2013 PROGRESS REPORT ON THE GLOBAL PLAN

towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive

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FOREWORD

We are encouraged by the progress made by countries in reducing the number of children newly infected with HIV. Two years have passed since the launch of the Global Plan, when countries embraced the goal of moving towards eliminating new HIV infections among children and keeping their mothers alive. Since then, there has been momentum in scaling up access to HIV prevention and treatment services for women and children – especially in the 21 Global Plan priority countries in sub-Saharan Africa. Ghana has led the way, with the largest decrease in the numbers of new HIV infections among children from 2009 to 2012.

Today, many more women have access to antiretroviral medicines to reduce the risk of HIV transmission to their children than four years ago. In countries where access has increased, the rates of HIV transmission to children have fallen dramatically. This success must be celebrated and sustained. There has been particular success in reducing the number of children acquiring HIV infection during pregnancy and childbirth.

In most of the priority countries today, more than half the children newly infected with HIV acquired it during the breastfeeding period. Breastfeeding is crucial for children's survival, growth and development. Providing antiretroviral medicines to mothers throughout the breastfeeding period is a critical step needed to further reduce rates of mother-to-child HIV transmission. The new 2013 World Health Organization treatment guidelines will help countries to implement this focus as they move towards reaching their targets for eliminating new HIV infections among children, improving maternal health and preventing HIV transmission among discordant couples.

Meeting the HIV treatment needs of both children and women is vital. We are heartened by the growing numbers of children being diagnosed and enrolled in HIV treatment. Nevertheless, we are greatly concerned that treatment continues to elude nearly two out of three eligible children. As adult coverage expands, treatment for children must also be scaled up to ensure that children have equal access to life-saving medicines. Technologies to diagnose HIV infection among children and treatment formulations for children must also be improved.

Women are key to the AIDS response. By empowering them to be able to protect themselves and make informed decisions about their health and that of their children, we can achieve the twin goals of eliminating new HIV infections among children and keeping women and children living with HIV alive. The number of women acquiring HIV infection has to be reduced, and all women living with HIV eligible for antiretroviral therapy must have access to it for their own health.

This year's news of a single baby in Mississippi being functionally cured of HIV gives us hope that, one day, science may offer a cure for everyone, everywhere. Meanwhile, we must do all we can and use the tools and political commitment available to ensure that every child and every woman is protected from HIV and that everyone eligible for HIV treatment has access to it.

Michel Sidibé
UNAIDS Executive Director

Eric Goosby
Ambassador, United States
Global AIDS Coordinator

OVERVIEW

The Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (Global Plan) was launched in July 2011 at the United Nations General Assembly High Level Meeting on AIDS. This report presents the interim progress made by 21 countries in sub-Saharan Africa and some of the challenges they face in meeting the agreed targets for 2015. Of the 22 Global Plan priority countries, data from India were not available at the time of publication.

Global Plan milestones, May 2013: significant progress made, challenges remain

Reduce the estimated number of new HIV infections among children by 50% from 2009 levels in at least 10 high-burden countries

New HIV infections among children have been reduced by 50% or more in seven countries – Botswana, Ethiopia, Ghana, Malawi, Namibia, Zambia and Zimbabwe. Four more countries – Mozambique, South Africa, Uganda and the United Republic of Tanzania are very close to achieving this target.

Reduce the estimated number of new HIV infections among children by 50%

The number of new HIV infections in the 21 countries has declined by 37%, falling short of the target of 50%. However, with increasing momentum in accelerating progress in key countries such as Nigeria and the Democratic Republic of the Congo, this gap can be closed.

Issue new global guidelines for antiretroviral prophylaxis and antiretroviral therapy that recommend simpler and more effective drug regimens and approaches

The World Health Organization (WHO) has released new guidelines on the diagnosis of HIV, the care of people living with HIV and the use of antiretroviral medicines for treating and preventing HIV infection. These include new recommendations for women and children and aim to simplify access to and delivery of HIV prevention and treatment services. The new push towards initiating HIV treatment earlier as well as simplifying and harmonizing treatment regimens among various populations and implementing new eligibility criteria will help to increase the coverage of antiretroviral medicines for pregnant women living with HIV. It will also increase the number of eligible children and women receiving HIV treatment and, in turn, help to reduce the onward transmission of HIV, improve mothers' health and reduce maternal and child deaths.

Phase out single-dose nevirapine prophylaxis and adopt more effective antiretroviral regimens for women and children

All priority countries have transitioned from the use of single-dose nevirapine as the primary antiretroviral medicine option for pregnant women living with HIV to prevent HIV transmission to their child to more effective antiretroviral regimens.

FEWER CHILDREN ARE ACQUIRING HIV INFECTION

In most of the Global Plan priority countries in sub-Saharan Africa, the number of children newly infected with HIV has declined from 2009 to 2012, although at varying rates. At 76%, Ghana has had the largest decline in the rate of children acquiring HIV infection.

New HIV infections among children fell by 50% or more in six additional countries – Botswana, Ethiopia, Malawi, Namibia, Zambia and Zimbabwe. Two others – South Africa and the United Republic of Tanzania – are also making substantial progress in reducing the number of new HIV infections among children. In South Africa, 17 000 fewer children acquired HIV in 2012 than in 2009, a decline of 46%.

However, in several countries the pace of decline in the numbers of children newly infected has been slow, and the numbers have actually risen in Angola. Nigeria has the largest number of children acquiring HIV infection – nearly 60 000 in 2012, a number that has remained largely unchanged since 2009. Without urgent action in Nigeria, the global target for 2015 is unlikely to be reached.

The 21 countries had 210 000 newly infected children in 2012. This represents a reduction of 130 000 new infections annually, or a 37% drop from 2009, when these countries had 340 000 new HIV infections among children (the summary tables provide country-specific values).

NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012, IN 21 GLOBAL PLAN PRIORITY COUNTRIES

Rapid decline

Decline of 50% or more between 2009 and 2012

- Botswana
- Ethiopia
- Ghana
- Malawi
- Namibia
- Zambia
- Zimbabwe

Moderate decline

30–49% decline between 2009 and 2012

- Burundi
- Cameroon
- Kenya
- Mozambique
- South Africa
- Swaziland
- Uganda
- United Republic of Tanzania

Slow decline

Less than 30% decline between 2009 and 2012

- Angola
- Chad
- Côte d'Ivoire
- Democratic Republic of the Congo
- Lesotho
- Nigeria

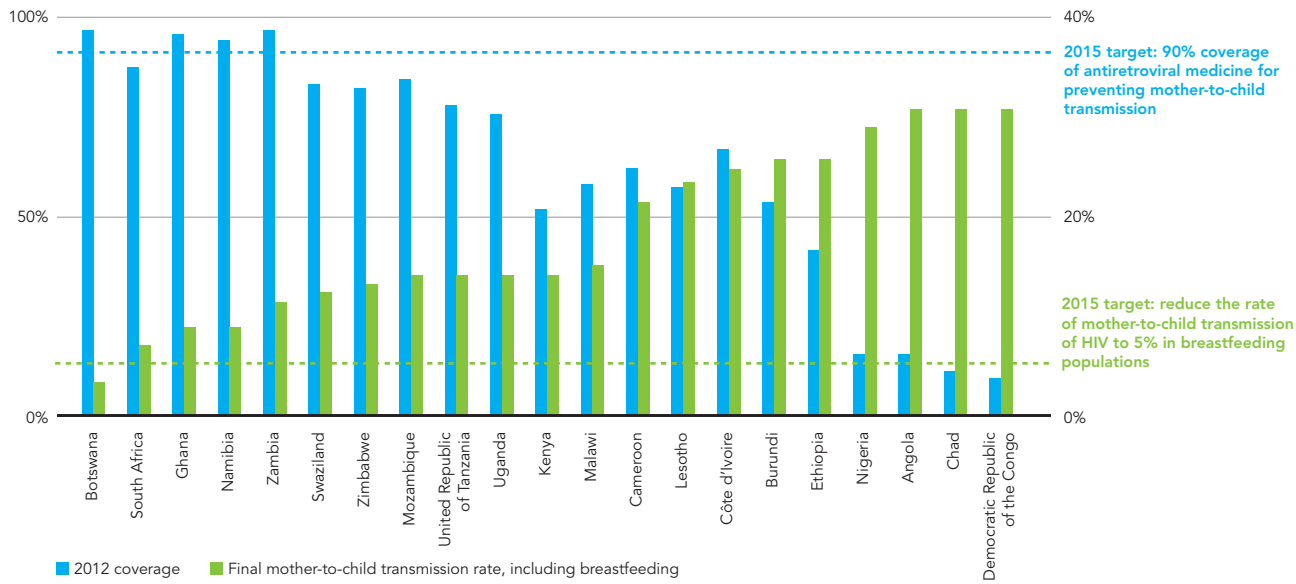
Based on modelling, it is estimated that, at this interim point, on average, nearly half of all children in these 21 countries who are newly infected with HIV are acquiring HIV during breastfeeding, because of low antiretroviral coverage during this period. Breastfeeding is critical to ensuring child survival and remains key to reducing child mortality. WHO recommends that breastfeeding mothers known to be infected with HIV (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast-milk

can be provided. Providing antiretroviral medicines during this period therefore becomes critical. In countries with high coverage and a long median duration of breastfeeding, the number may be as many as 8 out of 10 children newly infected with HIV. Special attention is needed in all countries to ensure access to and retention on antiretroviral medicines for pregnant and breastfeeding women living with HIV to cut these numbers of children acquiring HIV infection. The new 2013 WHO guidelines on HIV treatment will help to increase access to antiretroviral medicines during the breastfeeding period. Providing antiretroviral medicines to mothers during the breastfeeding period is a critical component of programmes to prevent the mother-to-child transmission of HIV and keeping mothers and their children alive. Where women cannot breastfeed, or choose not to, replacement feeding should be safely provided.

In 2012, almost 400 000 more pregnant women living with HIV received antiretroviral medicines than in 2009 both to prevent HIV from being transmitted to their children and for their own health. As a result, HIV transmission rates have fallen in most of the priority countries and fewer children are being infected with HIV. In many of the 21 Global Plan priority countries in sub-Saharan Africa with coverage levels exceeding 75% of the pregnant women living with HIV, transmission rates (including during the breastfeeding period) have nearly halved or more since 2009.

Four countries – Botswana, Ghana, Namibia and Zambia – have already met their goal of providing antiretroviral medicines to 90% of the women who are eligible to prevent transmission of HIV from mother to child. Mozambique, South Africa, Swaziland and Zimbabwe are close behind. These coverage levels are translating into lower rates of mother-to-child transmission (see figure).

Antiretroviral coverage to prevent new infections among children, and the final HIV transmission rate from mother to child, including breastfeeding



Botswana and South Africa have reduced transmission rates to 3% and 7% respectively.
However, the estimated coverage of antiretroviral prophylaxis among pregnant women declined in several countries between 2011 and 2012. The declines were particularly sharp in Lesotho (from 75% in 2011 to 58% in 2012) and Kenya (from 66% in 2011 to 53% in 2012).

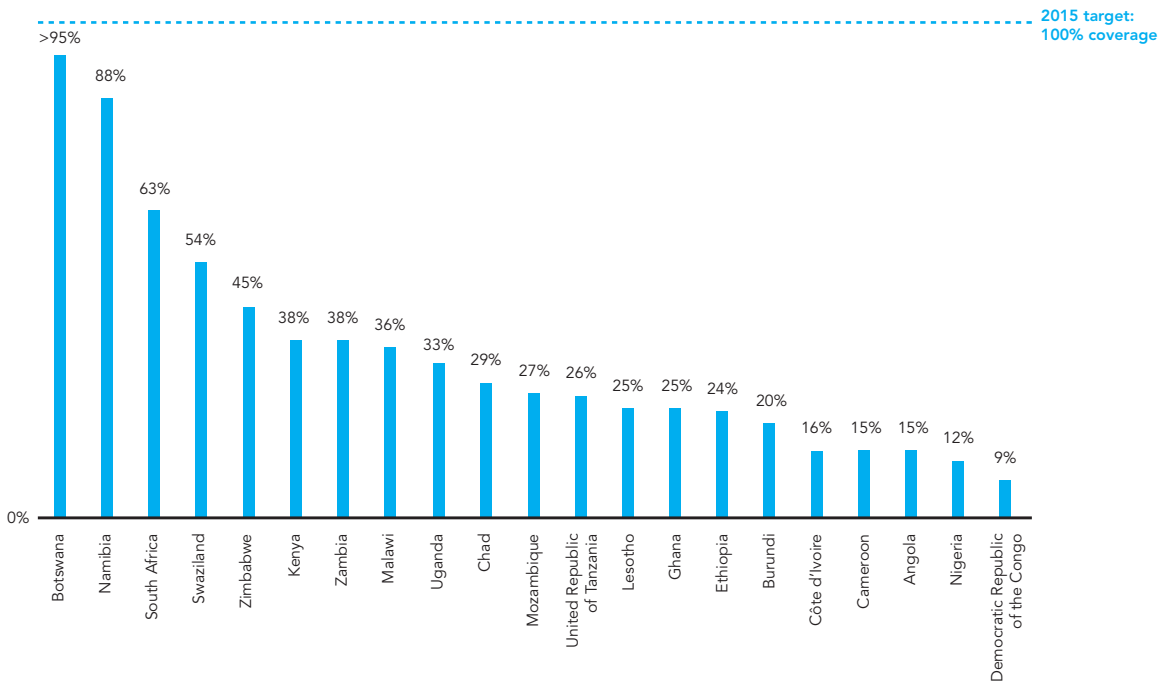
MORE CHILDREN ARE RECEIVING ANTIRETROVIRAL THERAPY THAN BEFORE, BUT ACCESS REMAINS UNACCEPTABLY LOW – ONLY 3 IN 10 ELIGIBLE CHILDREN RECEIVE HIV TREATMENT IN MOST COUNTRIES

Since 2009, the number of eligible children receiving antiretroviral therapy has increased in all countries except DRC. Botswana and Namibia have already achieved universal access, with 80% or more of the children eligible in accordance with WHO criteria receiving HIV treatment; and more than half the eligible children receive antiretroviral therapy in South Africa and Swaziland. Impressive gains have been made elsewhere: the percentage of children receiving HIV treatment has doubled in Chad, Ethiopia, Ghana, Kenya, Malawi, the United Republic of Tanzania and Zimbabwe.

However, this increase still falls short of reaching the coverage goals for antiretroviral therapy for all eligible children. On average, only 3 out of 10 eligible children have access to HIV treatment in the 21 Global Plan countries. Although the number of newly infected children requiring HIV treatment will decline as new HIV infections are prevented, there is an urgent need to identify the children currently living with HIV and link them to care and treatment services so that their morbidity and mortality is reduced over time.

In addition, since the rate of mother-to-child transmission of HIV remains high in many places, early diagnosis and linkage to HIV treatment are the key to keeping children with HIV alive and healthy. Only four countries – Namibia, South Africa, Swaziland and Zambia – provided early infant diagnosis to more than 50% of the children born to women living with HIV. Almost half of the priority countries had early infant diagnosis coverage of less than 20%.

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy, 2012

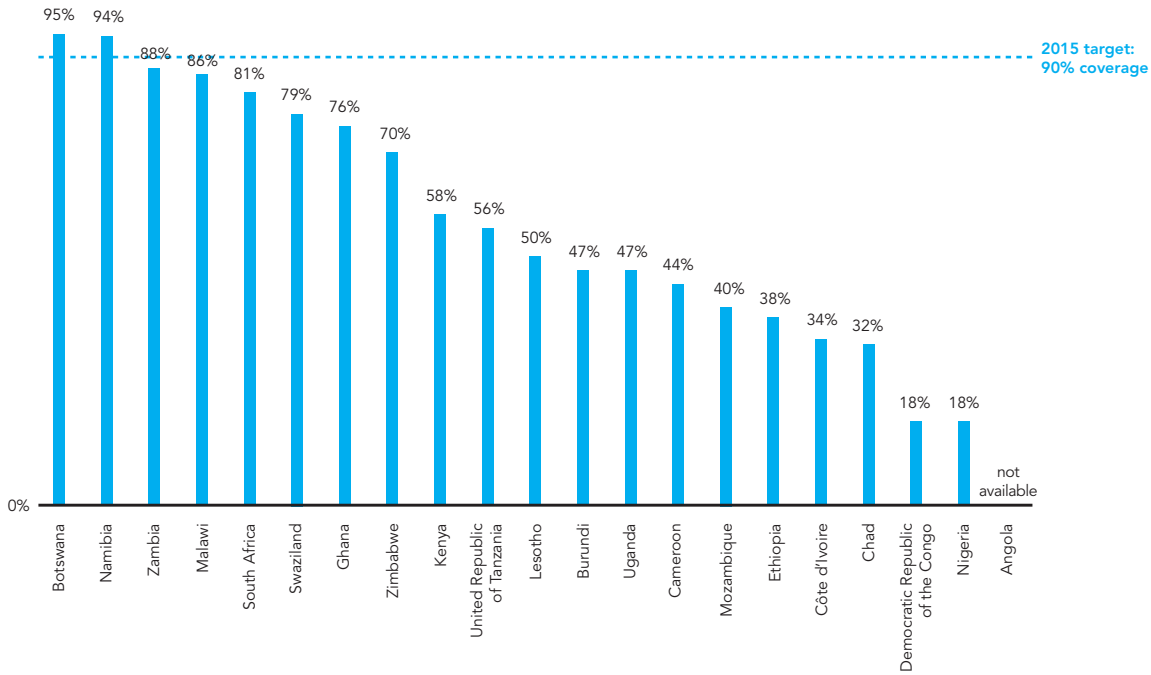


ANTIRETROVIRAL THERAPY COVERAGE AMONG PREGNANT WOMEN LIVING WITH HIV HAS INCREASED BUT REMAINS LOW

The number of pregnant women living with HIV receiving antiretroviral therapy for their own health has increased from 25% in 2009 to 60% in 2012. In Botswana, Ghana, Malawi, Namibia, South Africa, Swaziland and Zambia, more than 75% of the pregnant women eligible according to 2010 WHO criteria – a CD4 count <350 cells/mm3 – receive antiretroviral therapy versus 50–75% in Kenya, Lesotho, the United Republic of Tanzania and Zimbabwe. Increasing access to antiretroviral therapy for pregnant women living with HIV for their own health is critical to saving the lives of women and their children. In many places where HIV treatment is available, women living with HIV have reported that stigma and discrimination, especially in health care settings, continue to be a barrier to accessing adequate information and services.

