

**UNAIDS** DATA TABLES | 2011



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# OVERVIEW

Gains continue to be made in the response to the global HIV epidemic. New HIV infections are falling, fewer people are dying of AIDS-related causes and more people with HIV are living longer.

There were 2.7 million [2.4 million–2.9 million] new HIV infections in 2010, down 21% from the peak of the global epidemic in 1997. HIV incidence has fallen in 33 countries, 22 of them in sub-Saharan Africa, the region most affected by the AIDS epidemic.

Declines in new HIV infections across the world have been spurred in particular by changes in behaviour among young people, sex workers and their clients, people who inject drugs, men who have sex with men and transgender people, as well as by greatly increased access to HIV prevention services.

Increased access to services for eliminating new HIV infections among children and keeping mothers alive has led to a 30% drop in the annual number of new infections among children since 2002 and 2003. An estimated 390 000 [340 000–450 000] children were newly infected with HIV in 2010, 30% fewer than the peak of 560 000 [500 000–630 000] new infections annually in 2002 and 2003.

At the end of 2010, an estimated 34 million [31.6 million–35.2 million] people were living with HIV worldwide, up 17% from 2001. This reflects both new HIV infections and the significant expansion of antiretroviral therapy, which is helping to reduce AIDS-related deaths. HIV prevalence declined among young people (aged 15–24 years) in at least 21 of 24 countries with national HIV prevalence of 1% or higher.

An estimated 6.6 million people in low- and middle-income countries were receiving HIV treatment at the end of 2010 – an increase of more than 1.35 million over 2009 and nearly half of those eligible. As a consequence of expanded treatment, AIDS-related deaths are decreasing, and growing numbers of people with HIV are living longer and productive lives.

The number of people dying from AIDS-related causes fell to 1.8 million [1.6 million–1.9 million] in 2010, down from a peak of 2.2 million [2.1 million–2.5 million] in the mid 2000s. A total of 2.5 million AIDS-related deaths have been averted since 1995 due to antiretroviral therapy being introduced, according to new calculations by UNAIDS.

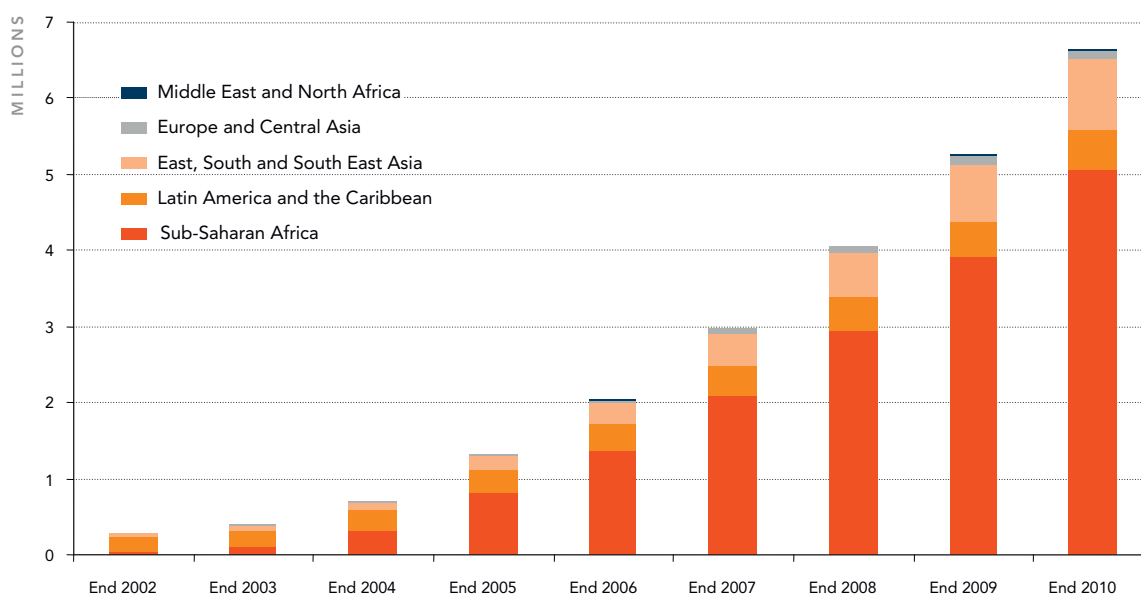
These global trends, however, obscure important regional variations, some positive, some not. Impressive as the overall gains are, only a handful of countries have achieved the levels of HIV service coverage needed to eventually halt the epidemic.

