

# 2013 PROGRESS REPORT ON THE GLOBAL PLAN

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



**210 000**

THE NUMBER OF NEW  
HIV INFECTIONS AMONG  
CHILDREN IN 2012  
(21 GLOBAL PLAN PRIORITY  
COUNTRIES)



**38%**

DECREASE IN THE NUMBER  
OF NEW HIV INFECTIONS  
AMONG CHILDREN, 2009–2012  
(21 GLOBAL PLAN PRIORITY  
COUNTRIES)



**4 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

UNAIDS / JC2509/1/E (English original, June 2013)  
ISBN 978-92-9253-026-6

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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 and South Africa have led the way, with the largest decreases 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 20 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 this report was written. Only provisional data were available from Uganda at the time of publication. The preliminary results for Uganda are included in the aggregated values, but no country-specific data are presented here.

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### 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, South Africa and Zambia. Two more countries – the United Republic of Tanzania and Zimbabwe – 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 38%, 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) is releasing 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.

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## 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. In South Africa, 24 000 fewer children acquired HIV in 2012 than in 2009, a decline of 63%.

New HIV infections among children fell by 50% or more in five additional countries – Botswana, Ethiopia, Malawi, Namibia and Zambia. Two others – the United Republic of Tanzania and Zimbabwe – are also making substantial progress in reducing the number of new HIV infections among children.

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 38% 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 20 GLOBAL PLAN PRIORITY COUNTRIES

Rapid decline	Moderate decline	Slow decline
Decline of 50% or more between 2009 and 2012	30–49% decline between 2009 and 2012	Less than 30% decline between 2009 and 2012
Botswana Ethiopia Ghana Malawi Namibia South Africa Zambia	Burundi Cameroon Kenya Mozambique Swaziland United Republic of Tanzania Zimbabwe	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 20 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

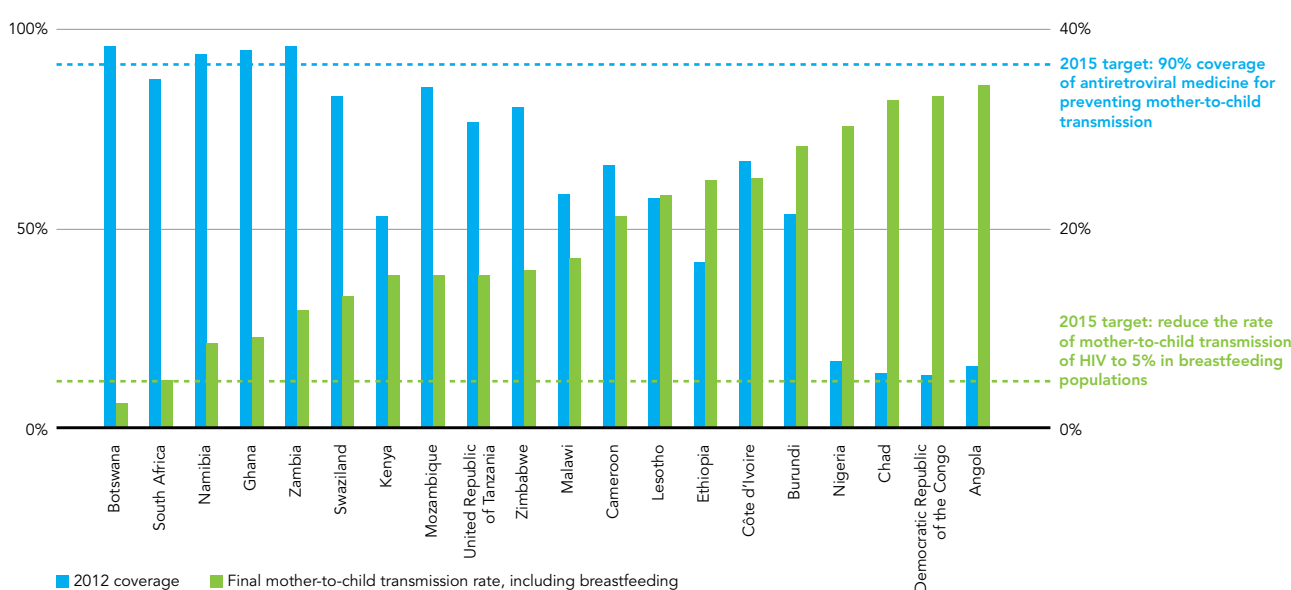
known to be infected with HIV (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed their infants for the first 6 months of life, introducing appropriate complementary foods thereafter, and continue breastfeeding for the first 12 months of life. Breastfeeding should 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, 375 000 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 5% or lower. 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 57% in 2012) and Kenya (from 66% in 2011 to 53% in 2012), and the reasons are being analysed to identify the obstacles.

**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**

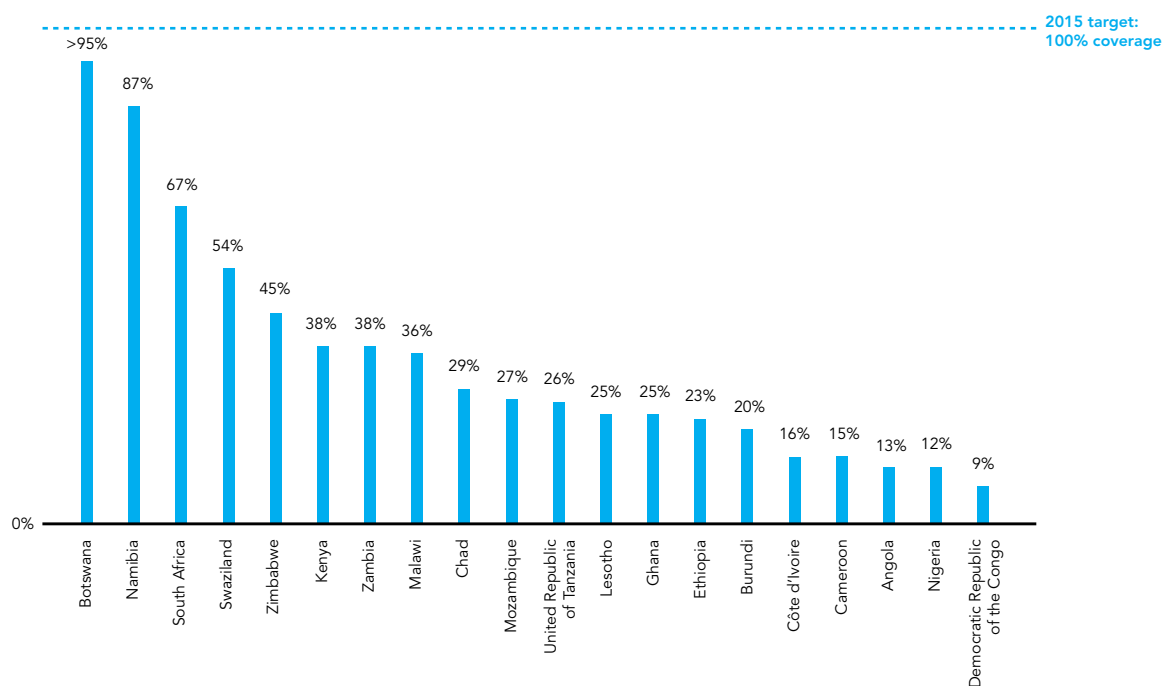
The number of eligible children receiving antiretroviral therapy has increased in all countries. Botswana and Namibia have already achieved universal access, with 80% or more of the children eligible in accordance with WHO criteria receiving HIV treatment; and more than half the eligible children receive 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, South Africa, 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. Five countries – Angola, Chad, the Democratic Republic of the Congo, Malawi and Nigeria – had coverage of less than 10%.

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



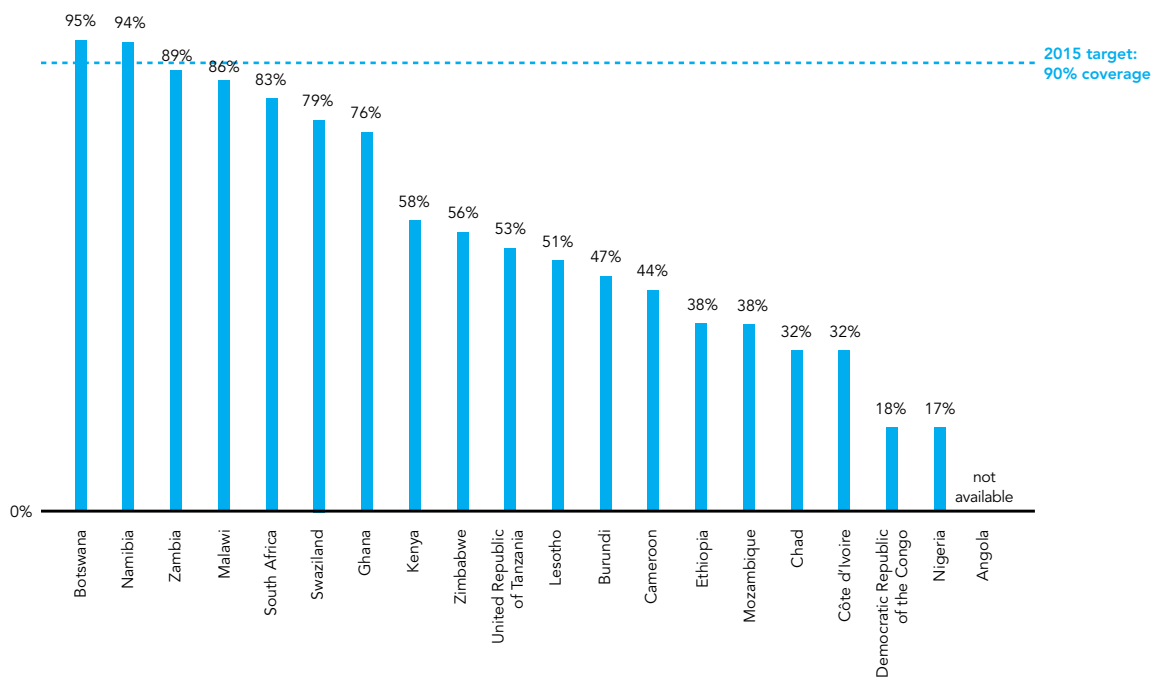
### ANTIRETROVIRAL THERAPY COVERAGE AMONG PREGNANT WOMEN LIVING WITH HIV HAS INCREASED BUT REMAINS LOW

The number of pregnant women living with HIV receiving antiretroviral therapy for their own health has increased since 2009. 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/mm<sup>3</sup> – 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 coverage of women 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 20 countries. Only Ghana (44%) and South Africa (28%) have substantial declines in the number of women acquiring HIV infection.