Malawi, with its policy of providing antiretroviral therapy to all pregnant and breastfeeding women (irrespective of CD4 count), increased the estimated coverage of women in need of antiretroviral therapy for their own health from 13% in 2009 to 86% in 2012. Malawi has been able to increase antiretroviral therapy coverage during both pregnancy and the breastfeeding period by decentralizing treatment services and offering lifelong HIV treatment to all pregnant and breastfeeding women as the central tenet of its national programme to stop the mother-to-child transmission of HIV.

Percentage of eligible pregnant women living with HIV receiving antiretroviral therapy for their own health, 2012



THE NUMBERS OF WOMEN REQUIRING SERVICES FOR PREVENTING MOTHER-TO-CHILD TRANSMISSION CONTINUE TO BE STABLE BUT AT UNACCEPTABLY HIGH LEVELS

The number of women becoming newly infected with HIV between 2009 and 2012 remains stable in most of the 21 countries. Only Ghana (44 %) and South Africa (21%) have substantial declines in the number of women acquiring HIV infection. At the same time there was a 33% increase in new infections among women in Côte d'Ivoire.

The lack of decrease in new HIV infections among women in most of the priority countries of the Global Plan is a worrying trend, since it is detrimental to women's own health and well-being and can also potentially increase the need for antiretroviral medicines for preventing mother-to-child transmission as well as increase the number of children newly infected. This also underscores that reducing the overall incidence of HIV in all adults, both men and women, by combination HIV prevention methods – safer sexual behaviour, voluntary medical male circumcision and use of antiretroviral therapy among discordant couples – is critical to reaching the Global Plan targets.

Reducing unmet need for family planning will reduce new HIV infections among children and improve maternal health. Increasing access to voluntary and non-coercive family planning services for all women, including women living with HIV, can avoid unintended pregnancies. Family planning enables women to choose

the number and spacing of their children, thereby improving their health and well-being. Coercion for family planning and forced sterilization of women living with HIV are completely unacceptable under any circumstances and violations of human rights.

NEW WHO GUIDELINES ON THE USE OF ANTIRETROVIRAL MEDICINES WILL HELP ENSURE THAT WOMEN AND CHILDREN RECEIVE EFFECTIVE REGIMENS

On 30 June 2013, WHO published updated guidelines on the diagnosis of HIV, the care of people living with HIV and the use of antiretroviral medicines for treating and preventing HIV infection. These guidelines (1) harmonize guidance and treatment regimens across populations and along the continuum of care, (2) provide guidance on how to improve service delivery and to make decisions that optimally allocate resources and (3) consolidate existing and new recommendations into a single publication using a public health approach.

For pregnant and breastfeeding women and children younger than five years living with HIV, the routine offer of antiretroviral therapy irrespective of CD4 count or clinical stage will improve treatment access. Simplified approaches, including using a common regimen of tenofovir, lamivudine or emtricitabine and efavirenz as a fixed-dose combination tablet for women and older children living with HIV, should also improve uptake.

MEASURING SUCCESS IS IMPORTANT

With less than 1000 days remaining to achieve the 2015 Global Plan targets, measuring progress and addressing obstacles is critical. Countries are urged to closely monitor the targets and to provide accurate, timely data to their policy-makers and programme implementers.

A major challenge in measuring the progress of the Global Plan is that most of the priority countries do not have a direct measurement of the number of new HIV infections among children. Measuring final transmission (including transmission during breastfeeding) outcomes is difficult, and costly, and in most countries, models are required to estimate the progress made towards the 2015 target of reducing these new infections by 90%. These models require high-quality, accurate national data from programmes to prevent mother-to-child transmission.

Significant progress has been made in the past decade in improving monitoring systems, including better data on antiretroviral coverage for women living with HIV during pregnancy and delivery. However national monitoring of antiretroviral coverage during breastfeeding remains weak or non-existent in some of countries. Focused efforts are needed to improve this component of data collection. However, many systems cannot identify which women are double-counted when they change regimen, or move clinics, and cannot link important data across mother–infant pairs. The data presented in

this report are therefore only as accurate as the programmatic data collected in routine monitoring systems and used in the models. Uncertainty ranges, provided in the summary tables, only partially reflect the uncertainties of the programme data included in the models.

CONCLUSION

Almost all the Global Plan priority countries in sub-Saharan Africa have made significant progress in reducing the number of children acquiring HIV infection and in increasing access to HIV treatment for eligible women and children. Successes have included increasing the coverage of antiretroviral medicines for pregnant women living with HIV to prevent mother-to-child transmission from 34% in 2009 to 64% in 2012, which has contributed to reducing the number of children becoming infected with HIV. The Global Plan priority countries in sub-Saharan Africa had 130 000 fewer new HIV infections among children in 2012 than in 2009 – a drop of 37%.

The rates of HIV transmission have fallen considerably from 2009 levels in most of the countries in which the coverage of antiretroviral prophylaxis exceeds 70%. In these countries, this coverage rate must be maintained and additional efforts made to ensure that women also receive antiretroviral medicines during the breastfeeding period.

A combination of efforts is required to eliminate new HIV infections among children and ensure that their mothers remain healthy: reducing the number of women acquiring HIV infection, reducing the unmet need for family planning, increasing access to safe and non-coercive HIV testing, improving the availability of antiretroviral medicines for pregnant women living with HIV and improving the diagnosis and treatment of HIV among children and keeping their mothers alive.

A note on data

The estimates in this report were calculated using Spectrum version 4.68. Each value is calculated with some uncertainty because of the data and assumptions used in the models. The summary tables include the uncertainty bounds for the numbers presented here. The Spectrum files were developed by country teams and compiled by UNAIDS in 2013. Monitoring systems to determine the number of women or their infants receiving antiretroviral medicines during the breastfeeding period are weak in many countries. The percentage of mothers or infants who were receiving antiretroviral medicines during the breastfeeding period includes women receiving antiretroviral therapy for their own health.

Rapid decline

Botswana
Ethiopia
Ghana
Malawi
Namibia
Zambia
Zimbabwe

BOTSWANA

Botswana is making strides towards eliminating new HIV infections among children as it maintains high levels of coverage of antiretroviral medicines. If progress continues, it will become one of the first countries in sub-Saharan Africa to meet this historic milestone by 2015.

320

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

52%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

<1 OUT OF 10

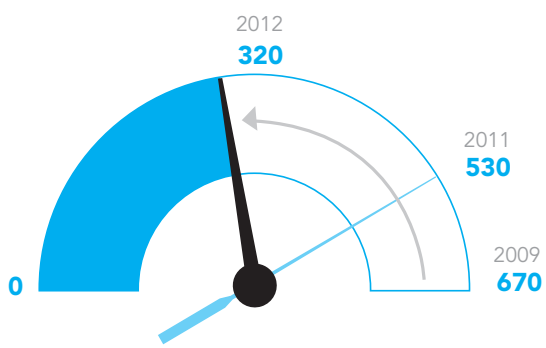
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

3 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

The number of new HIV infections among children continues to decline rapidly

New HIV infections among children (0–14 years old), 2009–2012

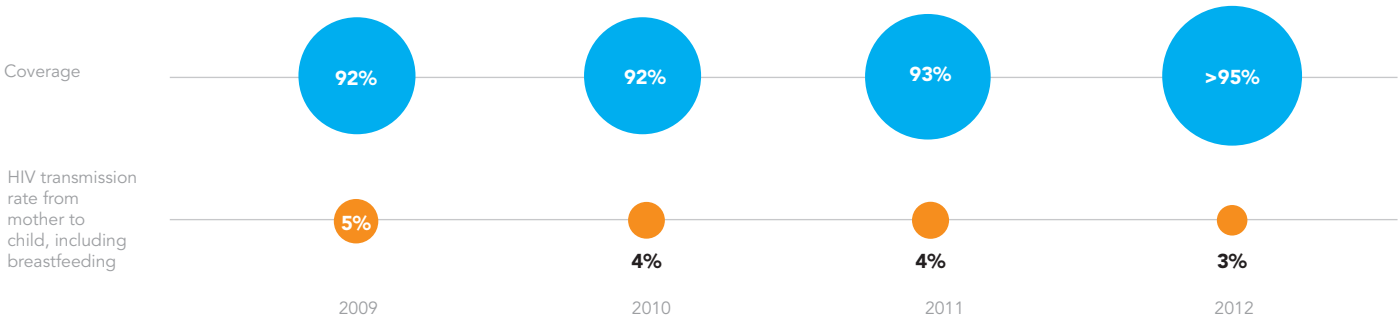


Almost all eligible children are receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy

10 000
children were eligible for antiretroviral therapy in 2012

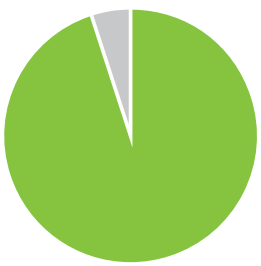
Universal access to antiretroviral medicines has translated into the near elimination of HIV transmission from mothers to children



The number of women newly infected with HIV has only declined by 14% since 2009. Botswana is not on track to meet the 2015 goal to reduce the number of women acquiring HIV infection by 50%

Women acquiring HIV infection (15–49 years old), 2009–2012

Almost all pregnant women living with HIV eligible for antiretroviral therapy for their own health are receiving it

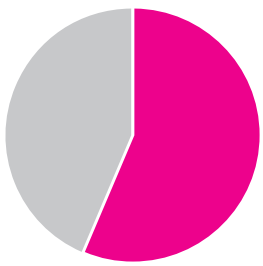


95%

of the eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

Access to HIV treatment will reduce maternal deaths from HIV



56%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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ETHIOPIA

Ethiopia has made substantial gains in increasing access to HIV prevention and treatment services among pregnant women living with HIV and children between 2009 and 2012. As a result, the number of new HIV infections among children has dropped. Ethiopia proposes to roll out lifelong antiretroviral therapy for pregnant women living with HIV, known as option B+, in 2013. It also plans to integrate programmes for preventing the mother-to- child transmission of HIV with existing maternal and child health programmes to increase coverage. Ethiopia's health extension programme has employed 31 000 lower-cadre health workers, who are stimulating demand for and increasing access to critical HIV services.

9 500

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

50%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

6 OUT OF 10

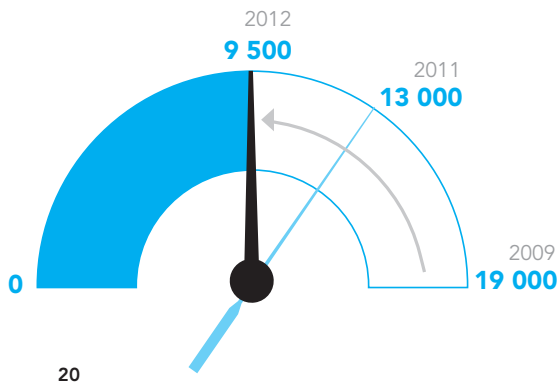
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

8 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

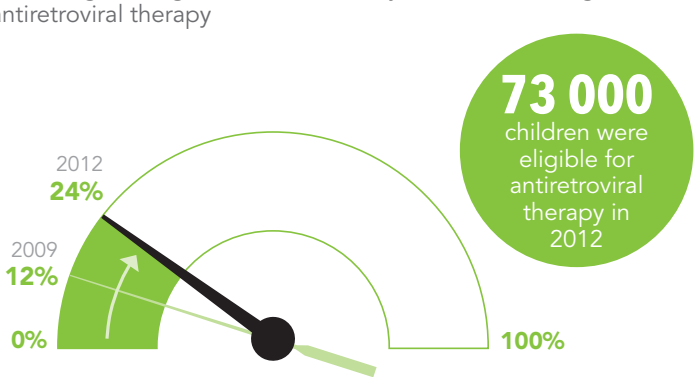
The number of new HIV infections among children has been reduced by half, but the total is still high

New HIV infections among children (0–14 years old), 2009–2012

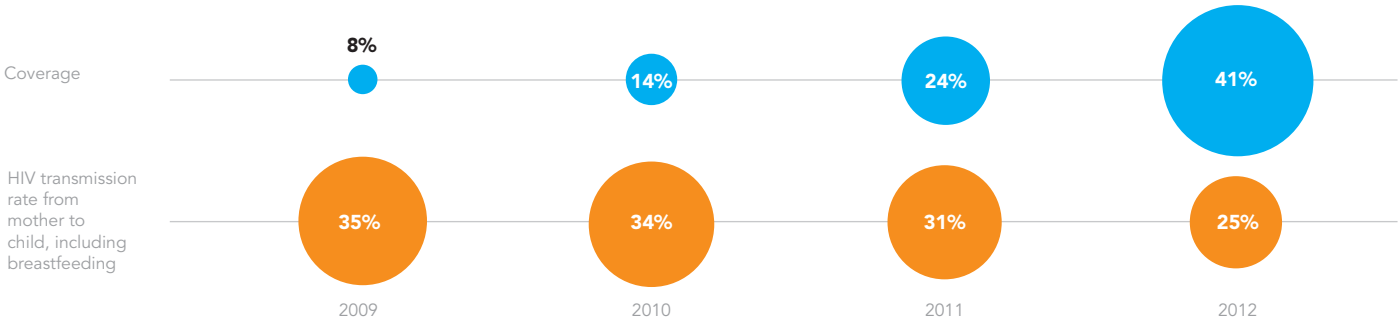


8 out of 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



Universal coverage of antiretroviral medicines must be achieved to dramatically decrease HIV transmission rates from mother to child



The number of women newly infected with HIV has declined rapidly in Ethiopia in the past decade but little since 2009

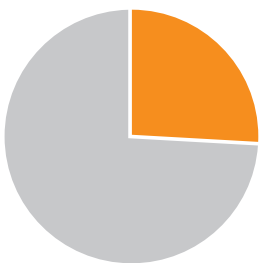
Women acquiring HIV infection (15–49 years old), 2009–2012

Only 4 out of 10 eligible pregnant women living with HIV are receiving antiretroviral therapy for their own health

38%

of eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

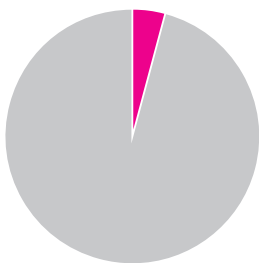


26%

unmet need for family planning

Source: Demographic and Health Survey, 2011, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



4%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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GHANA

In a short time span, Ghana has tripled its coverage of antiretroviral medicines for pregnant women living with HIV, resulting in a 76% reduction in the number of new HIV infections among children – the highest reduction observed among the countries with a high burden of pregnant women living with HIV. Attention now needs to turn to expanding the coverage of antiretroviral therapy for eligible children and pregnant women and addressing the large unmet need for family planning services. The high level of political and financial commitment and the expansion of services by the government are producing results.