The accompanying data tables describe in greater detail the progress being made against the HIV epidemic and the main challenges to achieving zero HIV infections and zero AIDS deaths. These tables are a new complement to the AIDSinfo database and have been designed to provide a dynamic interface for research. Readers can sort the data by country and by year in order to explore the detail and evolution of the AIDS epidemic. The data are drawn from country progress reports and will be updated regularly.

This document reflects information found in the publication ‘Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011’, by UNAIDS, UNICEF and WHO.

# PROVISION OF ANTIRETROVIRAL THERAPY

Access to antiretroviral treatment, by region, 2002 - 2010



The number of people accessing antiretroviral therapy in low- and middle-income countries continues to rise, and reached an estimated 6.6 million at the end of 2010. This represented an increase of more than 1.4 million people, or 27%, from a year earlier, and a 16-fold increase from about 400 000 patients recorded at the end of 2003.

In addition, at least 745 000 people were receiving antiretroviral therapy in high-income countries at the end of 2010, including about 430 000 in Europe, 300 000 in North America and the Caribbean, and 16 700 in Asia, Oceania and the Middle East. This means that almost 7.4 million people worldwide, including in high-income countries, were accessing antiretroviral therapy at the end of 2010. In total, 1.7 million people initiated treatment in 2010; of these, 1.4 million were alive and on treatment at the end of 2010.<sup>1</sup>

Ten low- and middle-income countries (Botswana, Cambodia, Chile, Croatia, Cuba, Guyana, Namibia, Nicaragua, Rwanda and Slovakia) had achieved universal access to antiretroviral therapy (defined as providing antiretroviral therapy to at least 80% of patients in need) by the end of 2010. Seven other countries (Argentina, Brazil, Dominican Republic, Mexico, Swaziland, Uruguay and Zambia) had coverage levels between 70% and 79%.

<sup>1</sup> 121 countries provided data on eligible adults and children who newly initiated antiretroviral therapy during 2010, representing 95% of all people on antiretroviral therapy in 2010.

Sub-Saharan Africa accounted for 73% of the estimated treatment need in low- and middle-income countries, and 76% of the total number of people receiving treatment at the end of 2010. Importantly, it also recorded the biggest increase in the number of people receiving treatment, from 3.9 million in December 2009 to about 5.1 million a year later, a 30% rise. The rates of increase were less than 20% in all the other regions.

Coverage of antiretroviral therapy in low- and middle-income countries reached 47% [44%–50%] in 2010 (up from 39% [37%–42%] a year earlier), which meant that 6.6 million people of the 14.2 million [13.4 million–15 million] eligible for treatment were receiving it. Coverage in sub-Saharan Africa was 49% [46%–52%] in 2010, but varied considerably among subregions. Whereas 56% [53%–59%] of people eligible for antiretroviral therapy in East and Southern Africa were receiving it, coverage in West and Central Africa stood at 30% [28%–33%].

Antiretroviral treatment coverage improved across all other regions as well, but was lowest in the Middle East and North Africa where 10% [8%–13%] of people eligible for antiretroviral therapy were receiving it in 2010, while coverage was only 23% [20%–26%] in Eastern Europe and Central Asia and 39% [36%–44%] in East, South and South-East Asia. In those regions, a number of countries are experiencing HIV epidemics that are concentrated among key affected populations for whom treatment and care services are often difficult to access.