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 and 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 will publish 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.

South Africa's evaluation of the effectiveness of preventing the mother-to-child transmission of HIV demonstrated a decrease in early (4–8 weeks) transmission from 4% in 2010 to 3% in 2011, confirming the success of improved interventions. However, measuring final (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 65% 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 38%.

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.

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## A note on data

The estimates in this report were calculated using Spectrum version 4.6. 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.

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# Rapid decline

Botswana

Ethiopia

Ghana

Malawi

Namibia

South Africa

Zambia





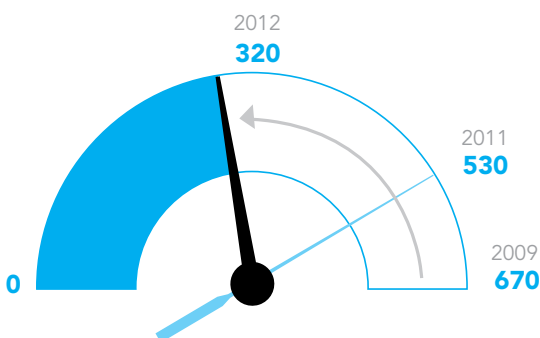
# BOTSWANA

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.



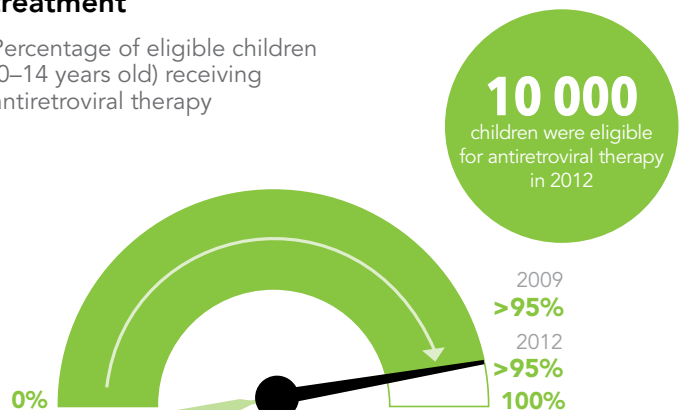
## The number of new HIV infections among children continues to decline rapidly

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

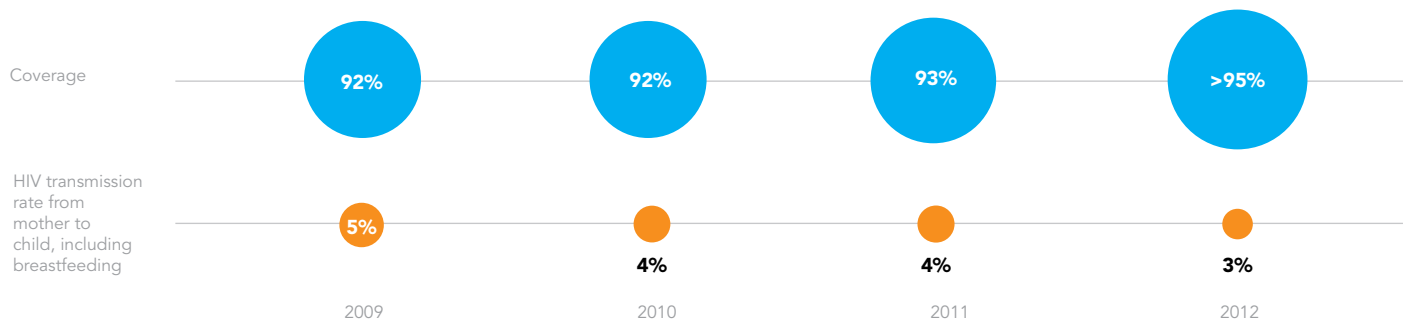


## Almost all eligible children are receiving HIV treatment

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



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

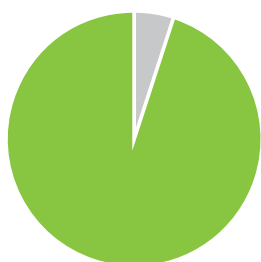


## The number of women newly infected with HIV has only declined by 14% since 2009. Botswana is not on track to meet the 2015 goal to reduce the number of women acquiring HIV infection by 50%

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



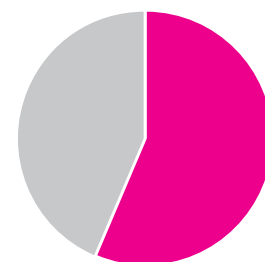
**95%**

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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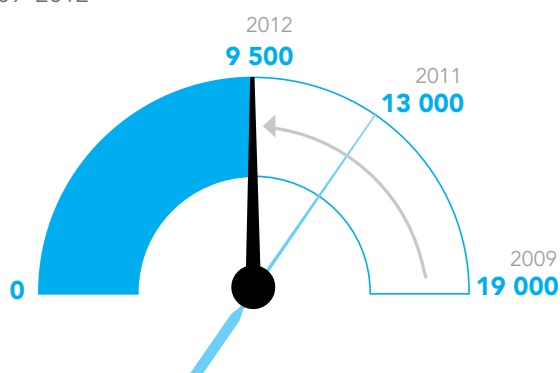
# ETHIOPIA

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.



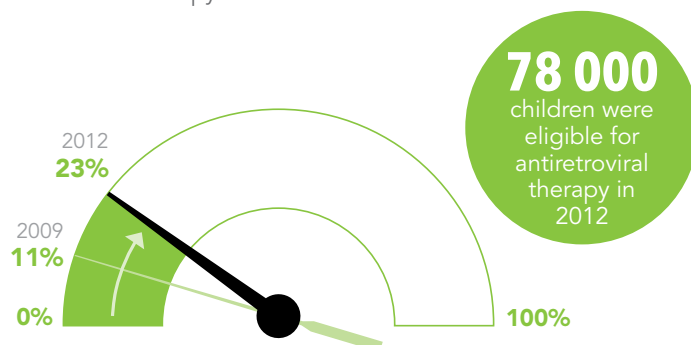
## The number of new HIV infections among children has been reduced by half, but the total is still high

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

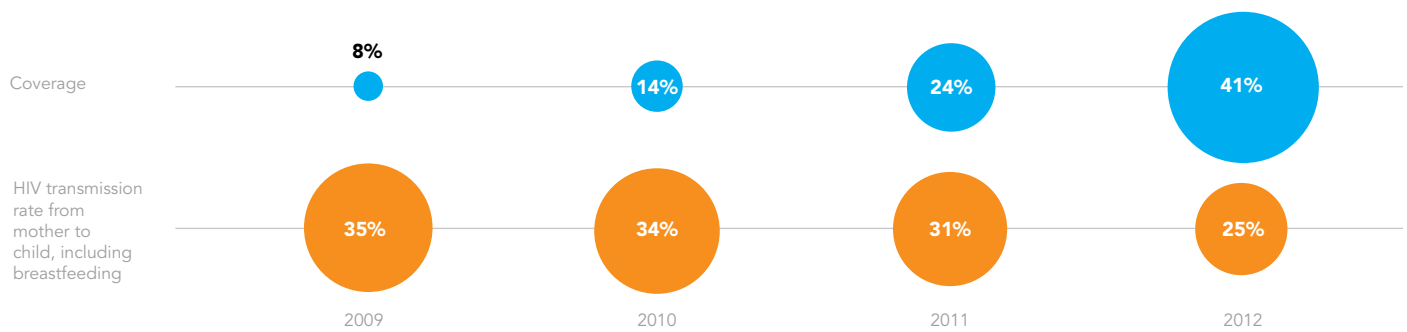


## 8 out of 10 eligible children are not receiving HIV treatment

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



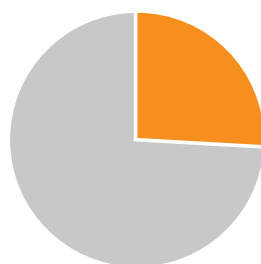
Only 4 out of 10 eligible pregnant women living with HIV are receiving antiretroviral therapy for their own health



**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

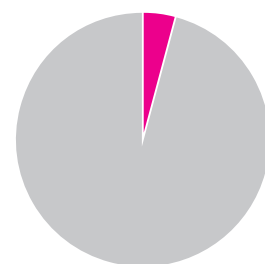


**26%**

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

The estimates were calculated using Spectrum version 4.6. 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.

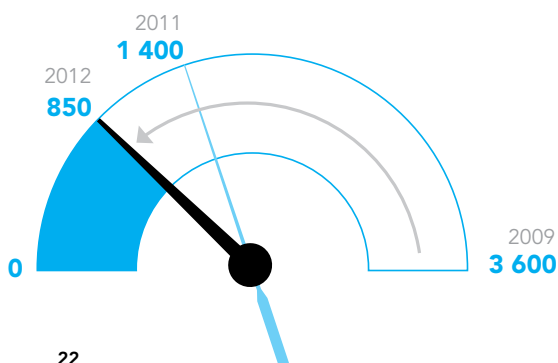
# GHANA

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.



