saint Lucia	No	No
Liechtenstein	No	No	Samoa	Yes	Yes
Lithuania	Yes	Yes	San Marino	No	No
Luxembourg	No	No	Saudi Arabia	Yes	Yes
Macedonia	No	No	Senegal	No	No
Madagascar	No	No	Serbia	No	No
Malawi	No	No	Sierra Leone	No	No
Malaysia	Yes	Yes	Singapore	Yes	Yes
Maldives	No	No	Slovakia	Yes	Yes
Mali	No	No	Slovenia	No	No
Malta	No	No	Solomon Islands	Yes	Yes
Marshall Islands	Yes	Yes	Somalia	No	No
Mauritania	No	No	South Africa	No	No
Mauritius	Yes	Yes	Spain	No	No
Mexico	No	No	Sri Lanka	No	No
Monaco	No	No	Sudan	Yes	Yes
Mongolia	Yes	Yes	Swaziland	No	No
Montenegro	No	No	Sweden	No	No
Morocco	No	No	Switzerland	No	No
Mozambique	No	No	Syria	Yes	Yes
Myanmar	No	No	Tajikistan	Yes	Yes
Namibia	No	No	Tanzania	No	No
Nepal	No	No	Thailand	No	No
Netherlands	No	No	Togo	No	No
New Zealand	Yes	Yes	Tonga	Yes	Yes
Nicaragua	Yes	Yes	Trinidad and Tobago	No	No
Nigeria	No	No	Tunisia	No	No
Norway	No	No	Turkey	No	No
Oman	Yes	Yes	Turkmenistan	Yes	Yes
Pakistan	No	No	Uganda	No	No
Panama	No	No	Ukraine	No	No
Papua New Guinea	Yes	Yes	United Arab Emirates	Yes	Yes
Paraguay	Yes	Yes	United Kingdom	No	No
Peru	No	No	United States of America	No	No
Philippines	No	No	Uruguay	No	No
Poland	No	No	Uzbekistan	Yes	Yes
Portugal	No	No	Vanuatu	No	No
Qatar	Yes	Yes	Venezuela	No	No
Republic of Moldova	Yes	No	Viet Nam	No	No
Romania	No	No	Yemen	Yes	Yes
Russian Federation	Yes	Yes	Zambia	No	No
Rwanda	No	No	Zimbabwe	No	No

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

	2011		2011
Afghanistan	Yes	Djibouti	Yes
Albania	Yes	Dominica	Yes
Algeria	Yes	Dominican Republic	Yes
Angola	Yes	Ecuador	Yes
Antigua and Barbuda	Yes	Egypt	Yes
Argentina	Yes	El Salvador	Yes
Australia	Yes	Eritrea	Yes
Azerbaijan	Yes	Estonia	Yes
Bahamas	Yes	Ethiopia	Yes
Bahrain	Yes	Federated States of Micronesia	No
Bangladesh	Yes	Fiji	Yes
Barbados	Yes	Finland	No
Belarus	Yes	France	Yes
Belgium	No	Gabon	Yes
Belize	Yes	Gambia The	Yes
Benin	Yes	Georgia	Yes
Bhutan	Yes	Germany	Yes
Bolivia	Yes	Ghana	Yes
Bosnia and Herzegovina	Yes	Greece	Yes
Botswana	Yes	Grenada	Yes
Brazil	Yes	Guatemala	Yes
Brunei	No	Guinea-Bissau	Yes
Bulgaria	Yes	Guyana	Yes
Burkina Faso	Yes	Haiti	Yes
Burundi	Yes	Honduras	Yes
Cambodia	Yes	Iceland	No
Cameroon	Yes	India	Yes
Canada	Yes	Indonesia	Yes
Cape Verde	Yes	Iran	Yes
Central African Republic	Yes	Italy	Yes
Chad	Yes	Jamaica	Yes
Chile	Yes	Japan	Yes
China	Yes	Jordan	Yes
Colombia	Yes	Kazakhstan	Yes
Comoros	Yes	Kenya	Yes
Congo	Yes	Korea DPR	No
Congo Dem. Rep.	Yes	Korea Rep	Yes
Costa Rica	Yes	Kuwait	Yes
Croatia	Yes	Kyrgyzstan	Yes
Cuba	Yes	Lao PDR	Yes
Cyprus	Yes	Latvia	Yes
Czech Republic	Yes	Lebanon	Yes
Côte d'Ivoire	Yes		