### *Access to antiretroviral therapy among women and children*

Antiretroviral therapy coverage generally appears to be higher among women than men. Across all low- and middle-income countries, an estimated 53% of women eligible for treatment were receiving it at the end of 2010, compared with 40% of men.<sup>2</sup> Coverage was notably higher for women than men in East, South and South-East Asia, and in sub-Saharan Africa. But in the Caribbean, coverage was higher among men than women.

The number of children younger than 15 years who were receiving antiretroviral therapy increased by 28% between 2009 and 2010, from an estimated 355 000 to 456 000.<sup>3</sup> However, coverage of antiretroviral therapy among children and adolescents continues to be considerably lower than among adults, and stood at about 23% [20%–25%] at the end of 2010. Coverage was especially low in sub-Saharan Africa: 21% [19%–24%], in a region that accounts for about 91% of global paediatric treatment need. An estimated 388 000 of the 1.8 million children needing antiretroviral therapy in that region were receiving it at the end of 2010. Elsewhere, coverage was highest in Eastern Europe and Central Asia (65% [55%–71%]) and Latin America (44% [36%–55%]), and lowest in the Middle East and North Africa (5% [3%–7%]).

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2 Data disaggregated by sex on the number of people receiving and needing antiretroviral therapy are available from 110 low- and middle-income countries, representing 95% of the 6.6 million people receiving treatment in 2010.

3 A total of 142 countries reported data disaggregated for adults and children.

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**Number of adults and children receiving and eligible for antiretroviral therapy, and estimated coverage in low- and middle-income countries by region, December 2009 to December 2010 <sup>a-c</sup>**

Geographical region	December 2010			December 2009		
	Number of people receiving antiretroviral therapy	Estimated number of people needing antiretroviral therapy [range] <sup>a</sup>	Antiretroviral therapy coverage [range] <sup>d</sup>	Number of people receiving antiretroviral therapy	Estimated number of people needing antiretroviral therapy [range] <sup>a</sup>	Antiretroviral therapy coverage [range] <sup>d</sup>
Sub-Saharan Africa	5 064 000	10 400 000 [9 700 000–11 000 000]	49% [46%–52%]	3 911 000	9 600 000 [9 000 000–10 200 000]	41% [38%–43%]
Eastern and southern Africa	4 221 000	7 600 000 [7 100 000–8 000 000]	56% [53%–59%]	3 203 000	7 000 000 [6 600 000–7 400 000]	46% [43%–48%]
Western and central Africa	842 000	2 800 000 [2 600 000–3 100 000]	30% [28%–33%]	709 000	2 600 000 [2 400 000–2 800 000]	27% [25%–30%]
Latin America & the Caribbean	521 000	820 000 [710 000–920 000]	63% [57%–73%]	469 000	780 000 [670 000–870 000]	60% [54%–70%]
Latin America	461 000	720 000 [620 000–810 000]	64% [57%–74%]	416 000	690 000 [590 000–780 000]	60% [53%–70%]
Caribbean	60 300	100 000 [91 000–110 000]	60% [53%–67%]	52 400	93 000 [84 000–110 000]	56% [50%–63%]
East, South & South-East Asia	922 000	2 300 000 [2 100 000–2 500 000]	39% [36%–44%]	748 000	2 300 000 [2 000 000–2 400 000]	33% [31%–37%]
Europe and Central Asia	129 000	570 000 [500 000–650 000]	23% [20%–26%]	114 500	520 000 [450 000–600 000]	22% [19%–25%]
North Africa & the Middle East	14 900	150 000 [120 000–190 000]	10% [8%–13%]	12 400	140 000 [110 000–180 000]	9% [7%–12%]
<b>Total</b>	<b>6 650 000</b>	<b>14 200 000</b> <b>[13 400 000–15 000 000]</b>	<b>47%</b> <b>[44%–50%]</b>	<b>5 255 000</b>	<b>13 300 000</b> <b>[12 400 000–14 100 000]</b>	<b>39%</b> <b>[37%–42%]</b>

Note: some numbers do not add up because of rounding.