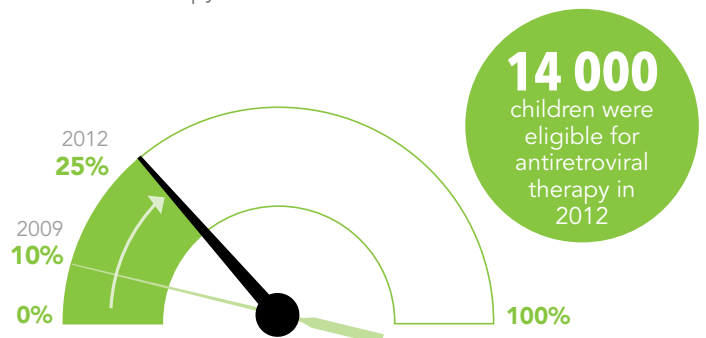
## The number of new HIV infections among children is decreasing rapidly

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

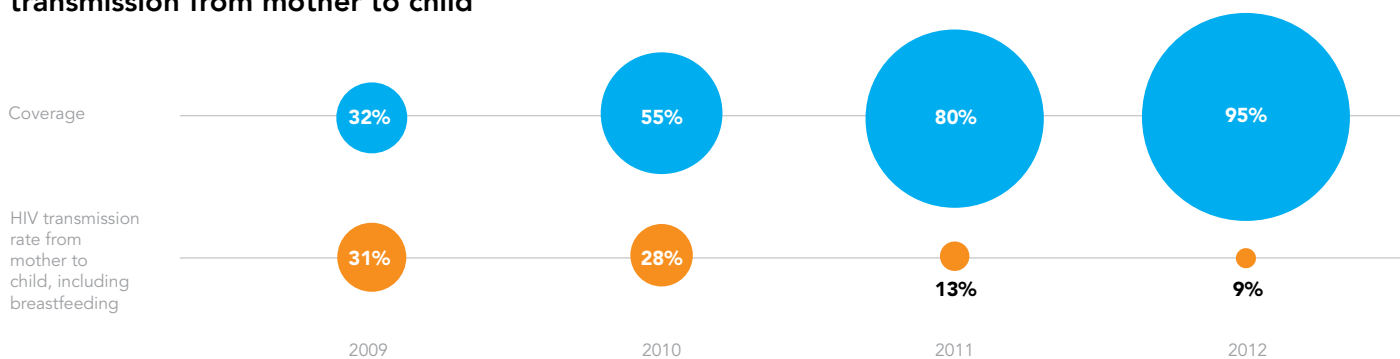


## 7 out of 10 eligible children are not receiving HIV treatment

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



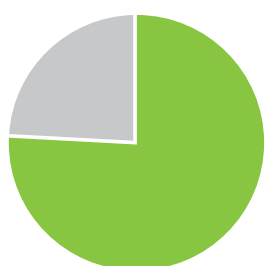
## The number of women newly infected with HIV has nearly halved, which means fewer children could be exposed to HIV

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



👤 = 500

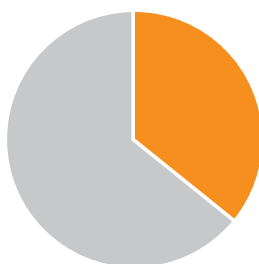
**1 out of 4 eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health**



**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**

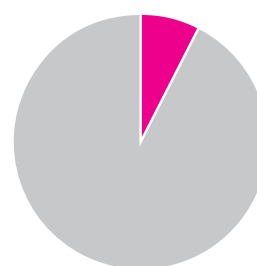


**36%**

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

The estimates were calculated using Spectrum version 4.6. 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.

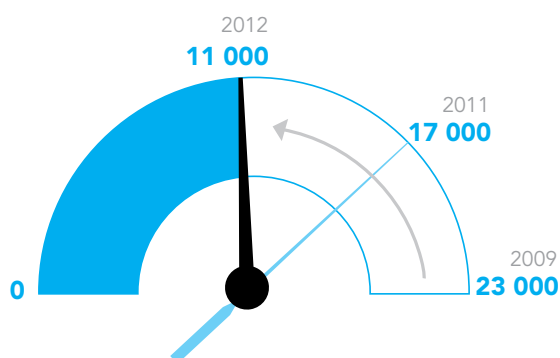
# MALAWI

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.



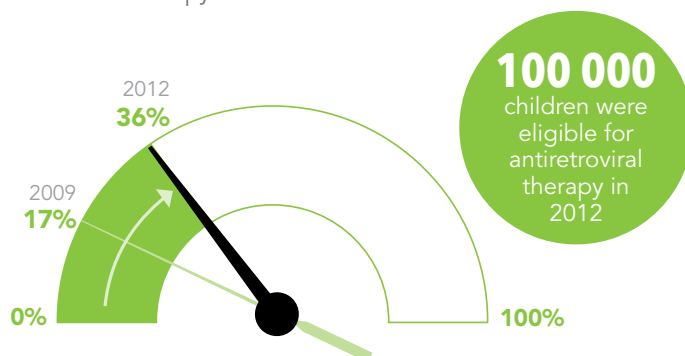
## The number of new HIV infections among children continues to decline rapidly

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



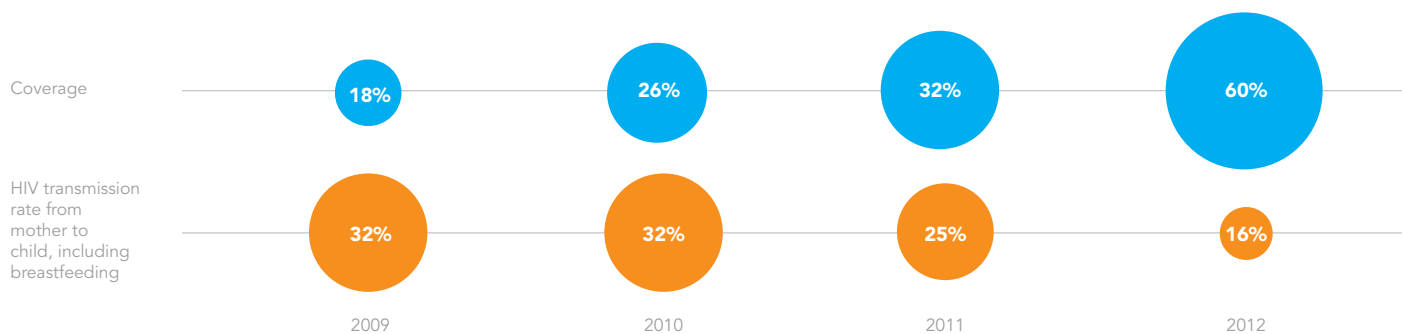
## Nearly two thirds of eligible children are not receiving HIV treatment

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

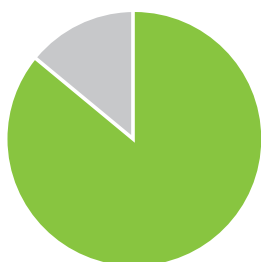


## The number of women acquiring HIV infection has not decreased since 2009

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



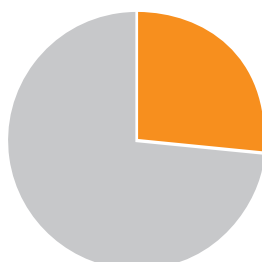
More than 8 out of 10 eligible pregnant women living with HIV are receiving antiretroviral therapy for their own health as Malawi rolls out lifelong treatment



**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

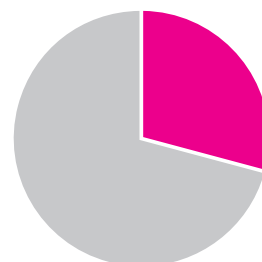


**26%**

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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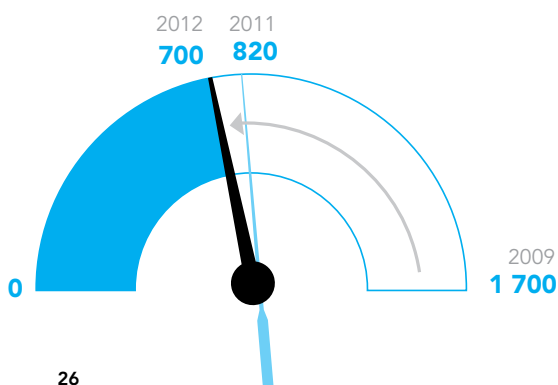
# NAMIBIA

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.



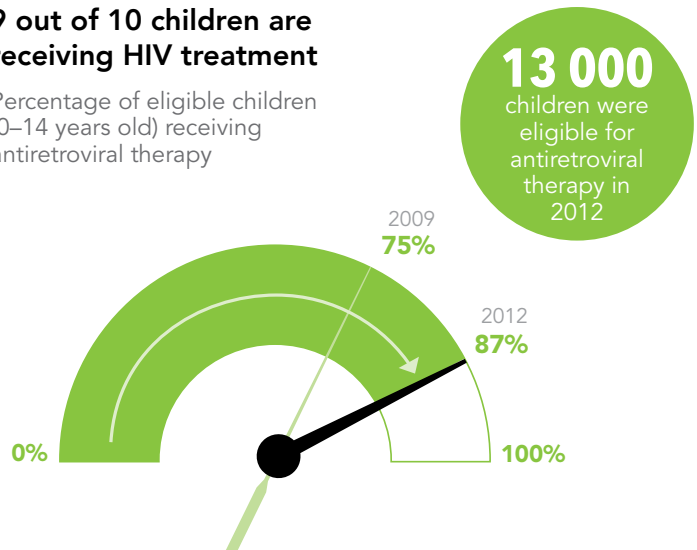
## The number of new HIV infections among children has declined rapidly since 2009