850

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

76%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

<1 OUT OF 10

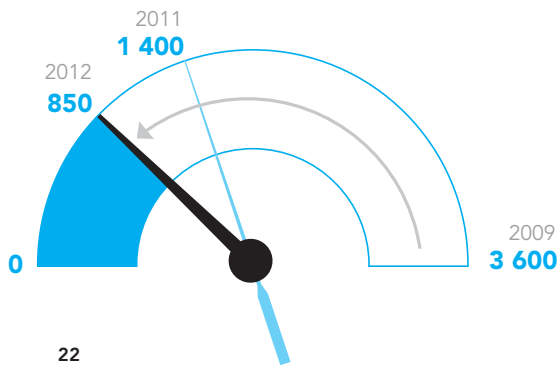
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

<1 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

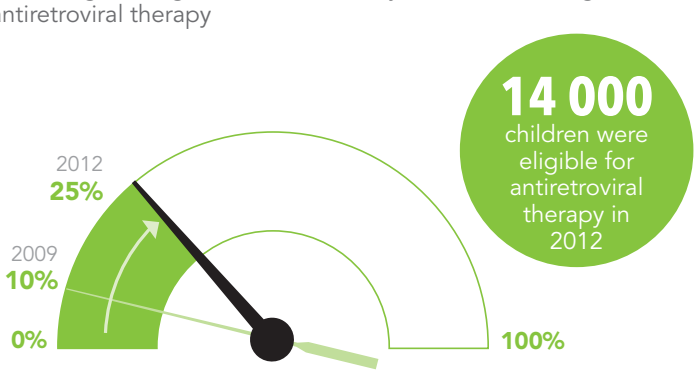
The number of new HIV infections among children is decreasing rapidly

New HIV infections among children (0–14 years old), 2009–2012

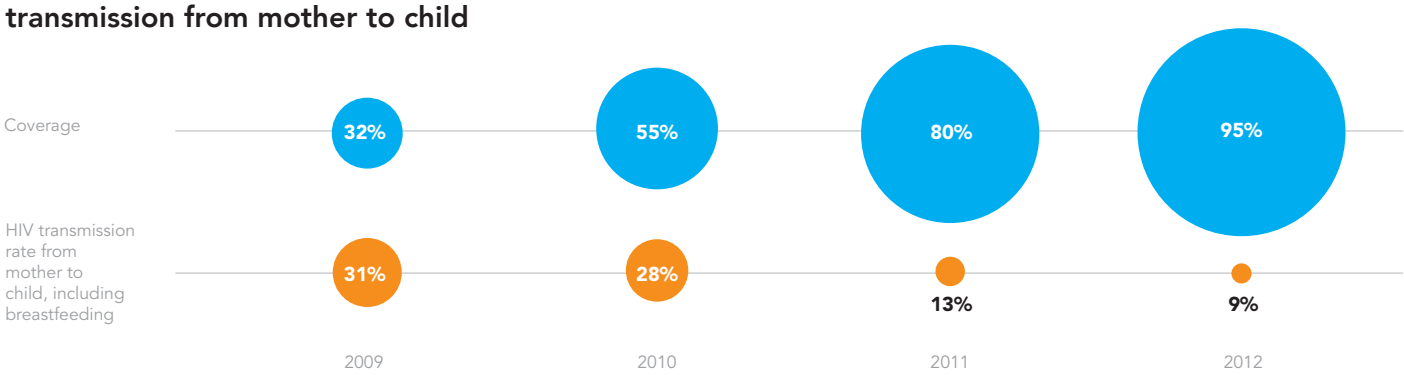


7 out of 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



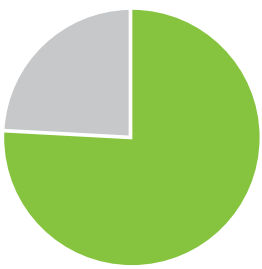
The high coverage of antiretroviral medicines has translated into sharply reduced rates of HIV transmission from mother to child



The number of women newly infected with HIV has nearly halved, which means fewer children could be exposed to HIV

Women acquiring HIV infection (15–49 years old), 2009–2012

1 out of 4 eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health



76%

of eligible pregnant women are receiving HIV treatment for their own health

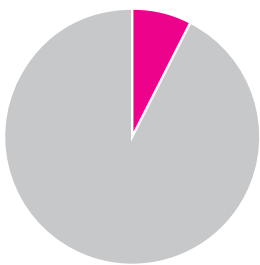
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

36%

unmet need for family planning

Source: Demographic and Health Survey, 2008, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



8%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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MALAWI

Malawi will continue progress towards eliminating new HIV infections among children if it accelerates coverage of antiretroviral therapy for pregnant women living with HIV. Malawi should also scale up HIV treatment for children. The country has demonstrated innovation by pioneering lifelong access to antiretroviral therapy for all pregnant women living with HIV, known as option B+. It is accelerating the training and recruitment of health professionals, expanding infrastructure for maternal, newborn and child health services and increasing basic emergency obstetric and neonatal care coverage to reach World Health Organization standards. It is also strengthening partnerships with private institutions to sustain success.

11 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

52%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

4 OUT OF 10

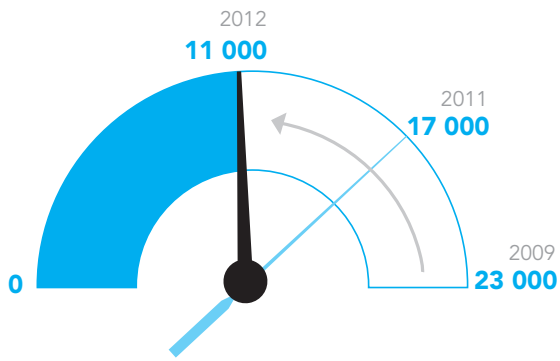
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

4 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

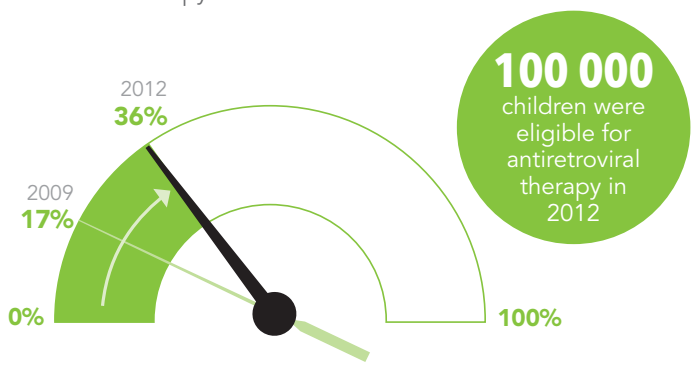
The number of new HIV infections among children continues to decline rapidly

New HIV infections among children (0–14 years old), 2009–2012

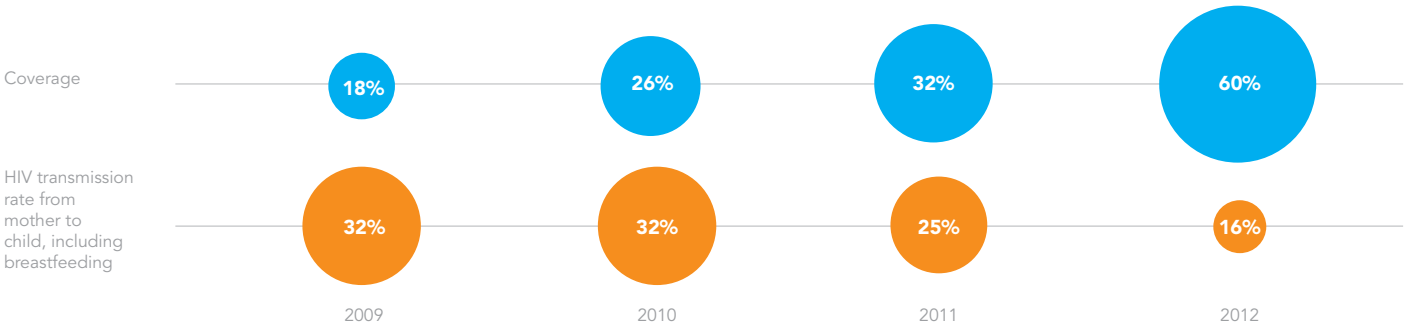


Nearly two thirds of eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



Increasing coverage of antiretroviral medicines has translated into decreasing rates of HIV transmission from mother to child



The number of women acquiring HIV infection has not decreased since 2009

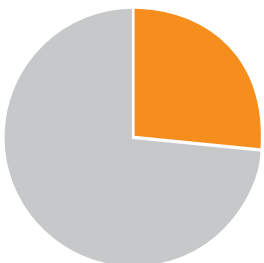
Women acquiring HIV infection (15–49 years old), 2009–2012

More than 8 out of 10 eligible pregnant women living with HIV are receiving antiretroviral therapy for their own health as Malawi rolls out lifelong treatment

86%

of eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

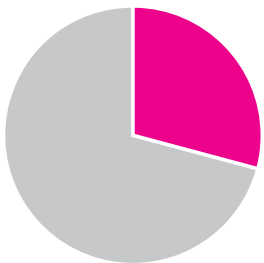


26%

unmet need for family planning

Source: Demographic and Health Survey, 2010, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



29%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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NAMIBIA

Namibia will continue to sustain progress towards achieving the target of eliminating new HIV infections among children if it maintains high levels of coverage and access to antiretroviral therapy for women and children. Focusing on providing antiretroviral therapy during breastfeeding can further reduce the number of new HIV infections among children. Namibia has begun to provide lifelong antiretroviral therapy for pregnant women living with HIV, known as option B+, and this will help bridge this gap in access.

700

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

58%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

1 OUT OF 10

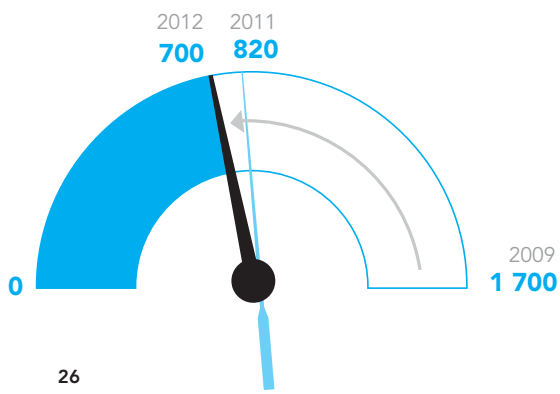
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

4 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION[a]

The number of new HIV infections among children has declined rapidly since 2009

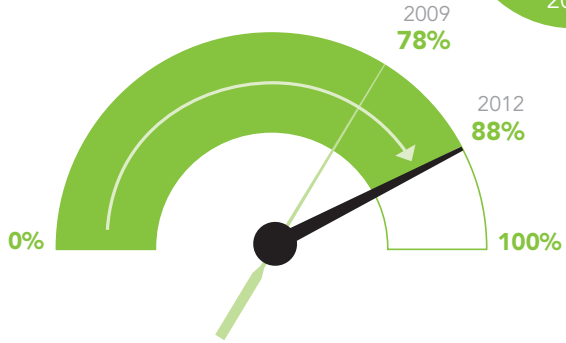
New HIV infections among children (0–14 years old), 2009–2012



9 out of 10 children are receiving HIV treatment

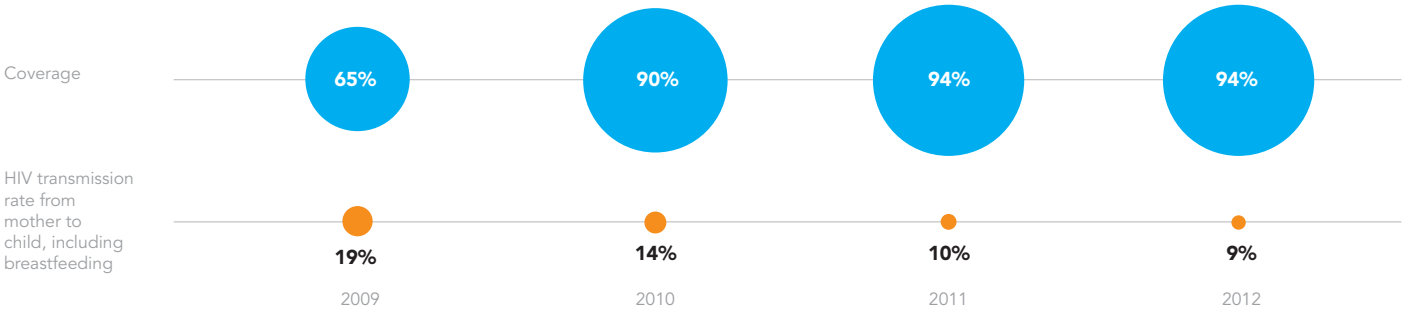
Percentage of eligible children (0–14 years old) receiving antiretroviral therapy

13 000 children were eligible for antiretroviral therapy in 2012



[a] This proportion might be overestimated because the data on women receiving antiretroviral medicines during pregnancy and delivery are more complete than the data on women receiving antiretroviral medicines during the breastfeeding period.

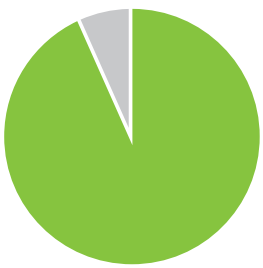
HIV transmission rates from mother to child can be further reduced if women living with HIV have access to antiretroviral medicines during breastfeeding



The number of women acquiring HIV infection has remained constant since 2009

Women acquiring HIV infection (15–49 years old), 2009–2012

Almost all pregnant women living with HIV are receiving antiretroviral therapy for their own health



94%

of eligible pregnant women are receiving HIV treatment for their own health

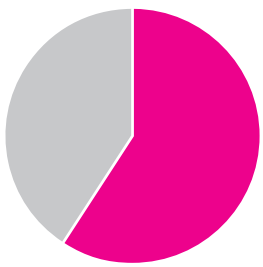
Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

21%

unmet need for family planning

Source: Demographic and Health Survey, 2006–2007, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



59%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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ZAMBIA

Zambia will continue to make progress towards eliminating new HIV infections among children if it maintains its current high coverage level of antiretroviral medicines for pregnant women living with HIV, while also addressing HIV transmission through breastfeeding. However, the number of eligible children receiving HIV treatment needs to be increased. Zambia has committed to roll out lifelong antiretroviral therapy for pregnant women living with HIV (option B+), which will accelerate the country's progress towards the goal of eliminating mother-to-child transmission of HIV.

9 400

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

50%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

<1 OUT OF 10

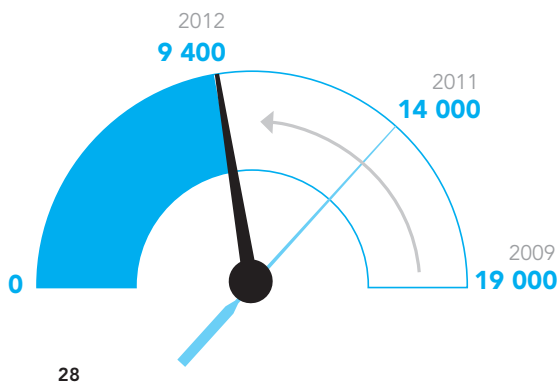
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

4 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION[a]

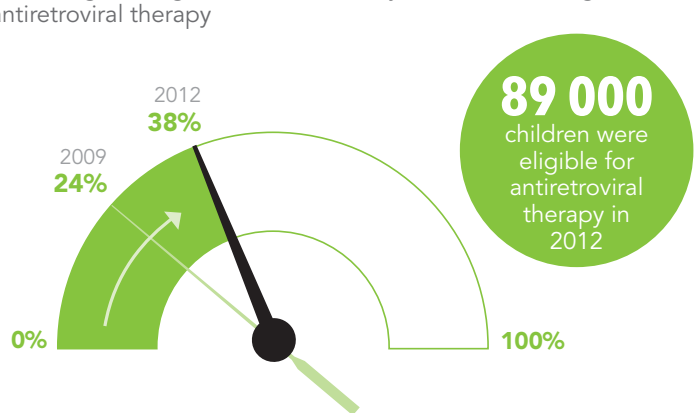
The number of new HIV infections among children is declining

New HIV infections among children (0–14 years old), 2009–2012



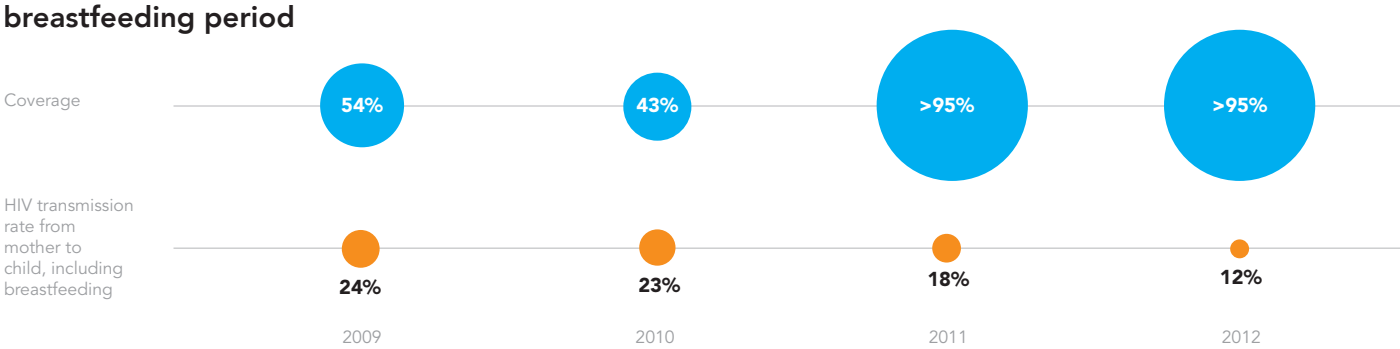
About 6 out of every 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



[a] This proportion might be overestimated because the data on women receiving antiretroviral medicines during pregnancy and delivery are more complete than the data on women receiving antiretroviral medicines during the breastfeeding period.