<sup>a</sup> See Box 5.9 for further information on the methods for estimating the need for and coverage of antiretroviral therapy in 2010.

<sup>b</sup> The 2009 figures may differ from those previously published because countries have submitted newly available data.

<sup>c</sup> All estimated needs have been developed according to 2010 WHO guidelines and criteria for initiating treatment.

<sup>d</sup> The coverage estimate is based on the unrounded estimated numbers of people receiving and needing antiretroviral therapy.

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# PREVENTING AND TREATING HIV INFECTIONS IN WOMEN AND CHILDREN

New HIV infections among children globally are decreasing steadily, from 540 000 [470 000–610 000] in 2000, to 430 000 [370 000–490 000] in 2009 and 390 000 [340 000–450 000] in 2010.

The rate of mother-to-child transmission of HIV is estimated to have declined from 35% in 2001, to 29% in 2009, and 26% in 2010. It is estimated that more than 350 000 new infections among children have been averted since 1995 due to the provision of antiretroviral prophylaxis to HIV-positive pregnant women.

The *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*<sup>4</sup> aims, among other goals, to cut the number of new HIV infections among children by 90% by 2015 (from 430 000 in 2009 to 43 000) and reduce the rate of mother-to-child transmission to less than 5%. Despite the recent progress, however, those targets are unlikely to be met on current trends. In order to hasten progress, 22 countries (21 from sub-Saharan Africa, plus India), which together account for nearly 90% of all pregnant women living with HIV, have been identified as priority countries in the *Global Plan*.<sup>5</sup>

Preventing new HIV infections among women of reproductive age is a vital step toward reaching the *Global Plan* targets, which call for a 50% reduction in HIV incidence in women aged 15–49 between 2009 and 2015. Since 2001, HIV incidence among adult women in sub-Saharan Africa has declined from 0.72 [0.65–0.74] to 0.49 [0.42–0.52], while adult HIV incidence rates declined considerably between 2001 and 2010 in several of the priority countries (including in Botswana, Côte d'Ivoire, Namibia and Zimbabwe, where they fell by at least 50% or more).

Eliminating mother-to-child transmission of HIV requires identifying nearly all pregnant women living with HIV. In 2010, an estimated 35% of pregnant women (43.2 million of the estimated 123 million) in low- and middle-income countries received an HIV test, more than the 26% who did so in 2009, and considerably more than the 8% in 2005. The increases occurred in almost all regions, including in East and Southern Africa (where HIV testing coverage expanded from 52%–61% in 2009–2010), and East, South and South-East Asia (18%–30%).

Among the 22 priority countries, coverage of HIV testing and counselling exceeded 90% in Botswana, South Africa, Zambia and Zimbabwe in 2010. An additional five countries have reached more than 80% coverage: Kenya, Mozambique, Namibia, Swaziland, and the United Republic of Tanzania. Elsewhere, however, large numbers of pregnant women with HIV still do not know they have been infected and

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4 The *Global Plan* requires progress in four key areas: primary prevention of HIV infection among women of childbearing age; preventing unintended pregnancies among women living with HIV; preventing HIV transmission from women living with HIV to their infants; and providing appropriate treatment, care and support to mothers living with HIV, and their children and families.