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



	2011		2011
Lesotho	Yes	Sao Tome and Principe	Yes
Liberia	Yes	Saudi Arabia	Yes
Lithuania	Yes	Senegal	Yes
Luxembourg	Yes	Serbia	Yes
Macedonia	Yes	Seychelles	Yes
Madagascar	Yes	Sierra Leone	Yes
Malawi	Yes	Singapore	Yes
Malaysia	Yes	Slovakia	Yes
Mali	Yes	Slovenia	Yes
Malta	Yes	Solomon Islands	No
Marshall Islands	Yes	Somalia	Yes
Mauritania	Yes	South Africa	Yes
Mexico	Yes	South Sudan	Yes
Mongolia	Yes	Spain	Yes
Montenegro	Yes	Sri Lanka	Yes
Morocco	Yes	St Vincent and the Grenadines	Yes
Mozambique	Yes	Sudan	Yes
Myanmar	Yes	Suriname	Yes
Namibia	Yes	Swaziland	Yes
Nepal	Yes	Sweden	Yes
Netherlands	Yes	Switzerland	Yes
New Zealand	No	Syria	Yes
Nicaragua	Yes	Tajikistan	Yes
Niger	Yes	Tanzania	Yes
Nigeria	Yes	Thailand	Yes
Norway	Yes	Timor Leste	Yes
Oman	Yes	Togo	Yes
Pakistan	Yes	Trinidad and Tobago	Yes
Palau	Yes	Tunisia	Yes
Panama	Yes	Tuvalu	Yes
Papua New Guinea	Yes	Uganda	Yes
Paraguay	Yes	Ukraine	Yes
Peru	Yes	United Arab Emirates	Yes
Philippines	Yes	United Kingdom	Yes
Poland	Yes	United States of America	Yes
Portugal	Yes	Uruguay	Yes
Qatar	No	Vanuatu	Yes
Republic of Moldova	Yes	Venezuela	Yes
Romania	Yes	Viet Nam	Yes
Rwanda	Yes	Yemen	Yes
Saint Kitts and Nevis	Yes	Zambia	Yes
Saint Lucia	Yes	Zimbabwe	Yes
Samoa	Yes		

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

	2011		2011
Afghanistan	Yes	El Salvador	Yes
Albania	Yes	Eritrea	Yes
Algeria	Yes	Estonia	Yes
Angola	Yes	Ethiopia	Yes
Antigua and Barbuda	Yes	Federated States of Micronesia	Yes
Argentina	No	Fiji	Yes
Australia	No	Finland	Yes
Azerbaijan	Yes	France	No
Bahamas	Yes	Gabon	Yes
Bangladesh	Yes	Gambia The	Yes
Barbados	No	Georgia	Yes
Belarus	Yes	Germany	No
Belgium	Yes	Ghana	Yes
Belize	Yes	Grenada	Yes
Benin	Yes	Guatemala	Yes
Bhutan	Yes	Guinea-Bissau	Yes
Bolivia	Yes	Guyana	Yes
Bosnia and Herzegovina	Yes	Haiti	Yes
Botswana	Yes	Honduras	Yes
Brazil	Yes	Iceland	No
Brunei	Yes	India	Yes
Bulgaria	Yes	Indonesia	Yes
Burkina Faso	Yes	Iran	Yes
Burundi	No	Italy	Yes
Cambodia	Yes	Jamaica	Yes
Cameroon	Yes	Japan	Yes
Cape Verde	Yes	Jordan	Yes
Central African Republic	Yes	Kazakhstan	Yes
Chad	Yes	Kenya	Yes
Chile	Yes	Korea Rep	Yes
China	Yes	Kuwait	No
Colombia	Yes	Kyrgyzstan	Yes
Congo	Yes	Lao PDR	Yes
Costa Rica	No	Latvia	Yes
Croatia	No	Lebanon	Yes
Cuba	Yes	Lesotho	Yes
Cyprus	Yes	Liberia	Yes
Côte d'Ivoire	Yes	Lithuania	Yes
Djibouti	Yes	Luxembourg	Yes
Dominica	Yes	Macedonia	Yes
Dominican Republic	Yes	Madagascar	Yes
Ecuador	Yes	Malawi	Yes
Egypt	Yes		

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	2011		2011
Malaysia	Yes	Slovakia	No
Mali	Yes	Slovenia	No
Malta	No	Solomon Islands	Yes
Marshall Islands	Yes	Somalia	Yes
Mauritania	Yes	South Africa	Yes
Mexico	Yes	South Sudan	Yes
Mongolia	Yes	Spain	Yes
Montenegro	No	Sri Lanka	Yes
Morocco	Yes	St Vincent and the Grenadines	Yes
Mozambique	Yes	Sudan	Yes
Myanmar	Yes	Suriname	Yes
Namibia	Yes	Swaziland	Yes
Nepal	Yes	Switzerland	No
Netherlands	No	Syria	Yes
New Zealand	No	Tajikistan	Yes
Nicaragua	Yes	Tanzania	Yes
Niger	Yes	Thailand	Yes
Nigeria	Yes	Timor Leste	Yes
Oman	Yes	Togo	Yes
Pakistan	Yes	Trinidad and Tobago	Yes
Palau	Yes	Tunisia	Yes
Panama	Yes	Tuvalu	Yes
Papua New Guinea	No	Uganda	Yes
Paraguay	Yes	Ukraine	Yes
Peru	Yes	United Arab Emirates	Yes
Philippines	Yes	United Kingdom	No
Poland	No	United States of America	Yes
Portugal	Yes	Uruguay	Yes
Qatar	Yes	Vanuatu	Yes
Republic of Moldova	Yes	Venezuela	Yes
Romania	No	Viet Nam	Yes
Rwanda	Yes	Zambia	Yes
Saint Kitts and Nevis	No	Zimbabwe	Yes
Saint Lucia	Yes		
Samoa	Yes		
Sao Tome and Principe	No		
Saudi Arabia	Yes		
Senegal	Yes		
Serbia	Yes		
Seychelles	No		
Sierra Leone	Yes		
Singapore	No		

## 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

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	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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