High levels of coverage of antiretroviral medicines have halved the rates of HIV transmission from mother to child, and they can be cut further by providing antiretroviral medicines during the breastfeeding period



Reducing the number of women newly infected with HIV can reduce HIV exposure to their children

Women acquiring HIV infection (15–49 years old), 2009–2012

9 out of 10 eligible pregnant women living with HIV are receiving antiretroviral therapy for their own health

88%

of eligible pregnant women are receiving HIV treatment for their own health

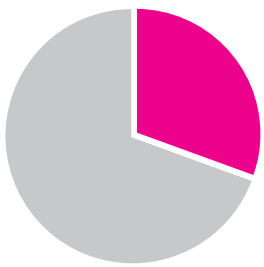
Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

27%

unmet need for family planning

Source: Demographic and Health Survey, 2007, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



31%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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ZIMBABWE

Zimbabwe has significantly scaled up access to HIV prevention and treatment services for women and children and is moving towards eliminating new HIV infections among children. A concerted effort to increase coverage of antiretroviral medicines during the breastfeeding period will reduce the number of new HIV infections among children even further. Zimbabwe has committed to rolling out lifelong antiretroviral therapy for pregnant women living with HIV (option B+), which will accelerate progress towards the goal of eliminating mother-to-child transmission of HIV in the country.

9 300

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

55%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

2 OUT OF 10

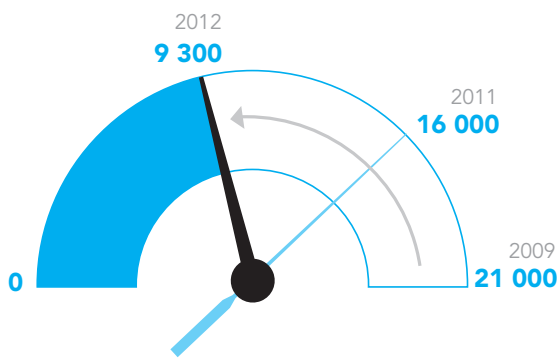
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

5 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

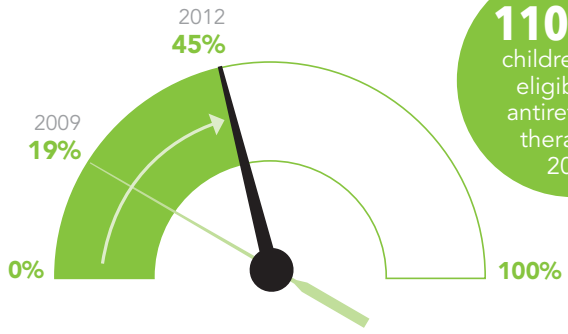
The number of new HIV infections among children continues to decline rapidly

New HIV infections among children (0–14 years old), 2009–2012



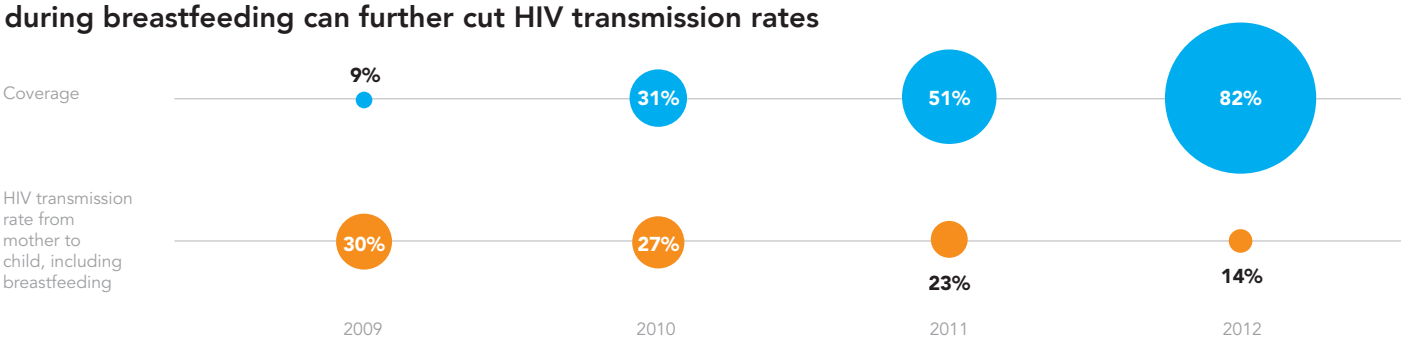
More than 1 out of 2 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



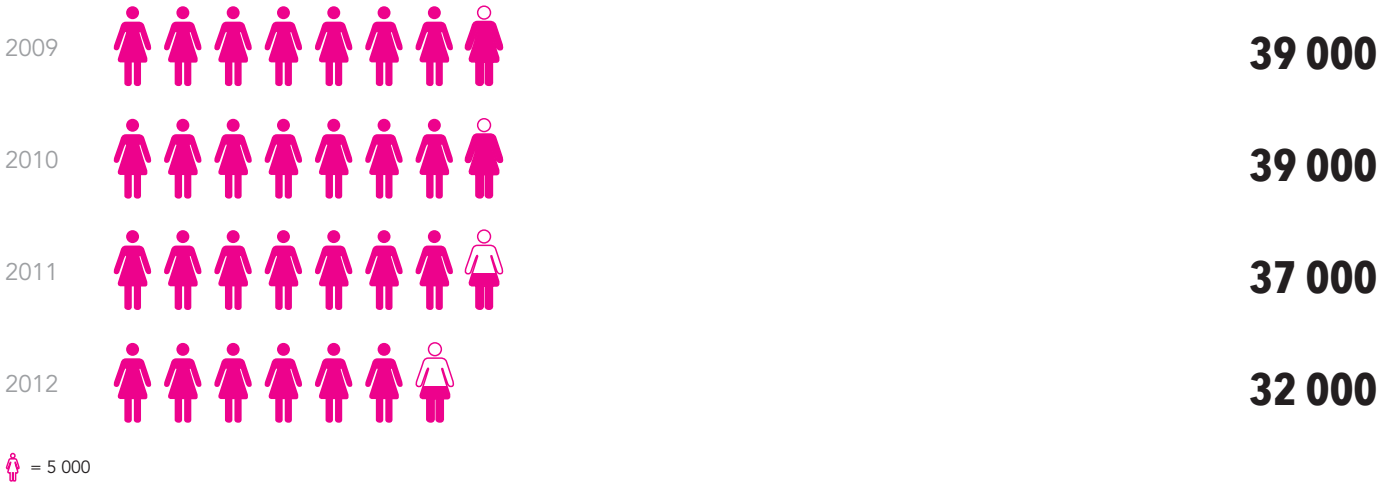
110 000
children were eligible for antiretroviral therapy in 2012

Increases in coverage of antiretroviral medicines have decreased HIV transmission rates from mother to child by nearly half, but the rate still remains high. Increasing access to antiretroviral medicines during breastfeeding can further cut HIV transmission rates

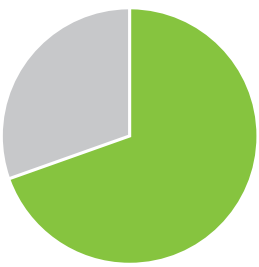


The number of women acquiring HIV infection has risen and remains high

Women acquiring HIV infection (15–49 years old), 2009–2012



3 out of 10 eligible pregnant women are not receiving antiretroviral therapy for their own health



70%

of eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

15%

unmet need for family planning

Source: Demographic and Health Survey, 2010–2011, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV

39%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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Moderate decline

Burundi
Cameroon
Kenya
Mozambique
South Africa
Swaziland
Uganda
United Republic of Tanzania

BURUNDI

Since 2009, Burundi has nearly doubled the coverage of antiretroviral prophylaxis for pregnant women living with HIV to 54% and fewer women are becoming infected with HIV. However, additional coverage is needed during pregnancy, and especially during breastfeeding, where most children newly infected with HIV acquired it. Coverage of antiretroviral therapy for eligible children remains low, at 21%. The national effort has to be redoubled in the coming years. Burundi is now integrating the efforts to eliminate mother-to-child transmission into its reproductive health programmes and has committed to increase domestic investment in health from 8% in 2011 to 15% in 2015.

1 300

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

31%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

5 OUT OF 10

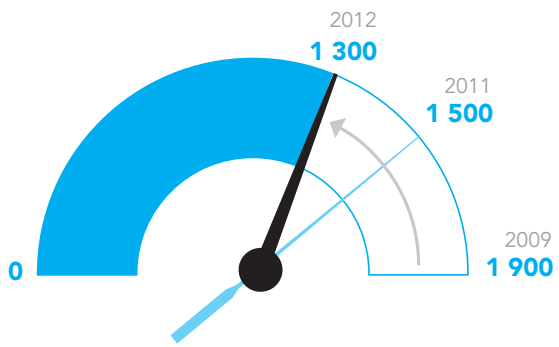
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

8 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

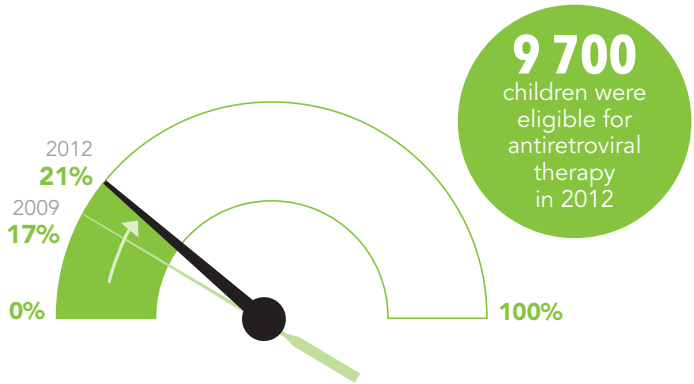
The number of new HIV infections among children is decreasing, but slowly

New HIV infections among children (0–14 years old), 2009–2012

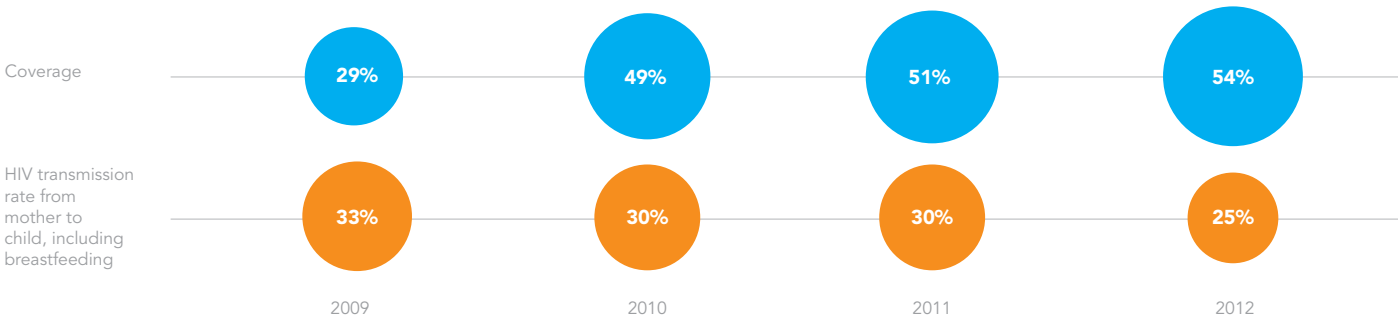


Only 2 out of 10 eligible children are receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



Dramatically reducing HIV transmission rates from mother to child requires rapidly scaling up coverage rates of antiretroviral medicine during pregnancy and breastfeeding



The number of women newly infected with HIV remains high, declining by only 10% since 2009

Women acquiring HIV infection (15–49 years old), 2009–2012

More than half of eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health

47%

of the eligible pregnant women are receiving HIV treatment for their own health

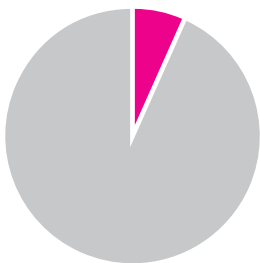
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

32%

unmet need for family planning

Source: Demographic and Health Survey, 2010, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



7%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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CAMEROON

Cameroon has tripled coverage of antiretroviral prophylaxis in recent years, leading to 30% fewer new HIV infections among children. Continuing increases in the number of pregnant women living with HIV reached with HIV services and increasing access to HIV treatment for eligible children and pregnant women will reduce maternal and child mortality. Cameroon is one of the first countries in sub-Saharan Africa to decentralize its AIDS response, and almost all health districts are now equipped to provide HIV treatment services for pregnant women and children living with HIV.

5 800

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

30%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

4 OUT OF 10

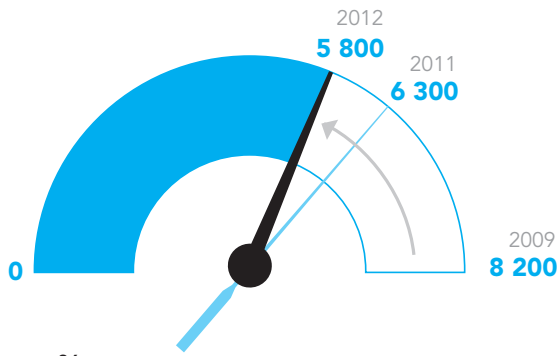
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

8 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

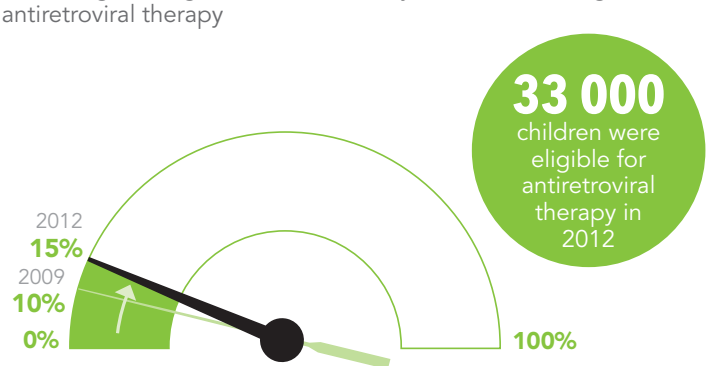
The number of new HIV infections among children has declined by more than one quarter since 2009

New HIV infections among children (0–14 years old), 2009–2012

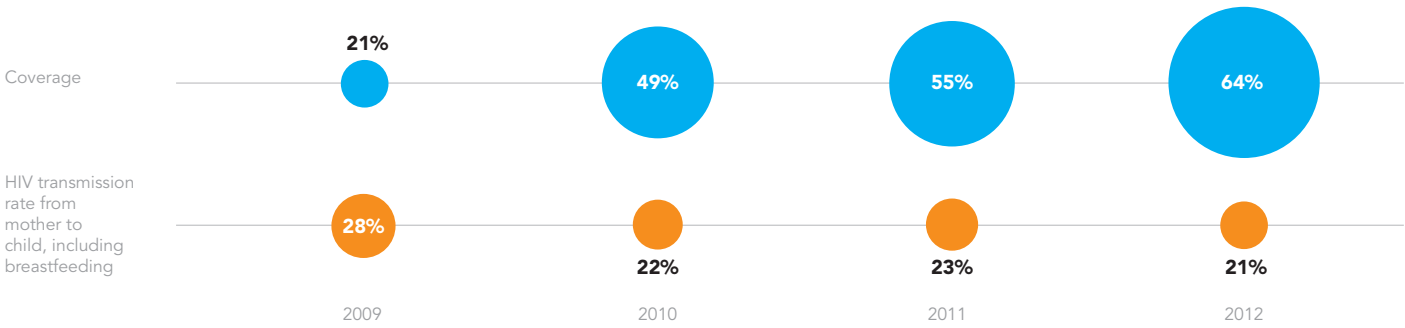


More than 8 out of 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



Dramatically decreasing HIV transmission rates from mother to child requires achieving universal coverage of antiretroviral medicines, including during breastfeeding



No significant change in the number of women newly infected with HIV

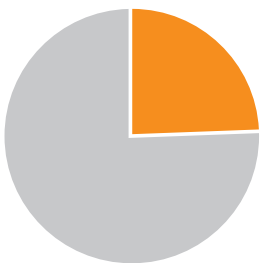
Women acquiring HIV infection (15–49 years old), 2009–2012

More than half of eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health

44%

of the eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

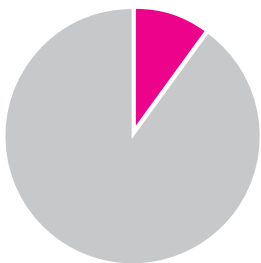


24%

unmet need for family planning

Source: Demographic and Health Survey, 2011, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



10%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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KENYA

Kenya needs to build upon its success and accelerate efforts to achieve the 2015 targets. New HIV infections among children have decreased, but coverage of antiretroviral prophylaxis for pregnant women living with HIV fell by 20% in 2011-2012 because of disruptions in the health system. However, Kenya has launched a new initiative to provide free maternity services at all public health services. User fees in all public dispensaries have also been waived. Kenya is also scaling up its Mentor Mother programme nationwide to provide improved support to HIV positive women, and is also strengthening exclusive breastfeeding support for women living with HIV. These efforts are needed to enable greater progress in the country.