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



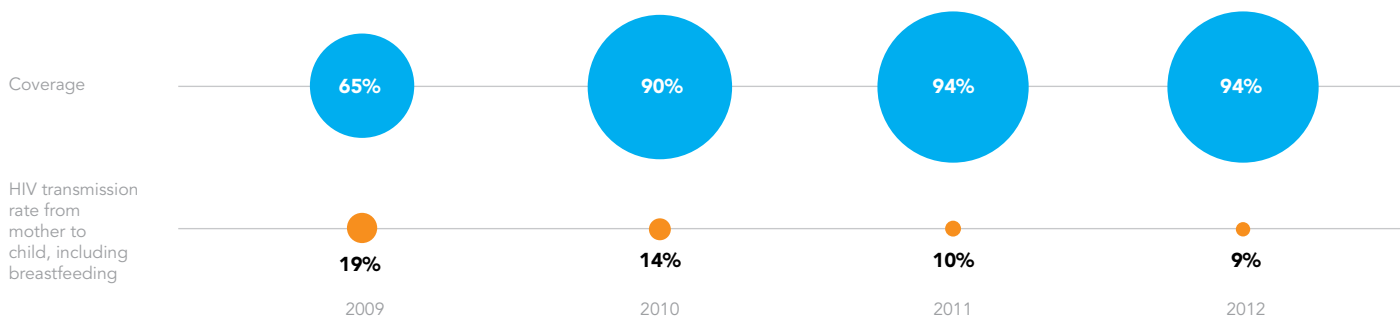
## 9 out of 10 children are receiving HIV treatment

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



\* 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

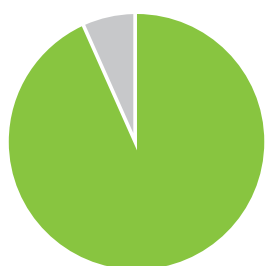


## The number of women acquiring HIV infection has remained constant since 2009

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



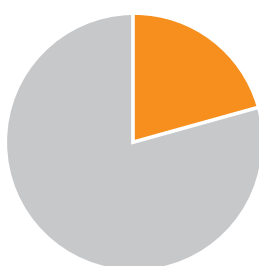
Almost all pregnant women living with HIV are receiving antiretroviral therapy for their own health



**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

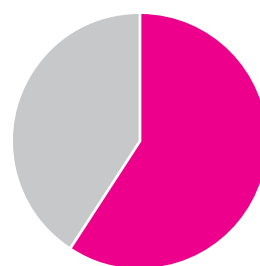


**21%**

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

The estimates were calculated using Spectrum version 4.6. 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.

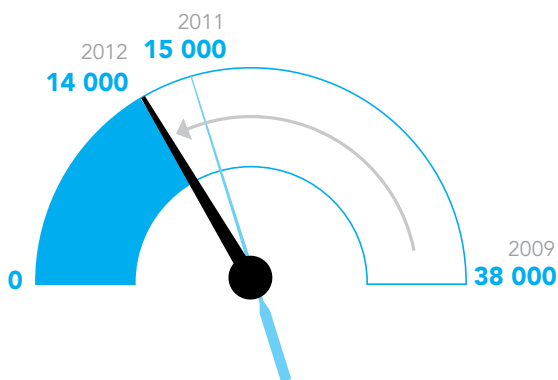
# SOUTH AFRICA

South Africa has shown tremendous 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.



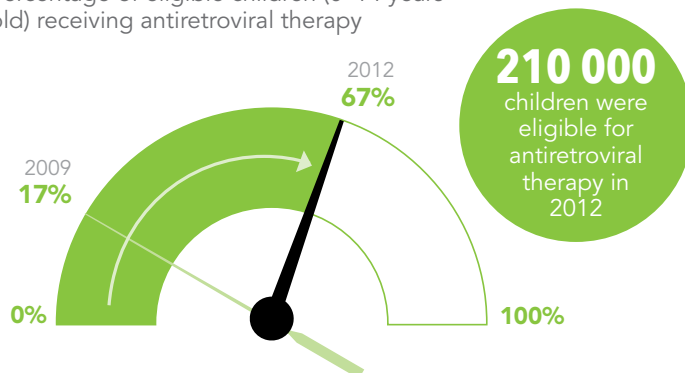
## The number of new HIV infections among children continues to decline rapidly

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

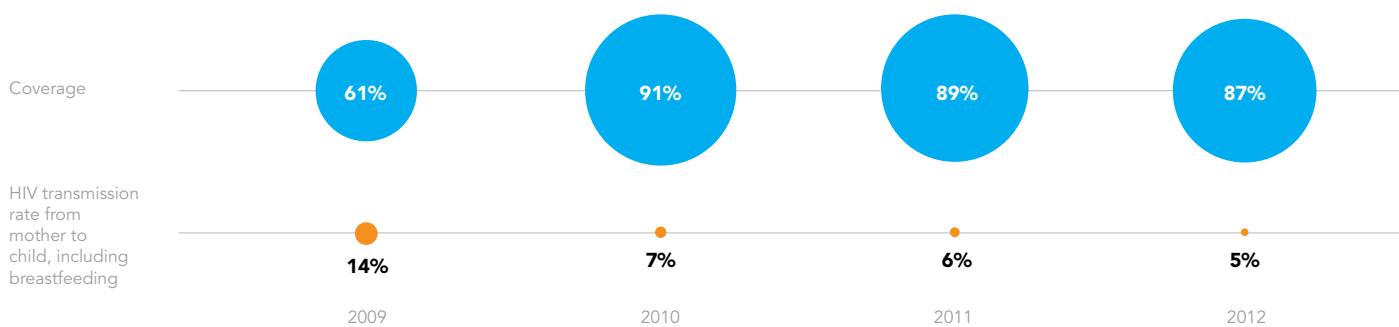


## The number of eligible children who are receiving HIV treatment has increased rapidly, to nearly 7 out of 10

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



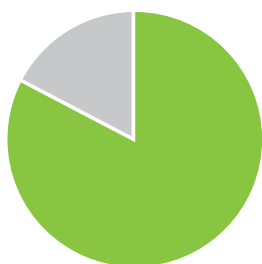
## 28% fewer women newly infected with HIV means that fewer children will be exposed to HIV

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



= 10 000

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



**83%**

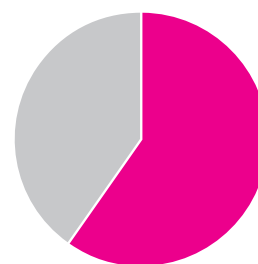
of eligible pregnant women are receiving HIV treatment for their own health

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



No data available

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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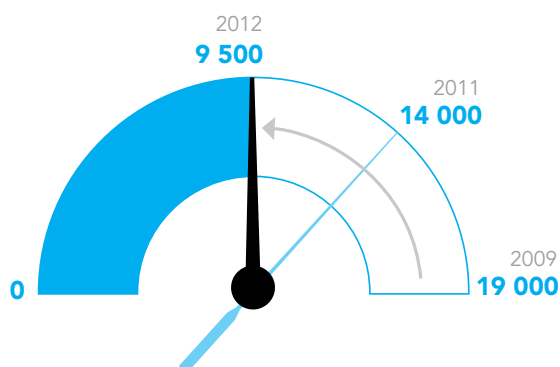
# ZAMBIA

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.



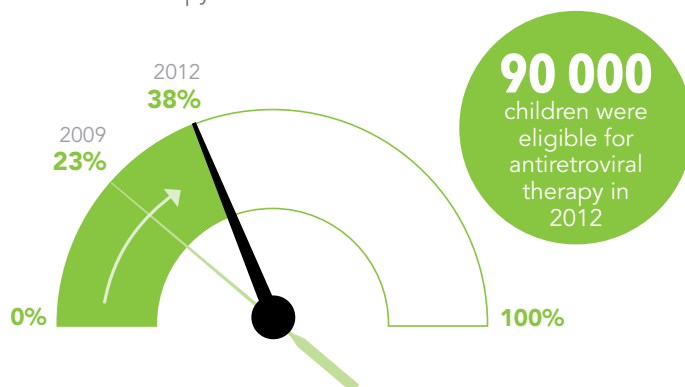
## The number of new HIV infections among children is declining

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

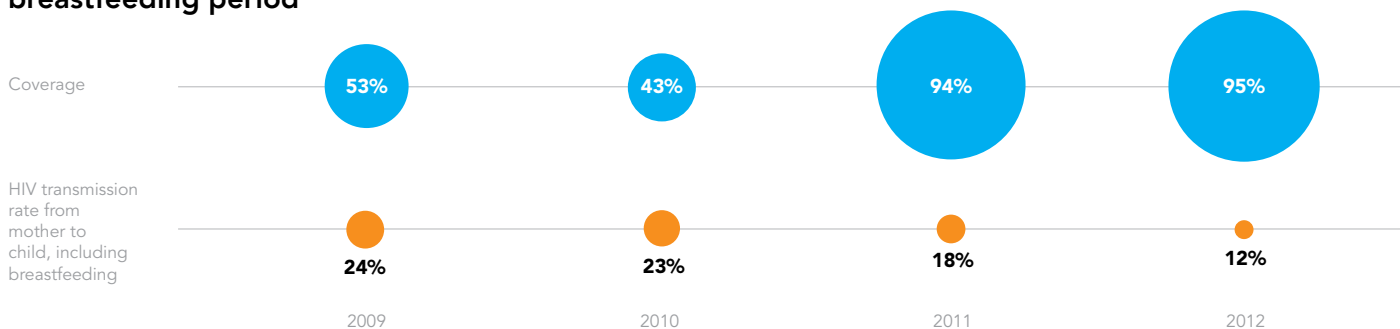


## About 6 out of every 10 eligible children are not receiving HIV treatment

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



## 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

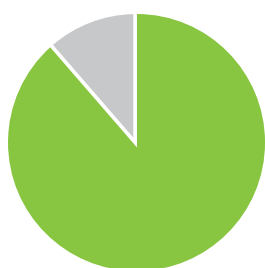


## Reducing the number of women newly infected with HIV can reduce HIV exposure to their children

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



**89%**

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

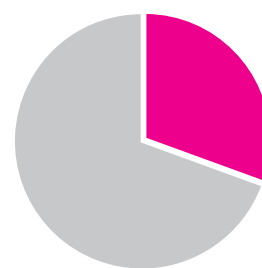


**27%**

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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# Moderate decline

Burundi

Cameroon

Kenya

Mozambique

Swaziland

United Republic of Tanzania

Zimbabwe





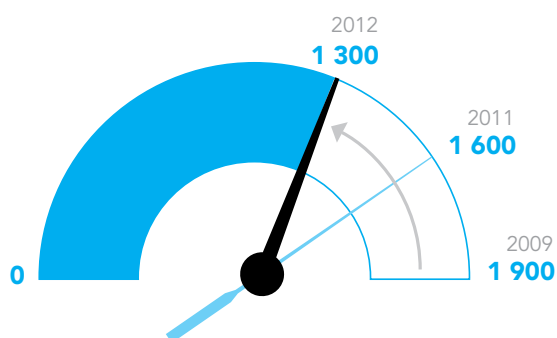
# BURUNDI

Since 2009, Burundi has nearly doubled the coverage of antiretroviral prophylaxis for pregnant women living with HIV to 53% 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.