5 Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

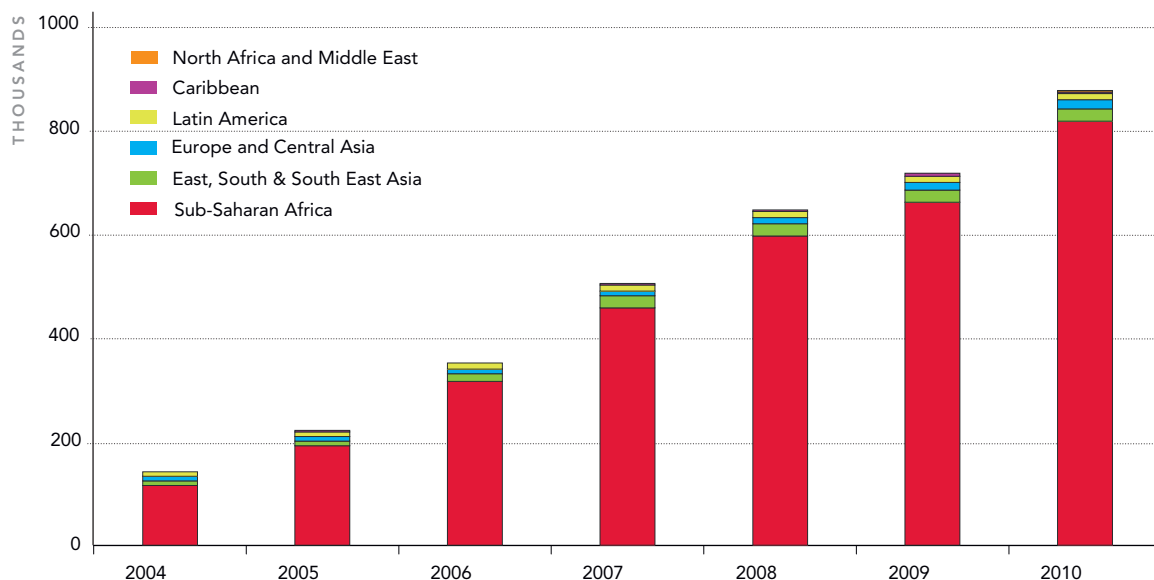


need to access services that can protect their health and that of their unborn infants. Fewer than 20% of pregnant women living with HIV were identified in Chad, Democratic Republic of the Congo and Nigeria (also priority countries). In low- and middle-income countries overall in 2010, about one third of the estimated 1.5 million women needing antiretroviral drugs to prevent mother-to-child transmission of HIV were still unaware of their HIV status.

Providing treatment, care and support to those women – and to their children and families – constitutes a further, vital step towards eliminating mother-to-child transmission of HIV. In 2010, 48% [44%–54%] of the estimated 1.5 million pregnant women living with HIV in low- and middle-income countries received most effective antiretroviral treatment to reduce the risk of HIV transmission to their infants, and for their own health. (This figure excludes single-dose nevirapine, which is no longer recommended in WHO’s guidelines to treat pregnant mothers and prevent HIV infection among children.)

Coverage was highest in Europe and Central Asia (79% [65%–94%]), and lowest in the Middle East

**Number of women receiving antiretroviral treatment to prevent new HIV infections among children, by region, 2004–2010**



and North Africa (4% [3%–6%]), East, South and South-East Asia (16% [13%–23%]), and in West and Central Africa (18% [15%–20%]). In East and Southern Africa, the subregion with the largest number of pregnant women living with HIV, antiretroviral coverage reached 64% [57%–71%] in 2010.

Impressively, five of the 22 priority low- and middle-income countries have reached the 80% target set by the United Nations General Assembly Special Session for antiretroviral coverage for pregnant women living with HIV: Botswana (>95%), Lesotho (89%), Namibia (>95%), South Africa (>95%) and Swaziland (>95%). But coverage is still low in several other priority countries, including Angola (20%), Burundi (36%), Chad (7%), Democratic Republic of the Congo (1%), and Nigeria (9%).

In low- and middle-income countries overall, 42% [38%–48%] of the estimated 1.5 million infants born to mothers living with HIV received antiretroviral prophylaxis in 2010, compared with 32% [29%–36%] the year before. However, coverage of antiretroviral prophylaxis for infants has stayed lower than for their mothers, which indicates that loss to follow-up of mother-infant pairs remains a significant challenge.