13 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

44%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

5 OUT OF 10

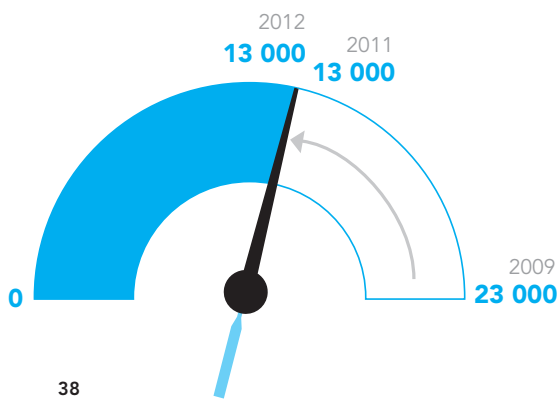
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

8 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

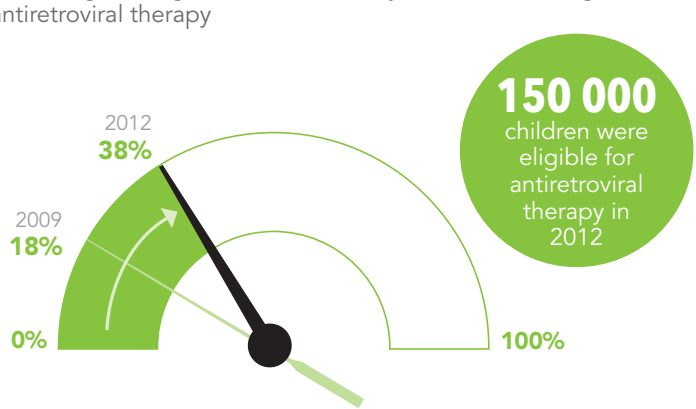
The number of new HIV infections among children has declined at a moderate pace

New HIV infections among children (0–14 years old), 2009–2012

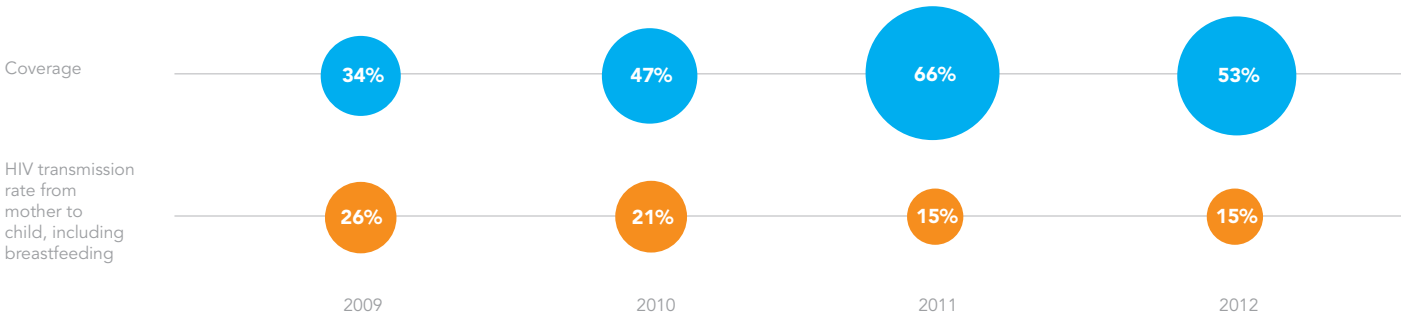


Almost 6 out of 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



HIV transmission rates from mother to child have nearly halved; increasing the coverage of antiretroviral medicines can reduce them further



Fewer women becoming newly infected with HIV means that fewer children will be exposed to HIV

Women acquiring HIV infection (15–49 years old), 2009–2012

Almost 6 out of 10 pregnant women living with HIV are receiving antiretroviral therapy for their own health

58%

of eligible pregnant women are receiving HIV treatment for their own health

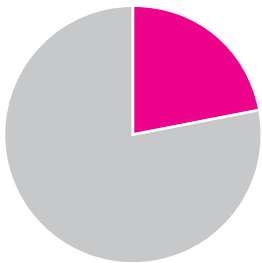
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

26%

unmet need for family planning

Source: Demographic and Health Survey, 2008–2009, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



20%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

The estimates were calculated using Spectrum version 4.68. Each value is calculated with some uncertainty because of the data and assumptions used in the models. The summary tables include the uncertainty bounds for the numbers presented here. The Spectrum files were developed by country teams and compiled by UNAIDS in 2013. Monitoring systems to determine the number of women or their infants receiving antiretroviral medicines during the breastfeeding period are weak in many countries. The percentage of mothers or infants who were receiving antiretroviral medicines during the breastfeeding period includes women receiving antiretroviral therapy for their own health.

MOZAMBIQUE

Mozambique has made significant progress in providing HIV prevention and treatment services for women and children. As the coverage of antiretroviral prophylaxis for pregnant women living with HIV increased, HIV transmission rates have plummeted. Nevertheless, more reductions are possible if the coverage of antiretroviral medicines is increased during the breastfeeding period. The country has begun providing lifelong antiretroviral therapy for pregnant women living with HIV (option B+), which will help to close this gap in access.

14 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

45%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

1 OUT OF 10

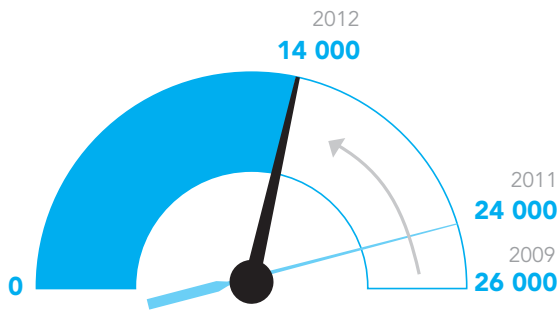
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

1 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

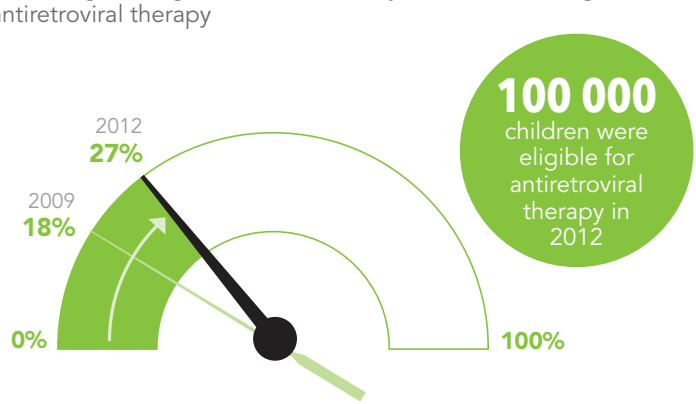
The number of new HIV infections among children continues to decline

New HIV infections among children (0–14 years old), 2009–2012

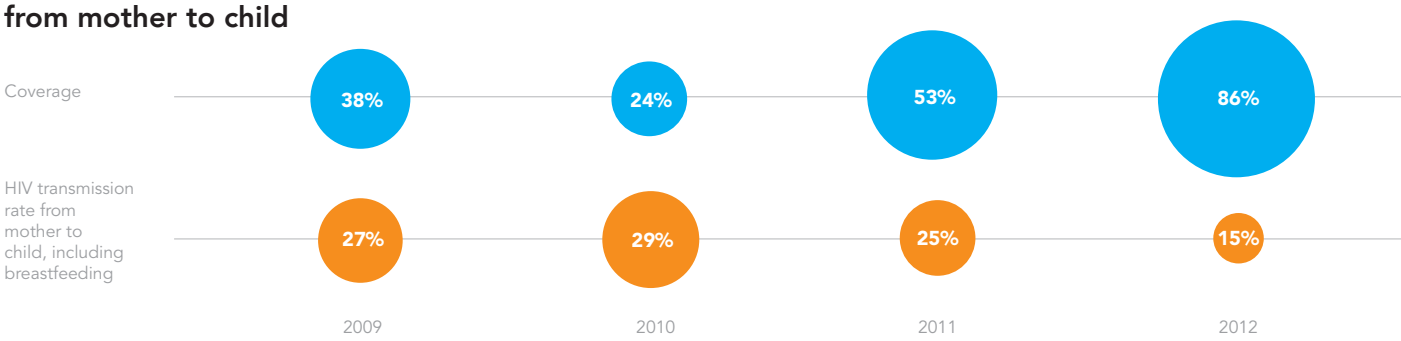


7 out of 10 of eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



Increased coverage of antiretroviral medicines has reduced HIV transmission rates, but they remain high. Access to antiretroviral medicines during breastfeeding can further cut HIV transmission rates from mother to child



Many women acquire HIV infection each year, and the number has not declined in recent years

Women acquiring HIV infection (15–49 years old), 2009–2012

Almost two thirds of eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health

40%

of eligible pregnant women are receiving HIV treatment for their own health

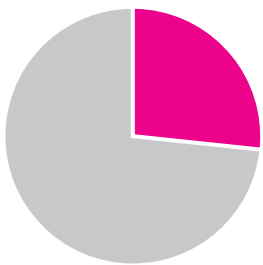
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

29%

unmet need for family planning

Source: Demographic and Health Survey, 2011, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



27%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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SOUTH AFRICA

South Africa has shown good progress in reducing the numbers of children and women acquiring HIV infection and in providing access to HIV treatment to both groups. Strong political leadership and commitment has been translated into clear results for the people affected.

21 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

46%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

2 OUT OF 10

PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

2 OUT OF 10

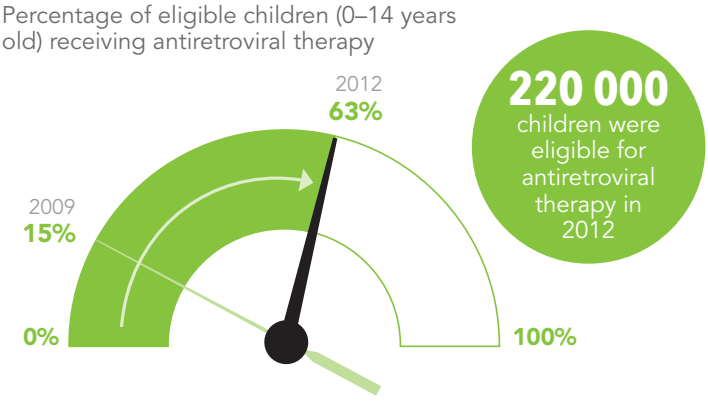
WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

The number of new HIV infections among children declined at first and then stalled.

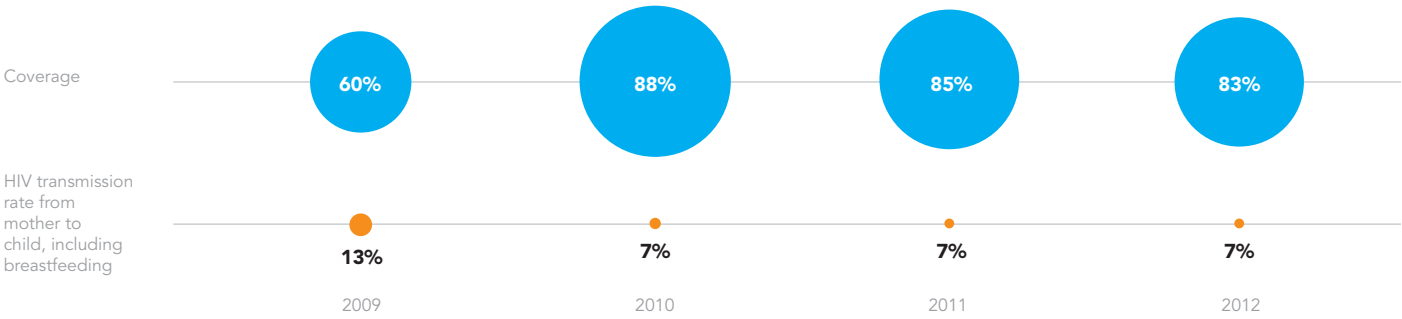
New HIV infections among children (0–14 years old), 2009–2012

The number of eligible children who are receiving HIV treatment has increased to just over 6 out of 10

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



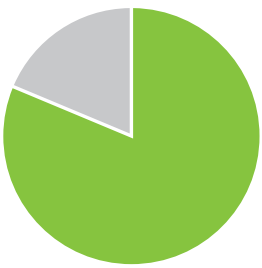
High coverage of antiretroviral medicines has resulted in low HIV transmission rates from mother to child



28% fewer women newly infected with HIV means that fewer children will be exposed to HIV

Women acquiring HIV infection (15–49 years old), 2009–2012

The target for universal access to antiretroviral therapy has been reached and must be sustained

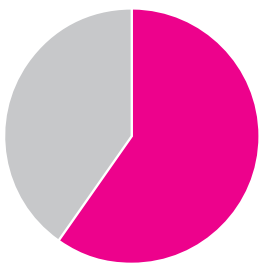


81%

of eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

Access to HIV treatment will reduce maternal deaths from HIV



60%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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SWAZILAND

Swaziland has improved access to HIV treatment and prevention services for women and children. Extending the coverage of antiretroviral medicines during breastfeeding and meeting the gaps in family planning needs can further reduce the number of new HIV infections among children. Swaziland also needs to increase the coverage of antiretroviral therapy for eligible children. Recognizing the importance of identifying eligible children, the Ministry of Health has scaled up early infant diagnosis and integrated the testing of HIV-exposed infants at six weeks of age into routine postnatal and under-five health care. This has resulted in a significant increase in the number of HIV-exposed infants tested within their first two months of life.

1 600

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

38%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

2 OUT OF 10

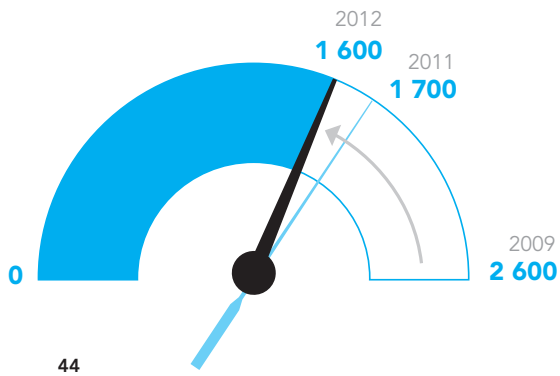
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

7 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

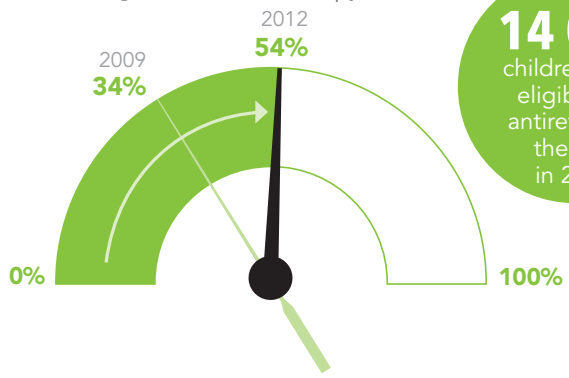
The number of new HIV infections among children has declined at a moderate pace

New HIV infections among children (0–14 years old), 2009–2012



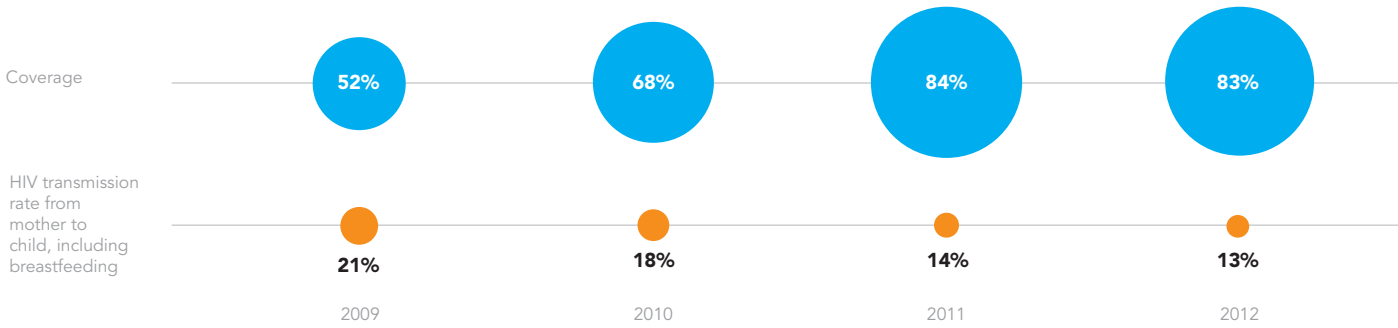
Swaziland has almost doubled the number of children receiving HIV treatment, but almost half still do not have access

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



14 000 children were eligible for antiretroviral therapy in 2012

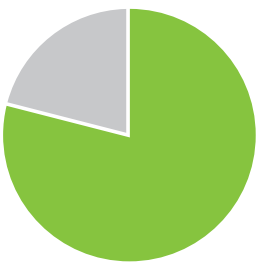
Increased coverage of antiretroviral medicines has cut HIV transmission rates, and increasing coverage during breastfeeding can reduce them further



Reducing the number of women newly infected with HIV will reduce the number of children exposed to HIV

Women acquiring HIV infection (15–49 years old), 2009–2012

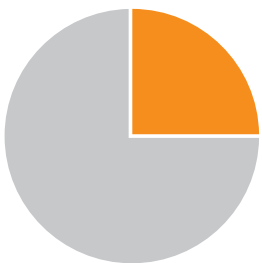
Universal access to HIV treatment for pregnant women living with HIV is within reach



79%

of eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

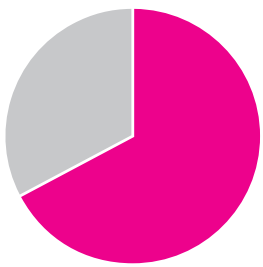


25%

unmet need for family planning

Source: Demographic and Health Survey, 2006–2007, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



67%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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UGANDA

Uganda's progress towards eliminating new HIV infections among children can be further advanced if it focuses on increasing the availability and uptake of ARV medicines during the breastfeeding period, reducing the number of new HIV infections among women, as well as improving access to family planning services.