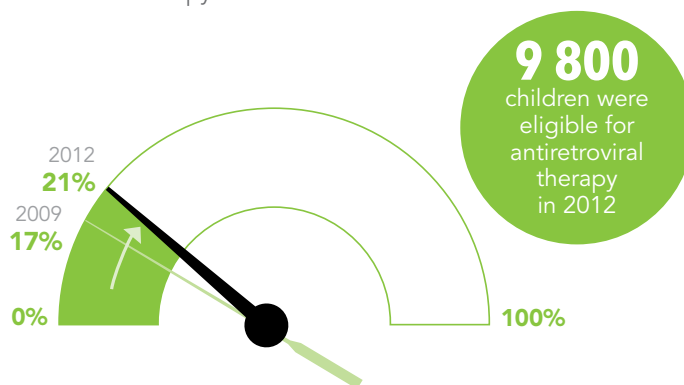
## The number of new HIV infections among children is decreasing, but slowly

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

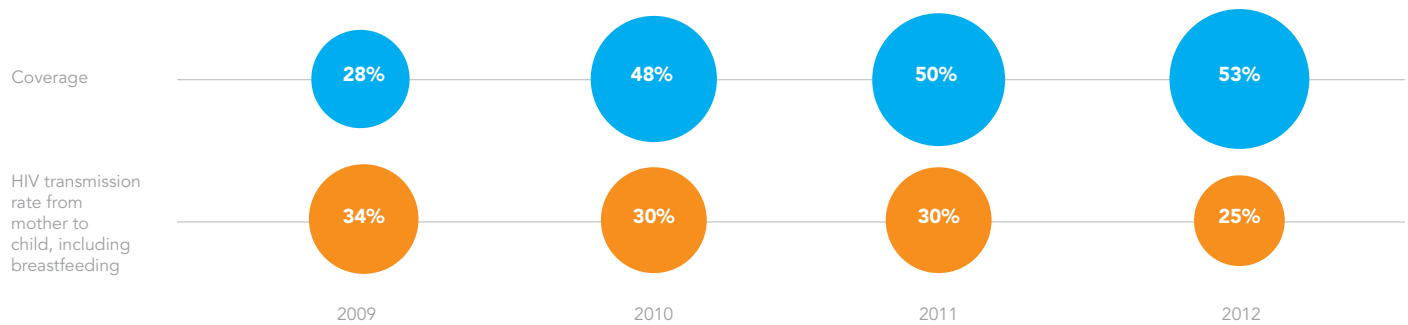


## Only 2 out of 10 eligible children are receiving HIV treatment

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



= 200

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

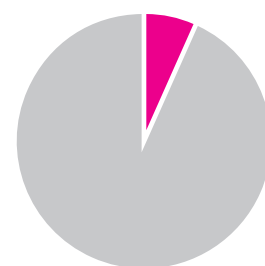


**32%**

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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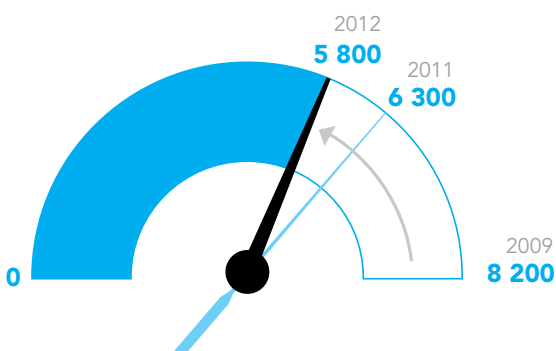
# CAMEROON

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.



## 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

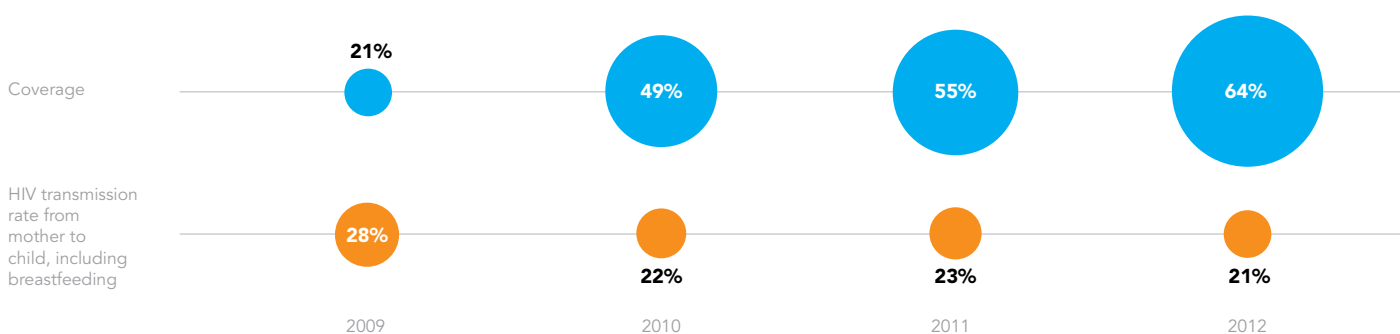


## More than 8 out of 10 eligible children are not receiving HIV treatment

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



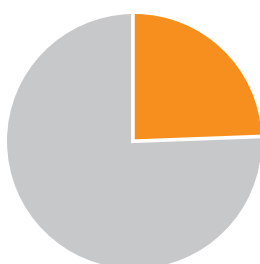
More than half of eligible pregnant women living with HIV are not receiving antiretroviral therapy for their own health



**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

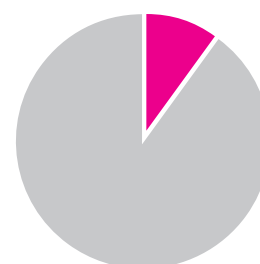


**24%**

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

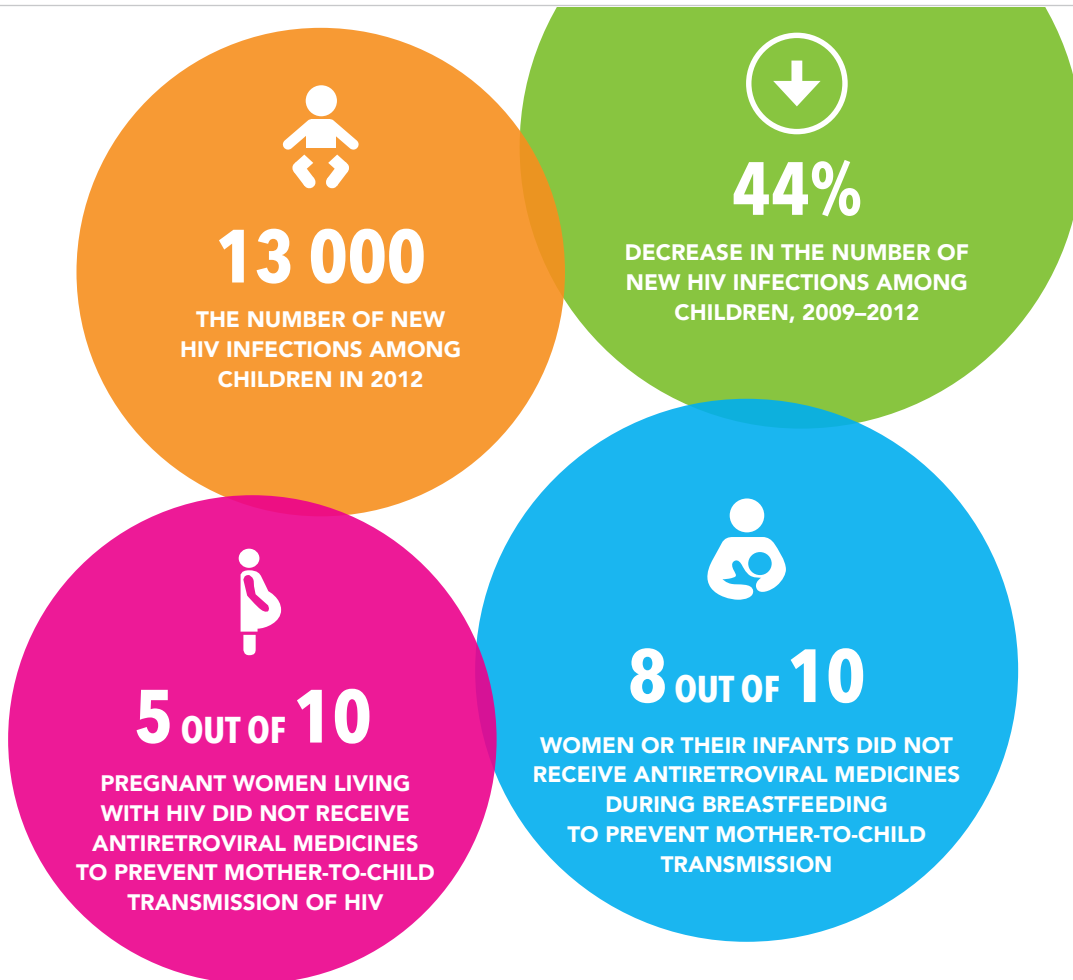
Source: WHO, UNICEF, UNFPA and World Bank. Trends in maternal mortality: 1990 to 2010. Geneva, World Health Organization, 2012.