Infant antiretroviral prophylaxis coverage rates continue to vary dramatically between regions and subregions. In 2010, it was highest in Europe and Central Asia (75%, [63%–91%]), and lowest in West and Central Africa (14%, [12%–16%]). There were strong gains in East and Southern Africa, where coverage increased from 41% [36%–45%] to 55% [50%–62%] in 2009–2010. In Latin America and the Caribbean, and in East, South and South-East Asia, coverage in 2009–2010 stayed about the same.

Although the most effective strategy for preventing paediatric HIV infections and mortality is the expansion of programmes that prevent mother-to-child transmission, many AIDS-related deaths among HIV-infected children could be avoided through early HIV diagnosis among children and timely provision of effective care and treatment. HIV care and treatment services for HIV-exposed and HIV-infected children are expanding in resource-limited settings, but they remain inadequate. Of the two million [1.8–2.3 million] children estimated to be in need of antiretroviral therapy in 2010, only 23% [20%–25%] had access to treatment, compared with 51% of adults [48%–54%].

Again, there is considerable variation across regions. Coverage of paediatric antiretroviral therapy increased substantially only in Europe and Central Asia, from 56% [47%–60%] to 65% [55–71%] in 2009–2010. In the same period, coverage in sub-Saharan Africa hardly changed, and stood at a low 21% [19%–24%] in 2010. Within that region, coverage increased slightly in East and Southern Africa, from 23% [21%–26%] to 26% [23%–29%], and an estimated 337 000 children were receiving antiretroviral therapy there in 2010. But in West and Central Africa, coverage remained a mere 9% [8%–11%], which translated into about 50 000 children getting antiretroviral therapy in 2010, up from 41 000 a year earlier. Coverage was unchanged in East, South and South-East Asia at 39% [30%– 52%] in 2010, and in North Africa and the Middle East at 5% [3%–7%]) but decreased in Latin America and the Caribbean, from 45% [38%–55%] to 39% [32%–48%], in 2009–2010.

Several of the 25 high-burden countries increased coverage of antiretroviral therapy for children between 2009 and 2010, but Botswana and Thailand had the highest levels of coverage of 88% and 69% respectively. Chad (5%) and Sudan (2%) had the lowest levels of coverage among these countries.

**Estimated number of women living with HIV needing and receiving antiretrovirals to prevent new HIV infections among children, and coverage excluding single-dose nevirapine in low- and middle-income countries, by geographical region, 2010**

Geographical region	Number of pregnant women living with HIV receiving any antiretrovirals to prevent new HIV infections among children	Estimated number of pregnant women living with HIV in need of antiretrovirals to prevent new HIV infections among children	Estimated coverage, excluding reported single-dose nevirapine
Sub-Saharan Africa	674 000	1 360 000 [1 200 000–1 500 000]	50% [44%–56%]
East and Southern Africa	600 700	940 000 [ 840 000–1 000 000]	64% [57%–71%]
West and Central Africa	73 300	410 000 [ 360 000–470 000]	18% [15%–20%]
Latin America & Caribbean	15 000	25 600 [ 17 000–33 000]	59% [46%–90%]
Latin America	11 700	18 300 [ 8 600–20 000]	64% [47%–>95%]
Caribbean	3300	7 300 [ 5 900–9 000]	46% [37%–57%]
East, South & South East Asia	12 200	73 800 [ 52 000–93 000]	16% [13%–23%]
Eastern Europe & Central Asia	14 700	18 600 [ 15 000–22 000]	79% [65%–94%]
North Africa & Middle East	600	14 700 [ 10 000–18 000]	4% [3%–6%]
All low- and middle-income countries	716 500	1 490 000 [1 300 000–1 600 000]	48% [44%–54%]