15 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

45%

DECREASE IN NEW HIV INFECTIONS AMONG CHILDREN 2009-2012

3 OUT OF 10

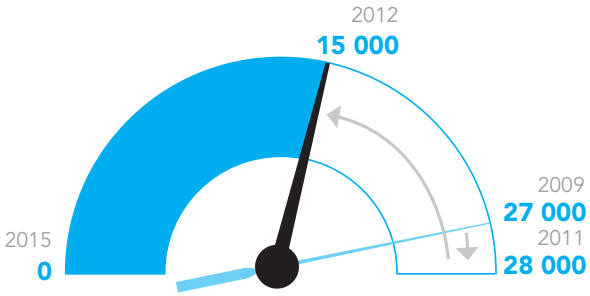
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

3 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

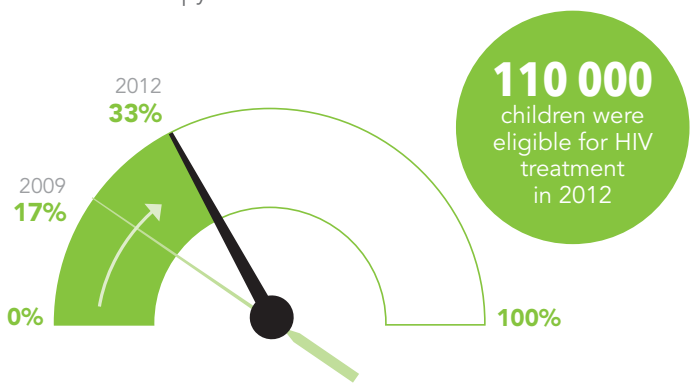
The number of new HIV infections among children continues to decline

New HIV infections among children (0–14 years), 2009–2012

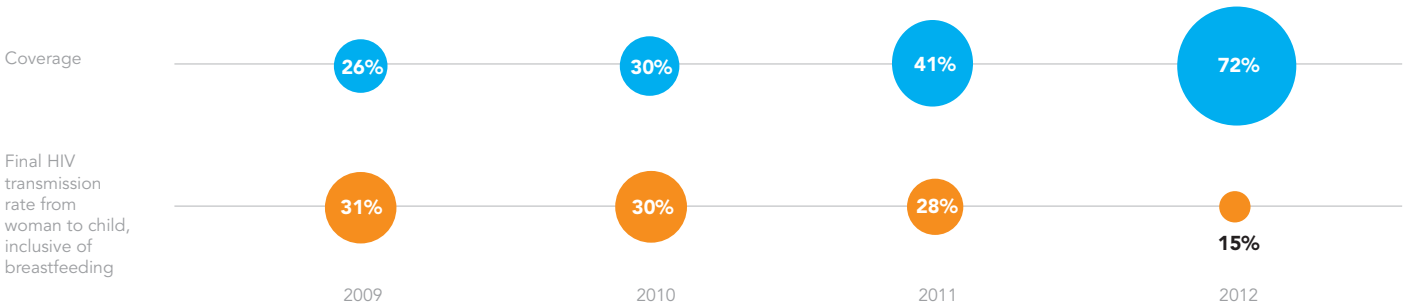


7 out of every 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years) receiving antiretroviral therapy



As coverage tripled, HIV transmission rates have reduced by half, but still remain high. Access to antiretroviral medicines during breastfeeding can further cut HIV transmission rates



The number of women newly infected with HIV remains high

Women acquiring HIV infections (15–49 years old), 2009–2012

5 out of 10 eligible pregnant women are not receiving antiretroviral therapy for their own health

47%

of eligible pregnant women are receiving HIV treatment for their own health

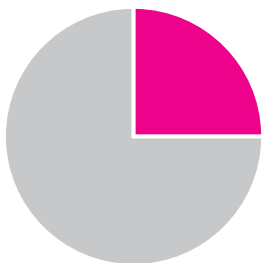
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

34%

unmet need for family planning

Source: Demographic Health Surveys, 2011, all currently married women 15–49 years.

Access to HIV treatment will reduce maternal deaths from HIV



25%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. Trends in maternal mortality: 1990 to 2010. Geneva, World Health Organization, 2012.

Notes

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UNITED REPUBLIC OF TANZANIA

The United Republic of Tanzania is making progress in reducing the number of new HIV infections among children, although more effort is needed to reduce the number of children becoming infected with HIV during breastfeeding. Also, attention should be focused on providing treatment, since only 26% of the eligible children and 56% of the eligible pregnant women are receiving antiretroviral therapy. The country is reinforcing the implementation of its policy to provide reproductive health services free of charge. It is expanding prepayment schemes, increasing access to contraceptives and improving comprehensive emergency obstetric and newborn care. These measures will drive demand and expand access to HIV services for women and children.

14 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

49%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

2 OUT OF 10

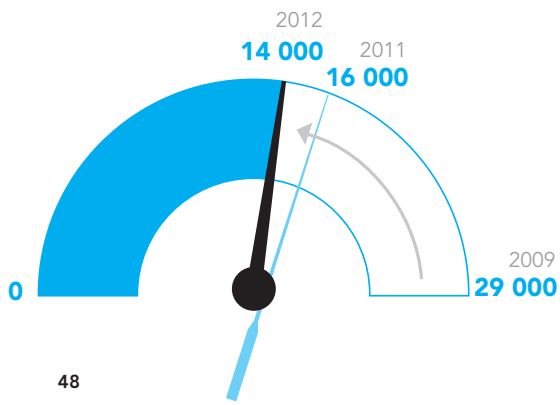
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

2 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

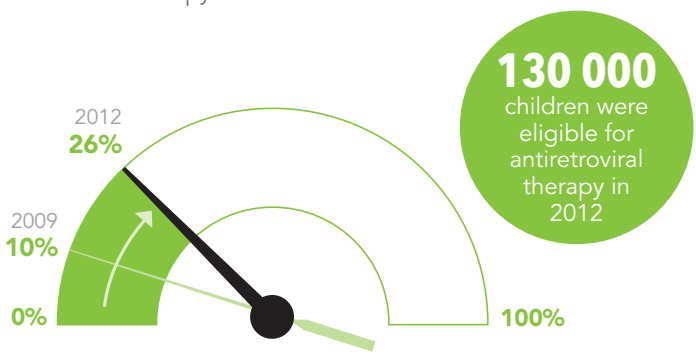
The number of new HIV infections among children continues to decline rapidly

New HIV infections among children (0–14 years old), 2009–2012

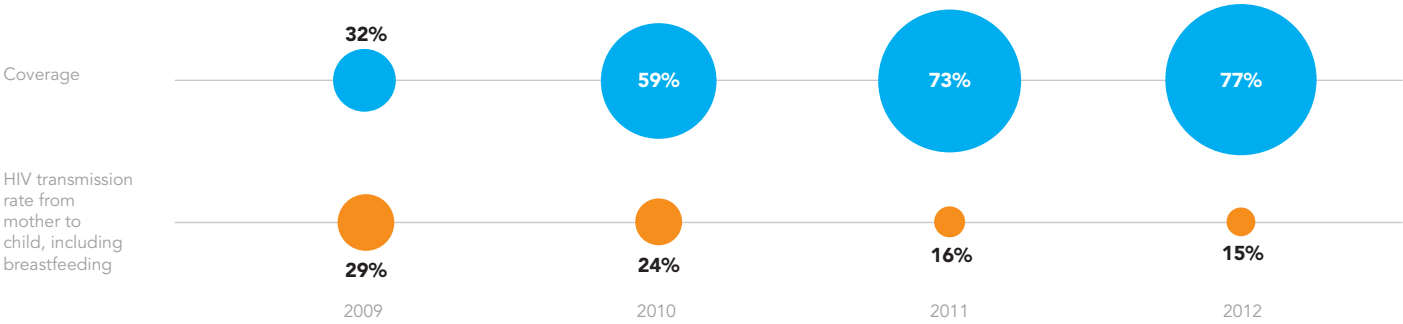


7 out of 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy

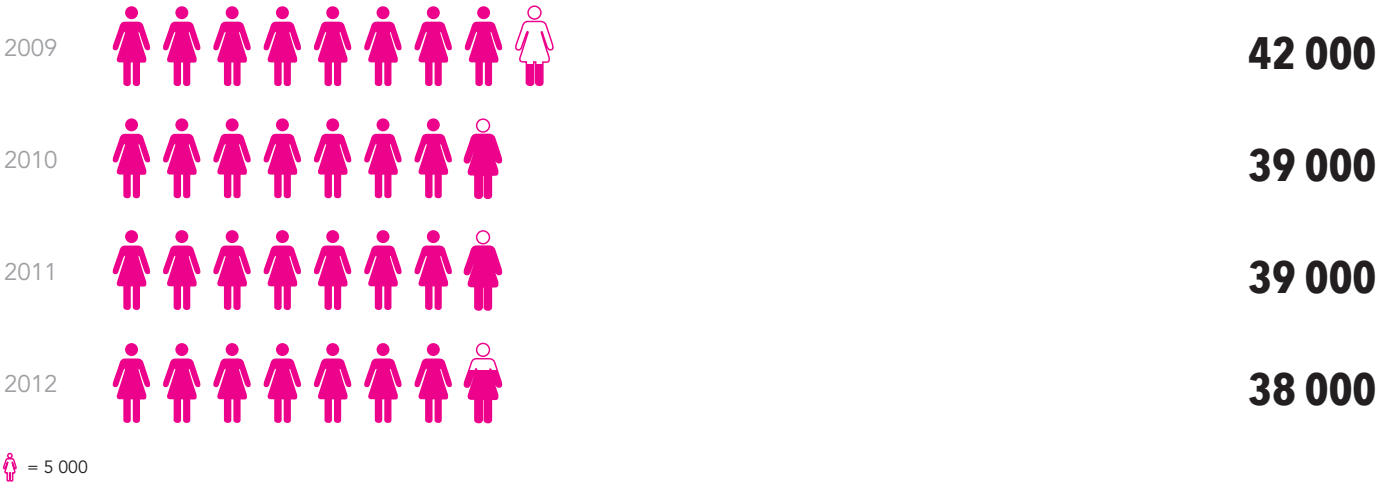


Increased coverage of antiretroviral medicines has halved the HIV transmission rate from mother to child, but it is still high at 15%



The number of women newly infected with HIV remains high

Women acquiring HIV infection (15–49 years old), 2009–2012

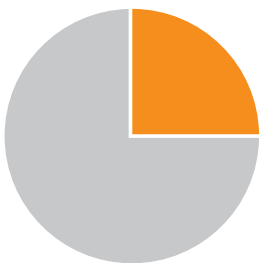


1 out of 2 pregnant women living with HIV are receiving antiretroviral therapy for their own health

56%

of eligible pregnant women are receiving HIV treatment for their own health

Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

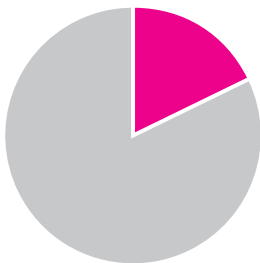


25%

unmet need for family planning

Source: Demographic and Health Survey, 2010, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



18%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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Slow decline

Angola
Chad
Côte d’Ivoire
Democratic Republic of the Congo
Lesotho
Nigeria

ANGOLA

Angola needs to take important strides to rapidly scale up HIV prevention and treatment services for pregnant women living with HIV and for children. It is the only country in which the number of new HIV infections among children has increased since 2009, and fewer women received antiretroviral medicines to prevent HIV transmission than in 2009. However, Angola has begun to intensify its efforts. The First Lady of Angola, under the role of "Godmother" of the national plan for eliminating mother-to-child transmission, is generating visibility and political momentum for the programme.

5 100

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

9%

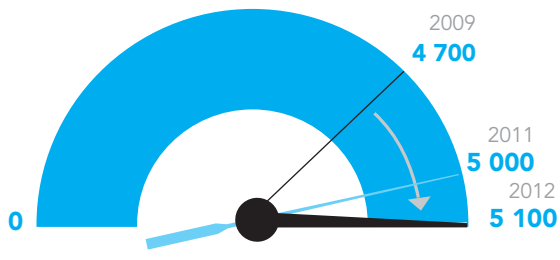
INCREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

8 OUT OF 10

PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

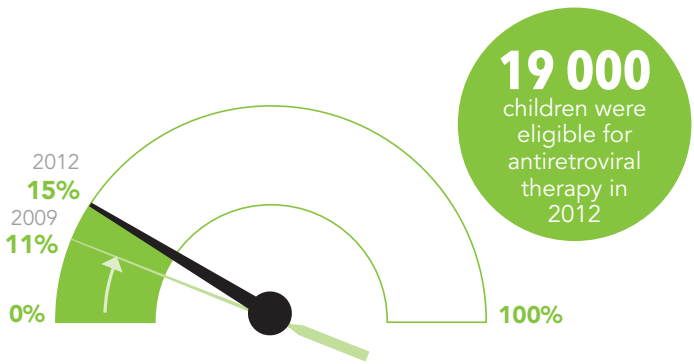
Leadership to reach all pregnant women living with HIV with appropriate services is needed to halt and reverse the trend of increasing new HIV infections among children

New HIV infections among children (0–14 years old), 2009–2012

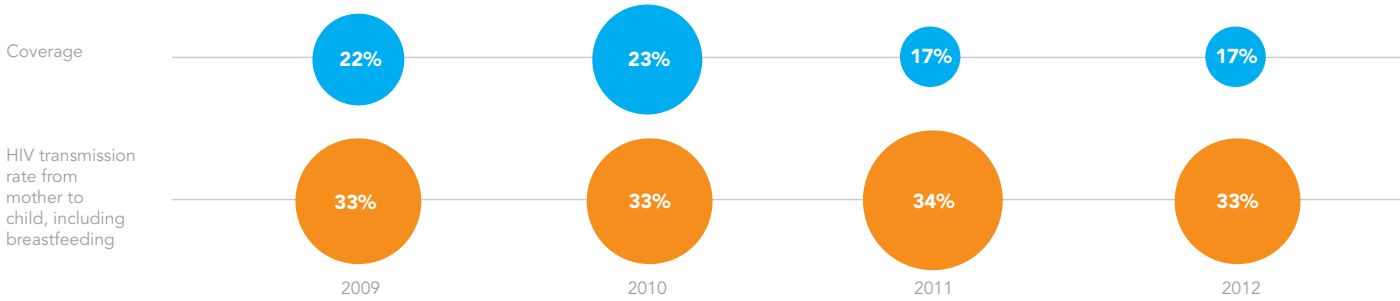


9 out of 10 of eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



With the coverage of antiretroviral medicines decreasing, the HIV transmission rate from mother to child has not declined and remains high at 33%



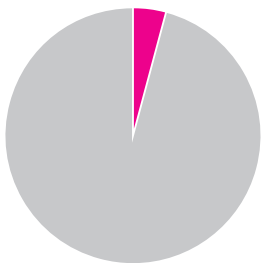
Increasing numbers of women newly infected with HIV means that more children could be exposed to HIV

Women acquiring HIV infection (15–49 years old), 2009–2012

Pregnant women living with HIV should receive antiretroviral therapy for their own health

Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

Access to HIV treatment will reduce maternal deaths from HIV



5%

of pregnancy-related deaths attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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CHAD

In Chad, the rate of decrease in the number of people acquiring HIV infection is among the lowest in sub-Saharan Africa. However, by focusing efforts, the country can achieve substantial progress before 2015. Chad has made a political commitment to increase health sector spending to 15% of the national budget and to provide HIV testing and antiretroviral therapy free of charge.