### Notes

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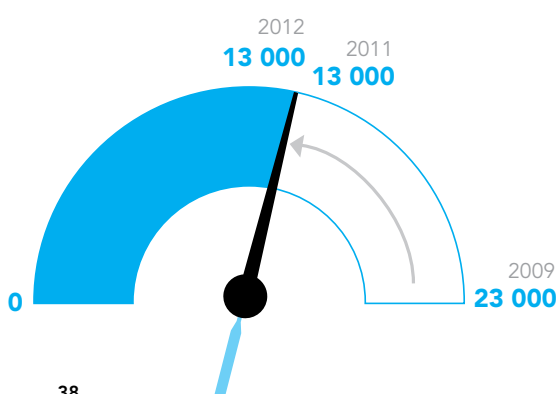
# KENYA

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.



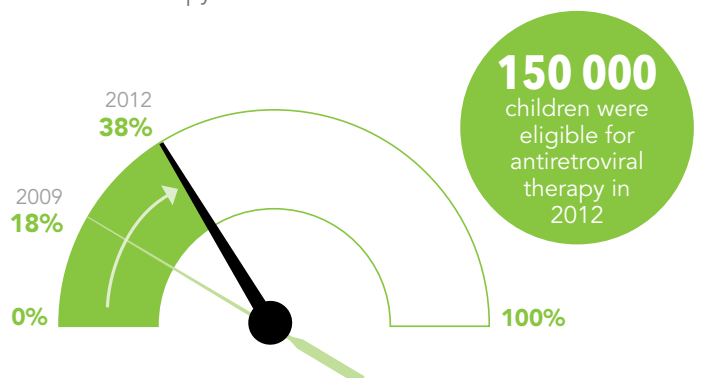
## The number of new HIV infections among children has declined at a moderate pace

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

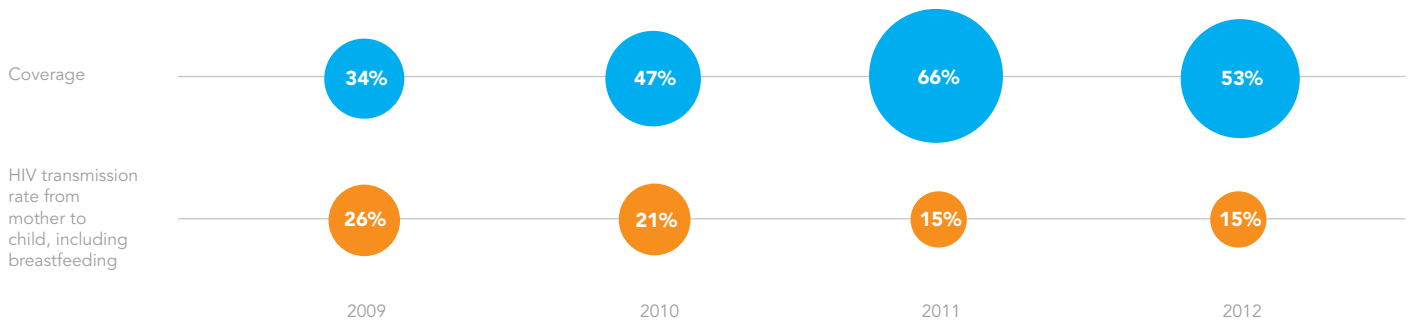


## Almost 6 out of 10 eligible children are not receiving HIV treatment

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



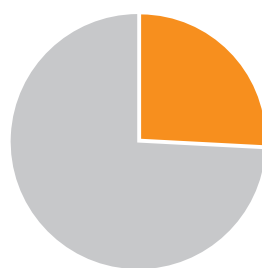
Almost 6 out of 10 pregnant women living with HIV are receiving antiretroviral therapy for their own health



**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

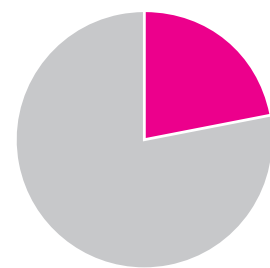


**26%**

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

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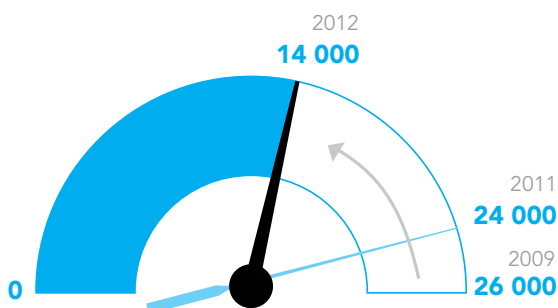
# MOZAMBIQUE

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.



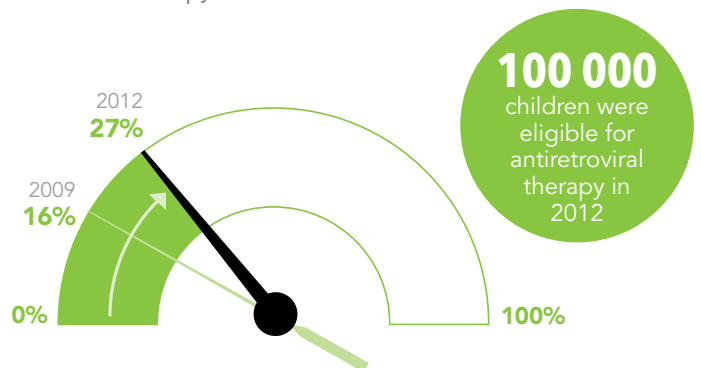
## The number of new HIV infections among children continues to decline

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



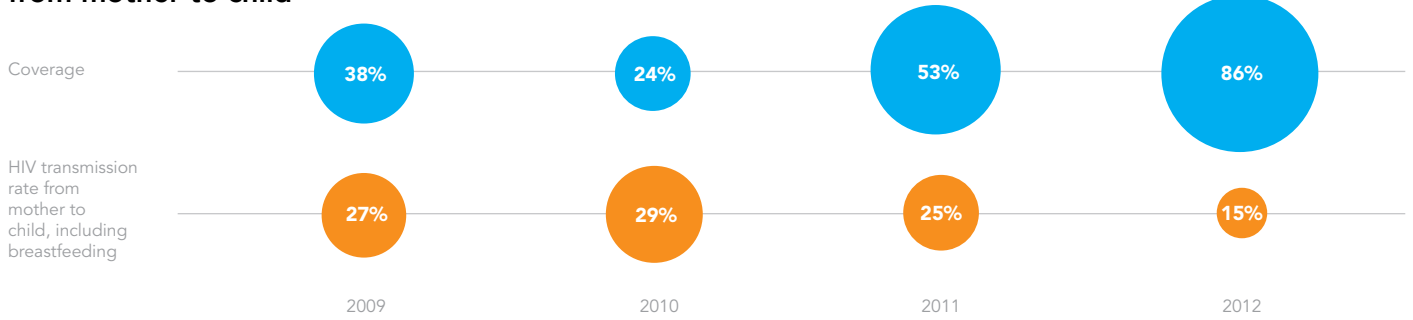
## 7 out of 10 of eligible children are not receiving HIV treatment

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**



**38%**

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**

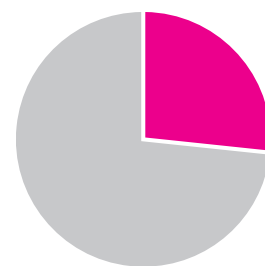


**29%**

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

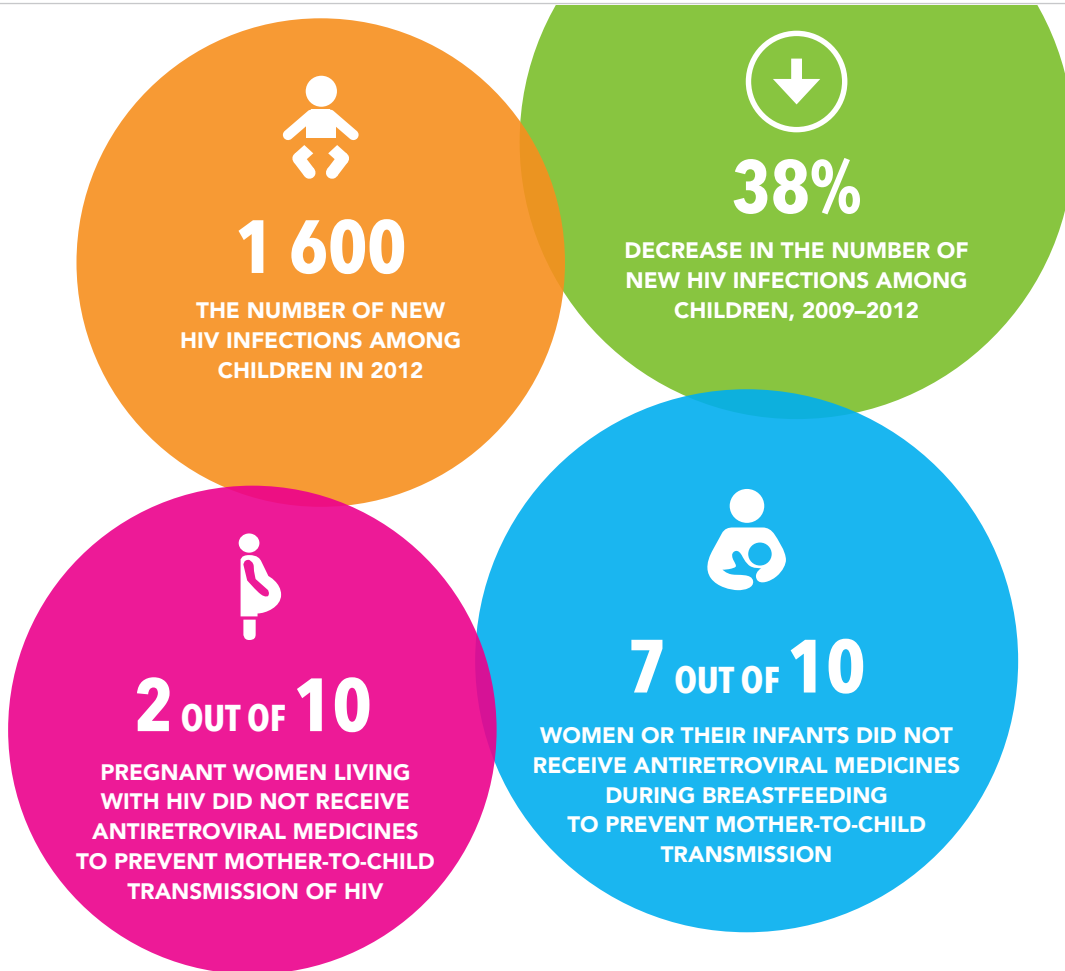
Source: WHO, UNICEF, UNFPA and World Bank. Trends in maternal mortality: 1990 to 2010. Geneva, World Health Organization, 2012.

**Notes**

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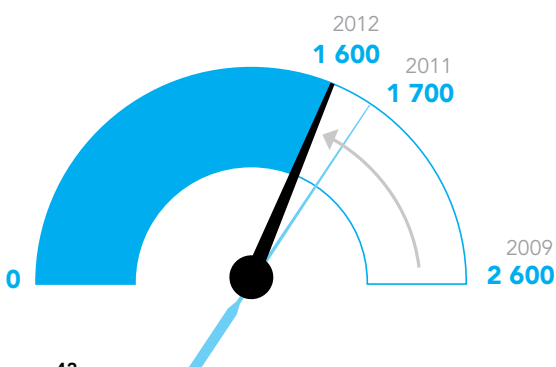
# SWAZILAND

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.



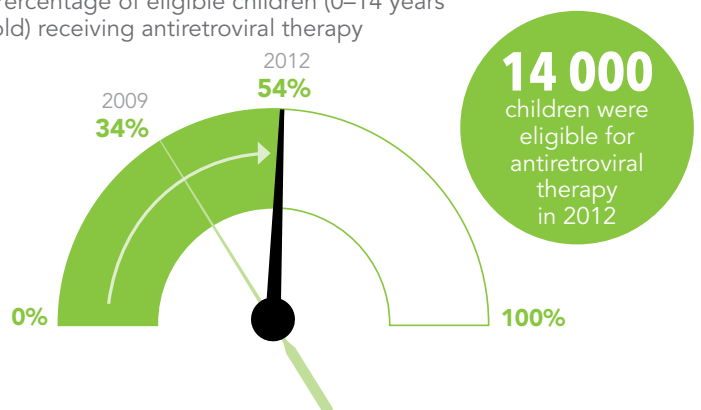
## The number of new HIV infections among children has declined at a moderate pace

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

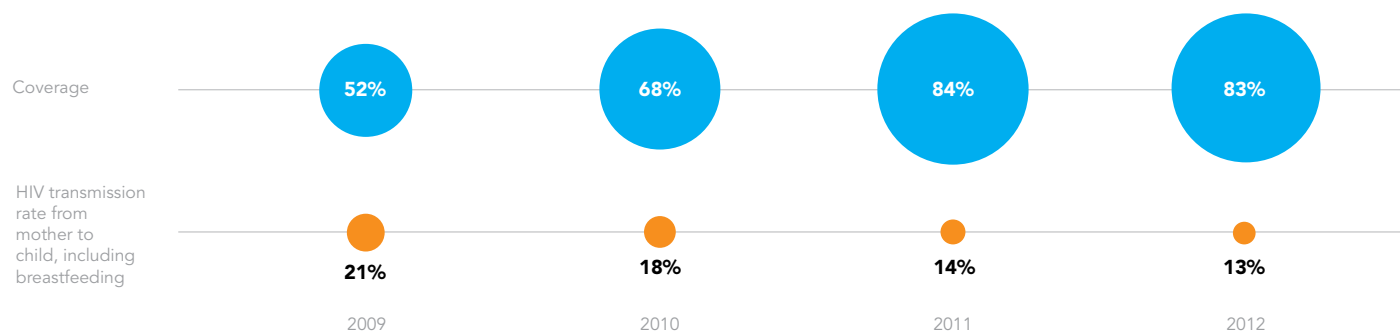


## Swaziland has almost doubled the number of children receiving HIV treatment, but almost half still do not have access

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



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

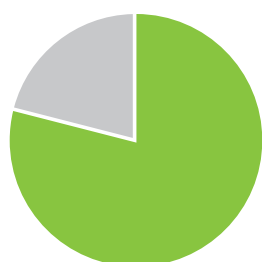


## Reducing the number of women newly infected with HIV will reduce the number of children exposed to HIV

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



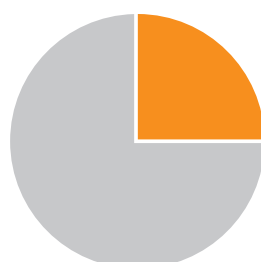
**Universal access to HIV treatment for pregnant women living with HIV is within reach**



**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**

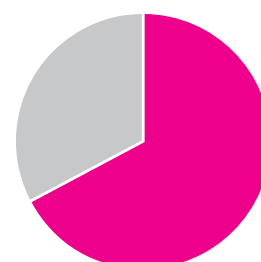


**25%**

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

The estimates were calculated using Spectrum version 4.6. 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.

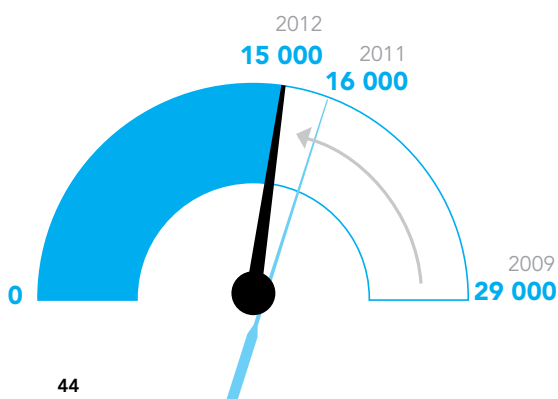
# UNITED REPUBLIC OF TANZANIA

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 53% 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.



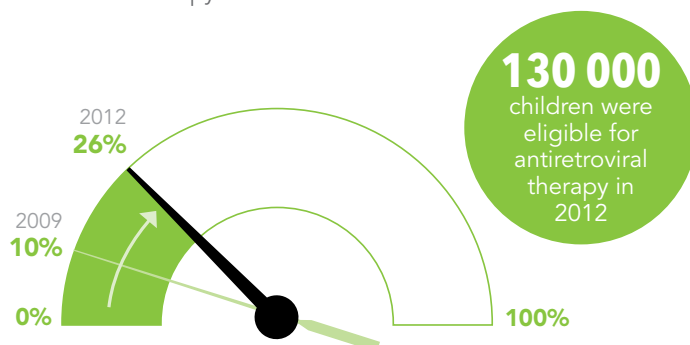
## The number of new HIV infections among children continues to decline rapidly

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

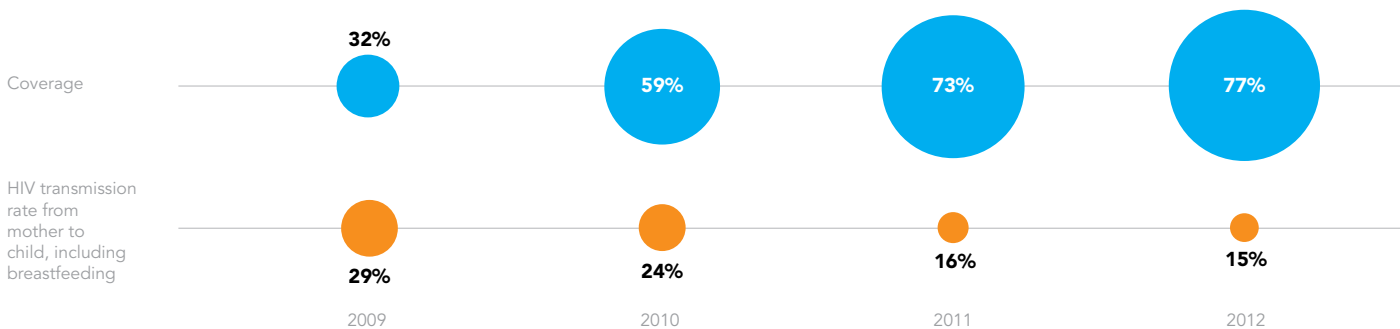


## 7 out of 10 eligible children are not receiving HIV treatment

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%

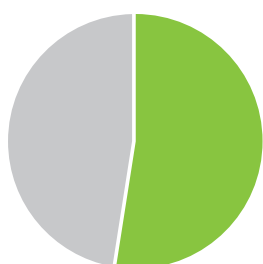


## The number of women newly infected with HIV remains high

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**



**53%**

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**

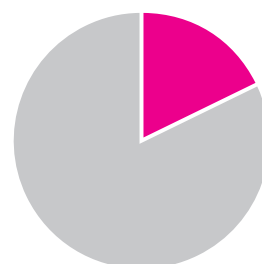


**25%**

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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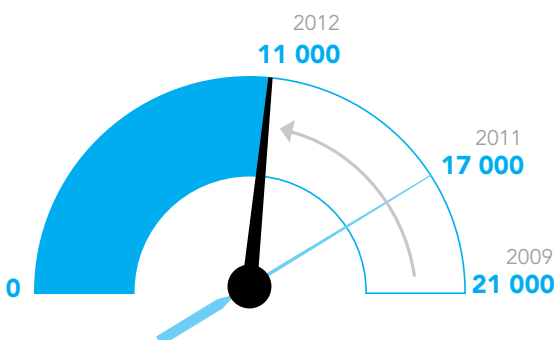
# ZIMBABWE

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.