4 100

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

9%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

9 OUT OF 10

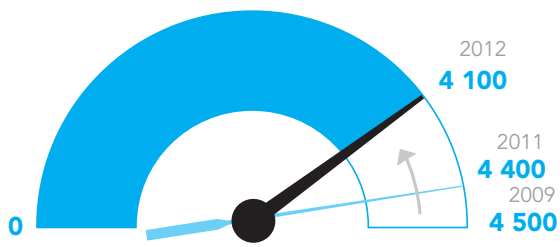
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

9 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

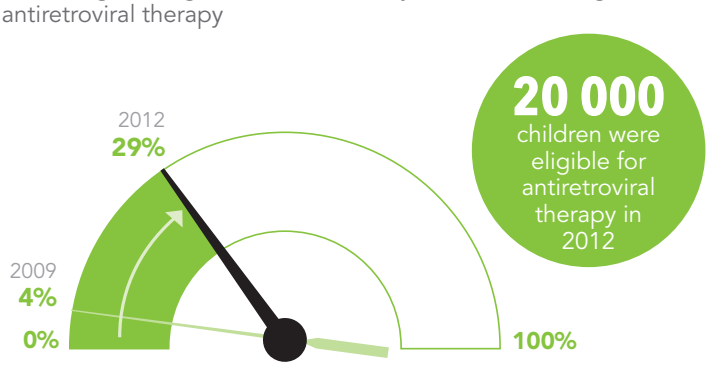
The number of new HIV infections among children is declining but very slowly

New HIV infections among children (0–14 years old), 2009–2012

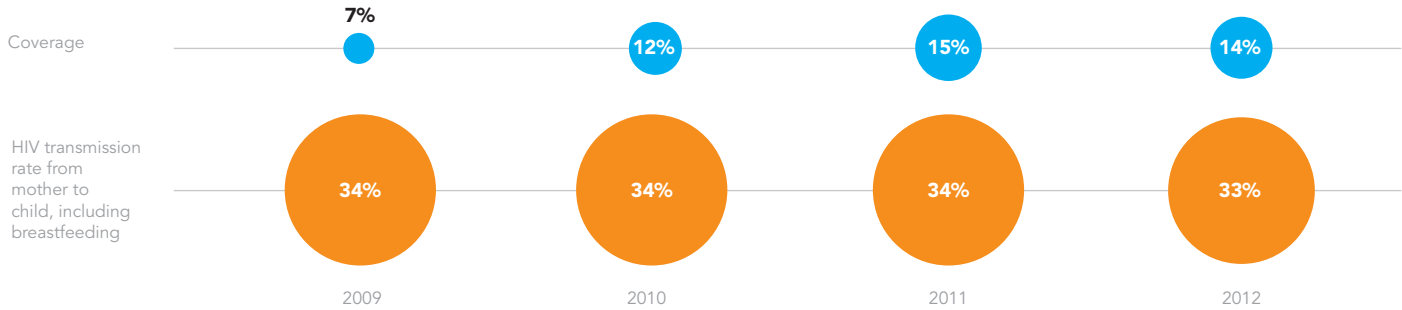


Almost 7 out of 10 eligible children are not receiving antiretroviral therapy

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



Very low coverage of antiretroviral medicines has meant continued high rates of HIV transmission from mother to child



Increasing numbers of women newly infected with HIV means that more children could be exposed to HIV

Women acquiring HIV infection (15–49 years old), 2009–2012

More than two thirds of the eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health

32%

of eligible pregnant women are receiving HIV treatment for their own health

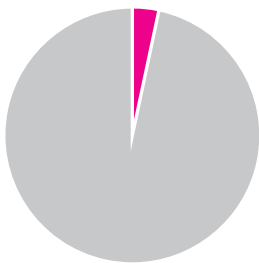
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

21%

unmet need for family planning

Source: Demographic and Health Survey, 2004, all currently married women 15–49 years.

Access to HIV treatment will reduce maternal deaths from HIV



4%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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CÔTE D'IVOIRE

In Côte d'Ivoire, the coverage of HIV prevention and treatment services for women and children increased between 2009 and 2012, including by 59% for pregnant women's access to antiretroviral medicines. Notable progress has been made in rehabilitating maternity centres, and the country is providing health services free of charge to all pregnant women during delivery. HIV is becoming integrated into sexual and reproductive health programmes, and community involvement is growing in health management and the provision of family planning.

4 700

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

27%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

3 OUT OF 10

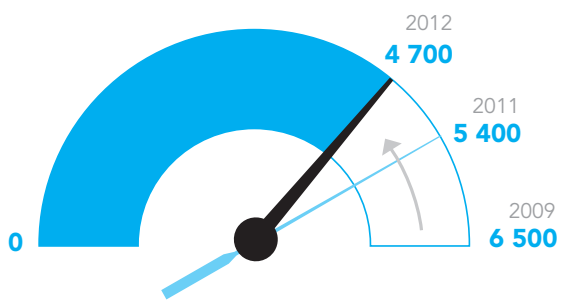
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

9 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

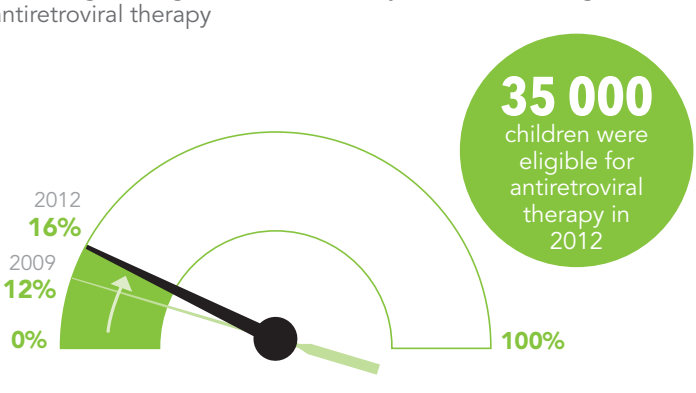
The number of new HIV infections among children is declining but not rapidly enough

New HIV infections among children (0–14 years old), 2009–2012

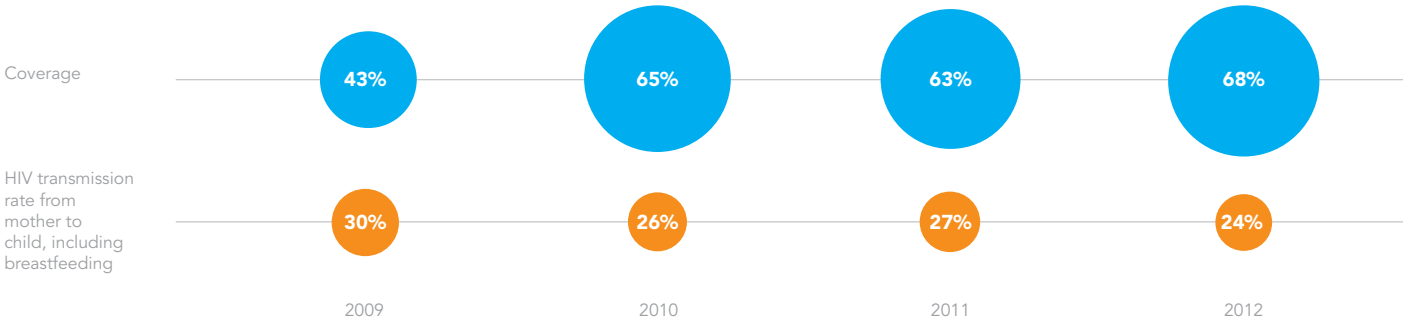


More than 8 out of 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy

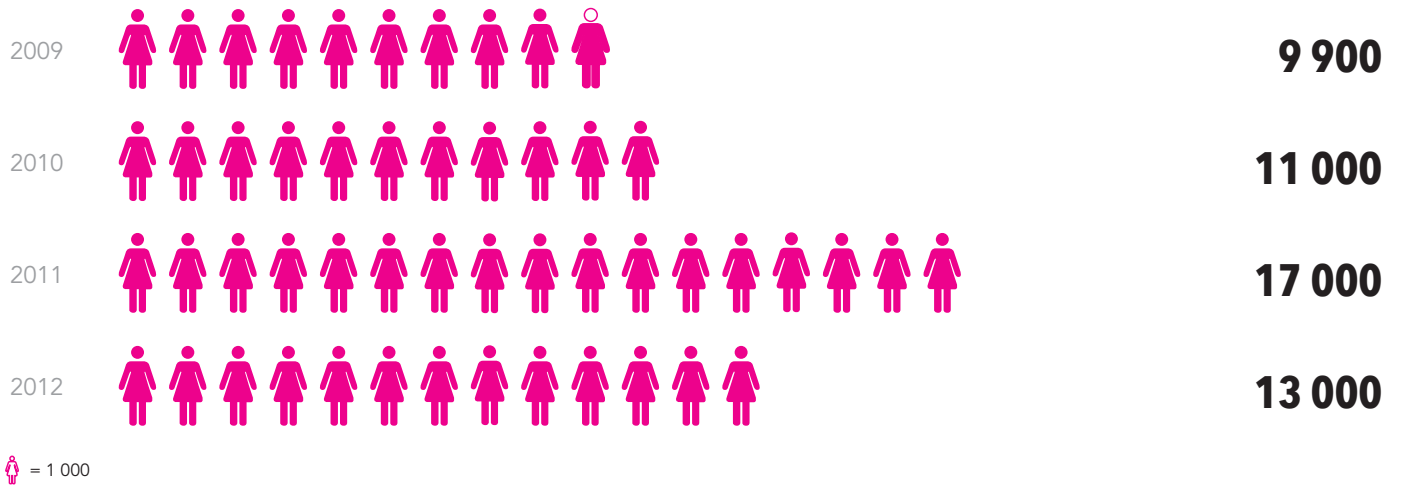


The moderate levels of coverage of antiretroviral medicines may not provide adequate protection during breastfeeding, keeping HIV transmission rates high



Increasing numbers of women newly infected with HIV means that more children could be exposed to HIV

Women acquiring HIV infection (15–49 years old), 2009–2012



Two thirds of eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health

34%

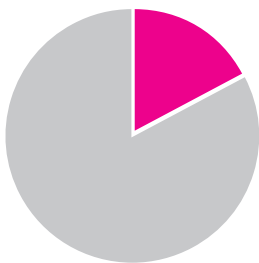
of eligible pregnant women are receiving antiretroviral therapy for their own health

Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

27%

unmet need for family planning

Access to HIV treatment will reduce maternal deaths from HIV



17%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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DEMOCRATIC REPUBLIC OF THE CONGO

Continuing large numbers of new HIV infections among children and women requires an urgent focus on rapidly scaling up HIV prevention and treatment services in the Democratic Republic of the Congo. Achieving success here is imperative to the worldwide efforts towards eliminating new HIV infections among children and keeping their mothers alive. The President of the Democratic Republic of Congo has committed to launching a national initiative to create an AIDS-free generation, and the First Lady is championing the integration of HIV within family planning and reproductive health services.

11 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

15%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

9 OUT OF 10

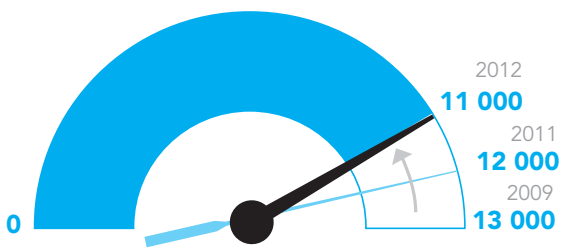
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

9 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

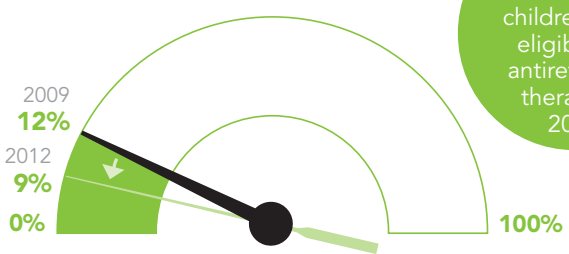
The number of new HIV infections among children has remained alarmingly high

New HIV infections among children (0–14 years old), 2009–2012



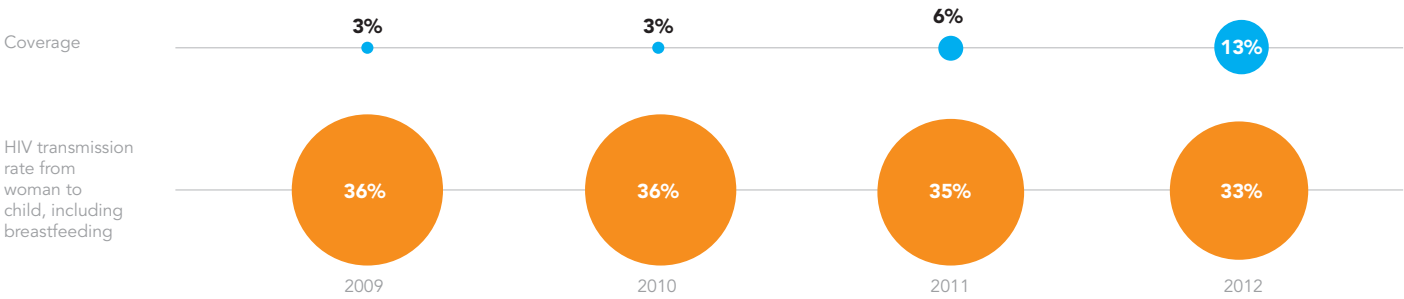
9 out of 10 eligible children are not receiving HIV treatment, a situation that has worsened compared to 2009.

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



53 000 children were eligible for antiretroviral therapy in 2012

With low coverage of antiretroviral medicines during pregnancy and breastfeeding, HIV transmission rates remain high



No important change in the numbers of women newly infected with HIV

Women acquiring HIV infection (15–49 years old), 2009–2012

More than 8 out of 10 eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health

18%

of eligible pregnant women are receiving HIV treatment for their own health

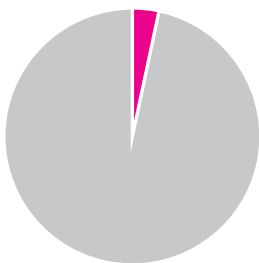
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

27%

unmet need for family planning

Source: Demographic and Health Survey, 2007, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



4%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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LESOTHO

In Lesotho, service provision appears to have slowed between 2011 and 2012, resulting in a drop in the coverage of antiretroviral medicines, which increased the number of new HIV infections among children. Efforts are already underway to halt and reverse this trend. Lesotho has demonstrated that it has the capacity for innovation and rapid progress. It has been one of the pioneers of nurse-driven antiretroviral delivery programmes as well as integrated services for mother–baby pairs in maternal, newborn and child health settings. The country has prepared a comprehensive and costed plan and is also rolling out option B+ (lifelong access to antiretroviral therapy for pregnant women living with HIV). These steps can serve as the foundation for increasing the expansion of services in the country.

3 700

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

17%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

4 OUT OF 10

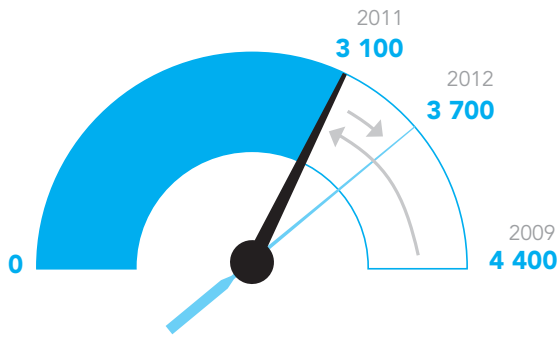
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

8 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

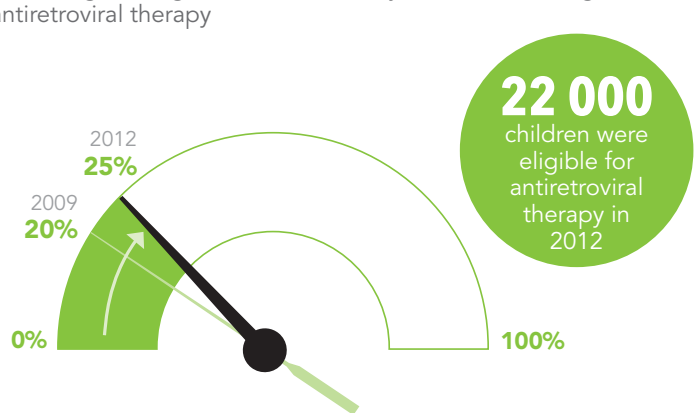
The number of new HIV infections among children had declined slowly, but reversed in 2011

New HIV infections among children (0–14 years old), 2009–2012

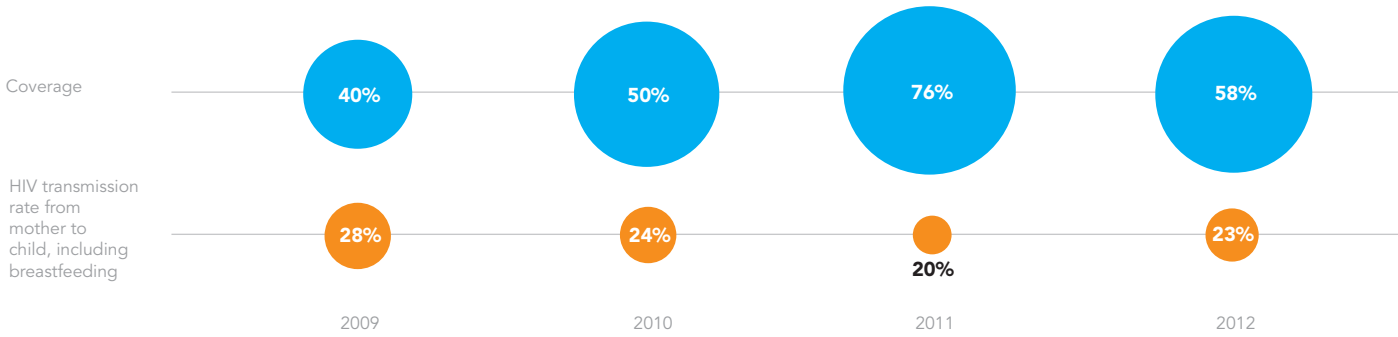


3 out of 4 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



HIV transmission rates from mother to child remain high, and the coverage of antiretroviral medicines has fluctuated



The number of women acquiring HIV infection (15–49 years old) has declined by 8%

Women acquiring HIV infection (15–49 years old), 2009–2012

1 out of 2 eligible pregnant women are receiving antiretroviral therapy for their own health

50%

of eligible pregnant women are receiving HIV treatment for their own health

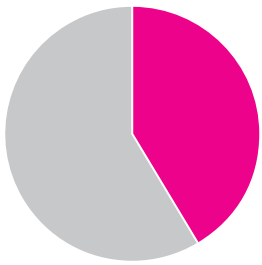
Improved access to family planning services could further reduce the number of new HIV infections among children and improve maternal health

23%

unmet need for family planning

Source: Demographic and Health Survey, 2009, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



42%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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NIGERIA

Nigeria accounts for one third of all new HIV infections among children in the 21 priority countries in sub-Saharan Africa: the largest number of any country. Progress here is therefore critical to eliminating new HIV infections among children globally. Nearly all indicators assessed show stagnation and suggest that Nigeria is facing significant hurdles. Meeting the 2015 targets requires massive effort. However, the government has already taken a bold step to focus on the 12+1 states with the highest burden of HIV, which account for about 70% of new HIV infections. In addition, it is rapidly scaling up service delivery to stop new HIV infections among children and has embarked on an intensive state-focused data-driven decentralization initiative.

59 000

THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN IN 2012

10%

DECREASE IN THE NUMBER OF NEW HIV INFECTIONS AMONG CHILDREN, 2009–2012

8 OUT OF 10

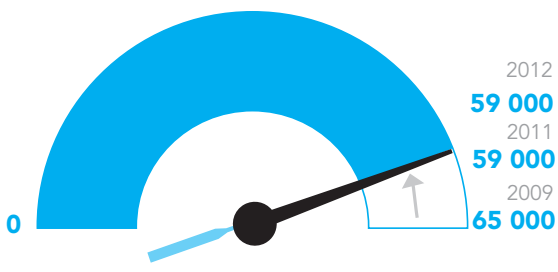
PREGNANT WOMEN LIVING WITH HIV DID NOT RECEIVE ANTIRETROVIRAL MEDICINES TO PREVENT MOTHER-TO-CHILD TRANSMISSION OF HIV

8 OUT OF 10

WOMEN OR THEIR INFANTS DID NOT RECEIVE ANTIRETROVIRAL MEDICINES DURING BREASTFEEDING TO PREVENT MOTHER-TO-CHILD TRANSMISSION

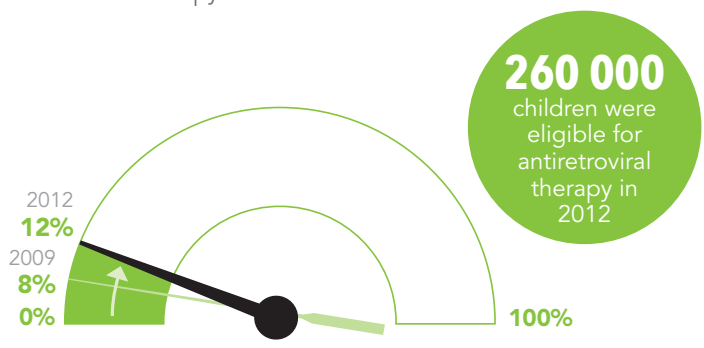
The number of new HIV infections among children has declined very slowly and is stalling

New HIV infections among children (0–14 years old), 2009–2012

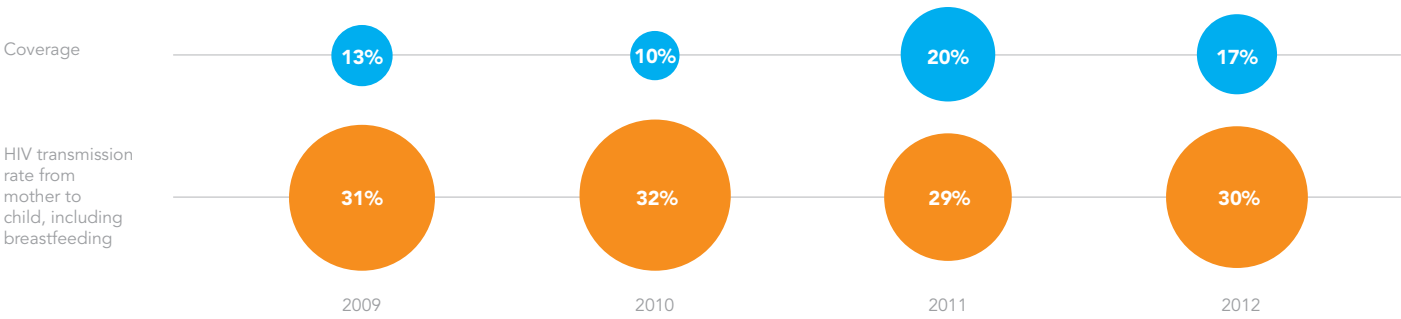


Nearly 9 out of 10 eligible children are not receiving HIV treatment

Percentage of eligible children (0–14 years old) receiving antiretroviral therapy



Significantly reducing HIV transmission rates requires rapidly scaling up the coverage of antiretroviral medicines



The number of women acquiring HIV infection has not changed substantially

Women acquiring HIV infection (15–49 years old), 2009–2012

8 out of 10 pregnant women living with HIV do not have access to antiretroviral therapy for their own health

18%

of eligible pregnant women are receiving HIV treatment for their own health

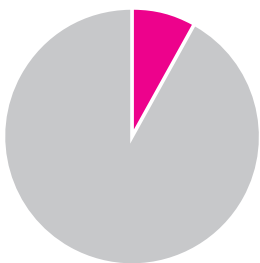
Improved access to family planning could further reduce the number of new HIV infections among children and improve maternal health

20%

unmet need for family planning

Source: Demographic and Health Survey, 2008, all currently married women 15–49 years old.

Access to HIV treatment will reduce maternal deaths from HIV



8%

of pregnancy-related deaths were attributed to HIV

Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010.* Geneva, World Health Organization, 2012.

Notes

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Summary tables

							OVERALL TARGET 1						OVERALL TARGET 2	
HIV 2012 Estimates	Number of HIV+ women delivering						Number of new child infections						AIDS-related deaths during pregnancy or within 42 days of the end of pregnancy	
21 PMTCT GLOBAL PLAN COUNTRIES	**2009**	**Low**	**High**	**2012**	**Low**	**High**	**2009**	**Low**	**High**	**2012**	**Low**	**High**	**2005**	**2010**
Angola	14 000	11 000	18 000	15 000	12 000	19 000	4 700	3 600	6 100	5 100	4 000	6 600	480	380
Botswana	14 000	13 000	15 000	13 000	11 000	14 000	<1 000	<1 000	<1 000	<500	<500	<1 000	220	80
Burundi	5 500	4 400	6 900	5 100	3 900	6 500	1 900	1 400	2 400	1 300	<1 000	1 800	380	300
Cameroon	29 000	25 000	33 000	27 000	23 000	31 000	8 200	7 000	9 500	5 800	4 600	7 100	1 100	980
Chad	13 000	11 000	18 000	12 000	10 000	16 000	4 500	3 600	6 100	4 100	3 200	5 500	460	380
Côte d'Ivoire	22 000	18 000	26 000	20 000	16 000	24 000	6 500	5 200	8 100	4 700	3 400	6 400	1 400	940
Democratic Republic of the Congo	35 000	31 000	40 000	32 000	28 000	37 000	13 000	11 000	14 000	11 000	9 300	12 000	1 140	1 100
Ethiopia	54 000	46 000	64 000	38 000	32 000	46 000	19 000	16 000	23 000	9 500	7 300	12 000	1 740	760
Ghana	11 000	9400	13 000	9 500	7 800	11 000	3 600	2 900	4 300	<1 000	<1 000	1 500	520	400
Kenya	89 000	79 000	100 000	86 000	76 000	97 000	23 000	20 000	28 000	13 000	10 000	17 000	3 400	2 200
Lesotho	16 000	14 000	18 000	16 000	14 000	17 000	4400	3 900	5 000	3 700	3 100	4 300	420	320
Malawi	70 000	63 000	77 000	68 000	61 000	75 000	23 000	20 000	25 000	11 000	8 200	14 000	2 600	1 780
Mozambique	97 000	85 000	110 000	94 000	81 000	110 000	26 000	22 000	32 000	14 000	11 000	20 000	2 200	2 400
Namibia	8 900	7 500	10 000	8 100	6 700	9 700	1 700	1 300	2 200	<1 000	<1 000	1 200	220	140
Nigeria	210 000	180 000	240 000	200 000	170 000	230 000	65 000	56 000	76 000	59 000	49 000	70 000	7 400	6 600
South Africa	290 000	270 000	310 000	280 000	260 000	310 000	38 000	28 000	48 000	21 000	19 000	32 000	3 600	3 800
Swaziland	12 000	11 000	13 000	12 000	11 000	13 000	2 600	2 200	2 900	1 600	1 300	2 000	220	150
Uganda	89 000	77 000	110 000	100 000	88 000	120 000	27 000	23 000	33 000	15 000	10 000	22 000	3 000	2 400
United Republic of Tanzania	99 000	86 000	110 000	97 000	83 000	110 000	29 000	24 000	34 000	14 000	8 600	21 000	4 000	3 000
Zambia	79 000	71 000	87 000	79 000	71 000	88 000	19 000	16 000	22 000	9 400	8 300	11 000	2 200	1 620
Zimbabwe	68 000	61 000	76 000	68 000	60 000	76 000	21 000	18 000	23 000	9 300	7 000	12 000	2 800	1 680
PMTCT High Burden Countries	1 300 000	1 200 000	1 500 000	1 300 000	1 200 000	1 400 000	340 000	310 000	390 000	210 000	190 000	260 000	42 000	33 000
			UNAIDS 2012 Estimates						UNAIDS 2012 Estimates				Trends in Maternal Mortality 1990 to 2010. WHO 2012	

	PRONG 1 TARGET						PRONG 2 TARGET		PRONG 3 TARGET					
HIV 2012 Estimates	New HIV infections among women 15-49						Unmet Need for Family Planning for women		Final mother to child transmission rate					
21 PMTCT GLOBAL PLAN COUNTRIES	**2009**	**Low**	**High**	**2012**	**Low**	**High**	**%**	**Year**	**2009**	**Low**	**High**	**2012**	**Low**	**High**
Angola	11 000	8 400	15 000	12 000	9 100	17 000			33	26	41	33	26	42
Botswana	7 200	6 200	8 200	6 200	5 300	7 300			5	4	5	3	2	3
Burundi	2 000	1 300	3 000	1 800	<1 000	3 300	32	2010	33	27	42	25	19	32
Cameroon	21 000	19 000	24 000	21 000	18 000	25 000	24	2011	28	25	32	21	19	24
Chad	6 200	4 600	8 400	6 300	4 500	8 900	21	2004	34	27	45	33	27	43
Côte d'Ivoire	9 900	7 300	13 000	13 000	9 800	18 000	27	2011-12	30	25	36	24	20	30
Democratic Republic of the Congo	15 000	13 000	17 000	14 000	12 000	16 000	27	2007	36	31	40	33	29	38
Ethiopia	6 500	2 900	11 000	6 200	2 800	10 000	26	2011	35	30	41	25	21	30
Ghana	6 700	5 000	8 500	3 800	2 100	5 500	36	2008	31	26	37	9	7	11
Kenya	50 000	47 000	55 000	46 000	43 000	50 000	26	2008-09	26	23	30	15	14	17
Lesotho	13 000	12 000	15 000	12 000	10 000	14 000	23	2009	28	25	30	23	21	26
Malawi	30 000	26 000	34 000	29 000	26 000	34 000	26	2010	32	29	36	16	14	18
Mozambique	56 000	47 000	69 000	55 000	44 000	73 000	29	2011	27	23	31	15	13	18
Namibia	4 700	3 600	6 100	5 100	3 800	6 600	21	2006-07	19	16	22	9	7	10
Nigeria	120 000	99 000	140 000	110 000	87 000	130 000	20	2008	31	27	36	30	26	34
South Africa	230 000	210 000	240 000	180 000	170 000	190 000			13	12	14	7	7	8
Swaziland	6 600	5 700	7 500	5 600	4 500	6 700	25	2006-07	21	19	23	13	12	15
Uganda	70 000	60 000	84 000	67 000	54 000	82 000	34	2011	31	27	36	15	13	18
United Republic of Tanzania	42 000	36 000	51 000	38 000	32 000	48 000	25	2010	29	25	33	15	13	17
Zambia	26 000	23 000	29 000	22 000	19 000	25 000	27	2007	24	22	27	12	11	13
Zimbabwe	39 000	35 000	43 000	32 000	27 000	38 000	15	2010-11	30	27	34	14	12	15
PMTCT High Burden Countries	760 000	710 000	830 000	680 000	620 000	750 000	not available	not available	26	24	28	17	15	18
				UNAIDS 2012 Estimates								UNAIDS 2012 Estimates		
								Revised definition of unmet need for family planning among currently married women (15-49 years). Demographic and Health Surveys, ICF International, 2012. MEASURE DHS STATcompiler.						

HIV 2012 Estimates	PRONG 3 TARGET						PRONG 3 TARGET					
	Percent of women receiving ARVs (excl sdnvp) to prevent MTCT						Percent of women or infants receiving ARVs during breastfeeding to prevent MTCT					
21 PMTCT GLOBAL PLAN COUNTRIES	**2009**	**Low**	**High**	**2012**	**Low**	**High**	**2009**	**Low**	**High**	**2012**	**Low**	**High**
Angola	22	17	27	17	14	22	0	0	0	0	0	0
Botswana	92	83	>95	96	86	>95	31	28	33	69	62	75
Burundi	29	23	36	54	41	69	0	0	0	20	16	26
Cameroon	21	19	24	64	56	73	13	11	14	18	16	21
Chad	7	6	10	14	11	18	7	6	10	24	19	31
Côte d'Ivoire	43	36	51	68	55	84	0	0	0	14	12	17
Democratic Republic of the Congo	3	3	4	13	11	15	0	0	0	6	6	7
Ethiopia	8	7	9	41	35	49	2	2	2	21	18	25
Ghana	32	27	38	95	77	>95	0	0	0	95	77	>95
Kenya	34	30	39	53	47	60	16	14	18	22	19	25
Lesotho	40	36	44	58	52	64	11	10	12	21	19	23
Malawi	18	16	19	60	54	67	4	4	5	57	51	64
Mozambique	38	33	45	86	74	>95	8	7	9	86	74	>95
Namibia	65	55	76	94	78	>95	14	12	17	56	47	67
Nigeria	13	11	15	17	15	19	3	3	4	15	13	17
South Africa	60	54	64	83	75	90	60	54	64	83	75	90
Swaziland	52	47	57	83	75	92	15	14	16	34	30	37
Uganda	26	23	31	72	62	86	0	0	0	67	57	79
United Republic of Tanzania	32	27	36	77	66	89	7	6	7	77	66	89
Zambia	54	49	60	>95	87	>95	23	21	26	55	49	61
Zimbabwe	9	8	10	82	72	91	1	1	1	52	46	58
PMTCT High Burden Countries	34	31	37	64	59	70	19	17	20	53	48	58
			UNAIDS 2012 Estimates						UNAIDS 2012 Estimates			

HIV 2012 Estimates	PRONG 4 TARGET						PRONG 4 TARGET						PRONG 4 TARGET	
	Percent of HIV+ pregnant women receiving ART for their own health						ART coverage among children <15 years						Percent of under-five deaths due to HIV	
21 PMTCT GLOBAL PLAN COUNTRIES	**2009**	**Low**	**High**	**2012**	**Low**	**High**	**2009**	**Low**	**High**	**2012**	**Low**	**High**	**2009**	**2010**
Angola	0	0	0	0	0	0	11	8	14	15	12	19	2%	2%
Botswana	64	57	70	95	90	100	98	97	100	101	100	104	16%	15%
Burundi	0	0	0	47	39	57	17	14	21	21	17	26	6%	6%
Cameroon	31	28	35	44	40	49	10	9	11	15	13	17	5%	5%
Chad	21	17	27	32	27	41	4	4	5	29	24	37	3%	3%
Côte d'Ivoire	0	0	0	34	29	40	12	11	15	16	14	19	4%	3%
Democratic Republic of the Congo	0	0	0	18	16	20	12	10	13	9	8	10	1%	1%
Ethiopia	4	3	5	38	33	44	12	10	14	24	22	29	2%	2%
Ghana	0	0	0	76	69	85	10	8	12	25	20	30	3%	3%
Kenya	42	38	46	58	54	63	18	15	19	38	34	45	8%	7%
Lesotho	34	31	36	50	46	54	20	18	21	25	22	27	23%	18%
Malawi	13	11	14	86	82	90	17	15	19	36	33	41	14%	13%
Mozambique	22	20	26	40	36	46	18	16	22	27	23	32	11%	10%
Namibia	37	32	43	94	88	103	78	69	89	88	80	100	18%	14%
Nigeria	10	9	12	18	16	21	8	7	9	12	11	14	4%	4%
South Africa	40	37	42	81	78	84	15	13	17	63	57	69	31%	28%
Swaziland	40	37	43	79	75	83	34	31	37	54	49	59	25%	23%
Uganda	0	0	0	47	41	54	17	14	20	33	28	41	7%	7%
United Republic of Tanzania	17	15	20	56	51	61	10	8	11	26	22	30	6%	5%
Zambia	54	50	59	88	84	92	24	21	26	38	35	43	12%	11%
Zimbabwe	4	3	4	70	65	76	19	17	20	45	40	49	23%	20%
PMTCT High Burden Countries	25	23	27	60	58	65	15	14	17	33	31	37		
				UNAIDS 2012 Estimates						UNAIDS 2012 Estimates				CHERG 2012 estimates

For indicator definitions see the Global Monitoring Framework and Strategy at www.WHO.int.

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