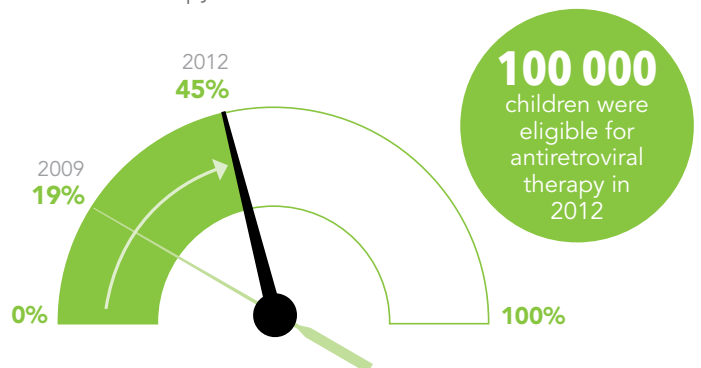
## The number of new HIV infections among children continues to decline rapidly

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

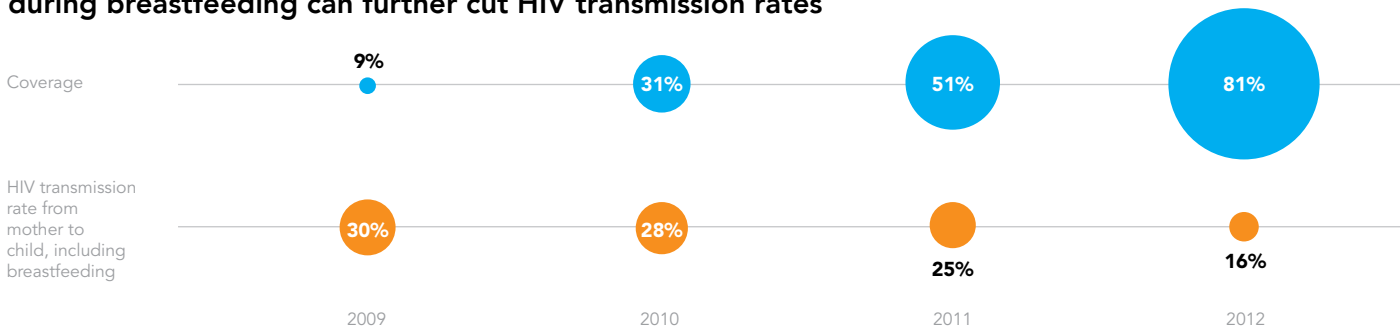


## More than 1 out of 2 eligible children are not receiving HIV treatment

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

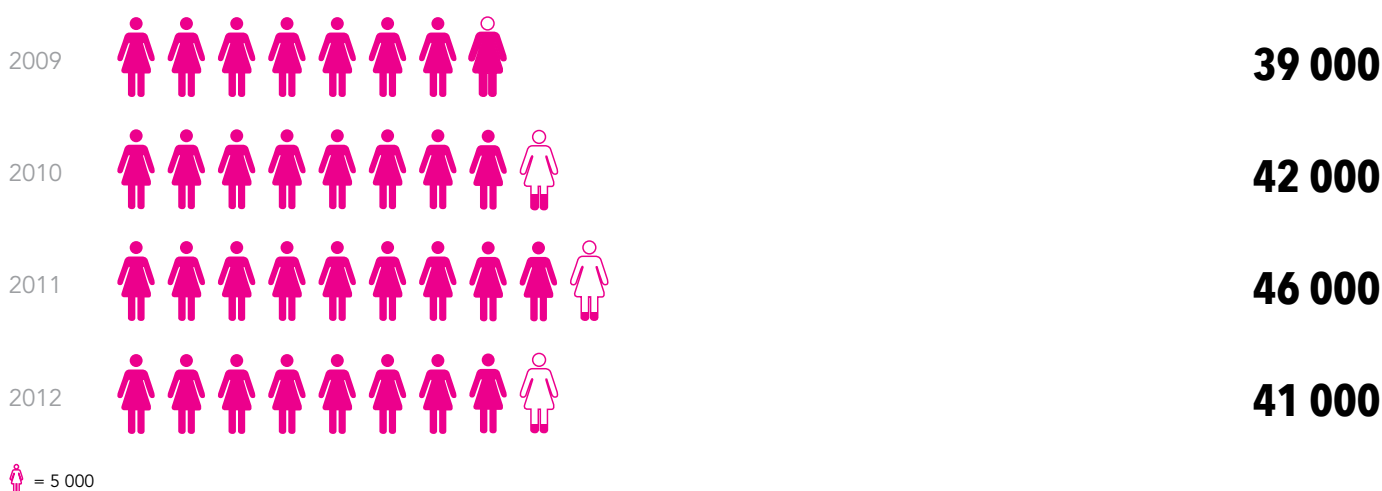


**Increases in coverage of antiretroviral medicines have decreased HIV transmission rates from mother to child by nearly half, but the rate still remains high. Increasing access to antiretroviral medicines during breastfeeding can further cut HIV transmission rates**

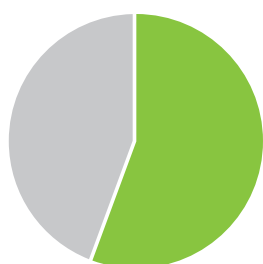


**The number of women acquiring HIV infection has risen and remains high**

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



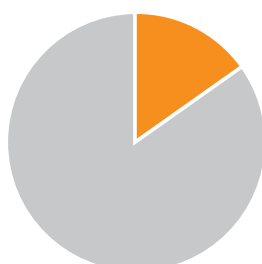
**4 out of 10 eligible pregnant women are not receiving antiretroviral therapy for their own health**



**56%**

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

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

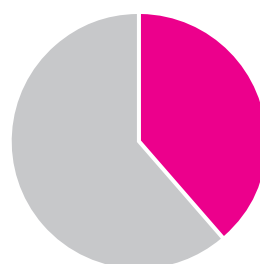


**15%**

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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# Slow decline

Angola

Chad

Côte d'Ivoire

Democratic Republic of the Congo

Lesotho

Nigeria





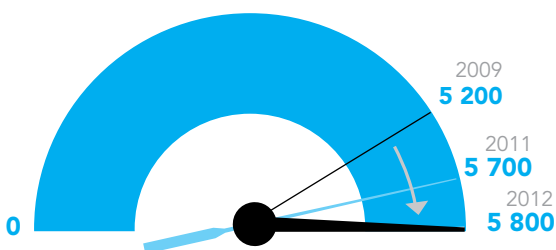
# ANGOLA

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.



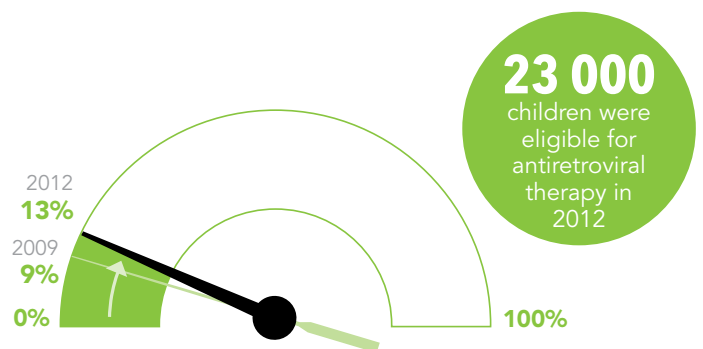
**Leadership to reach all pregnant women living with HIV with appropriate services is needed to halt and reverse the trend of increasing new HIV infections among children**

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

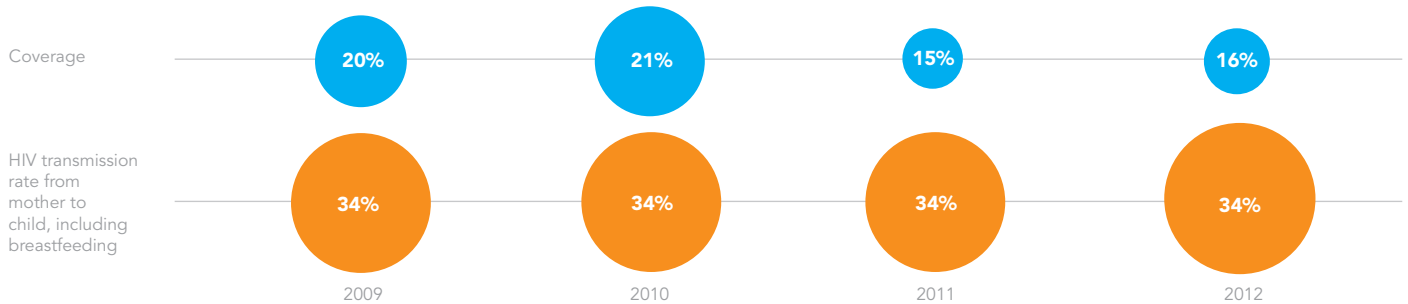


**9 out of 10 of eligible children are not receiving HIV treatment**

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 34%**



**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



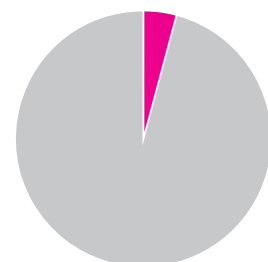
**Pregnant women living with HIV should receive antiretroviral therapy for their own health**



**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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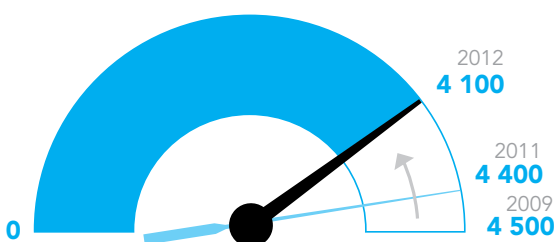
# CHAD

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.



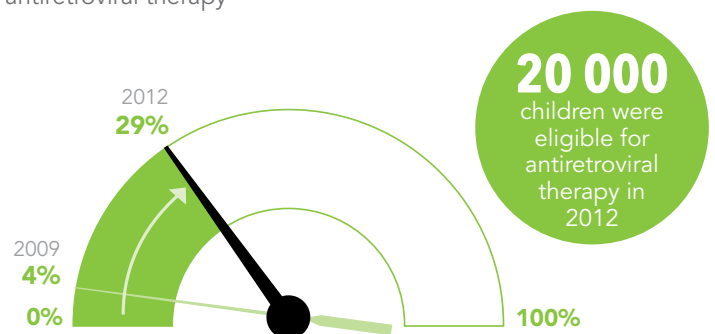
## The number of new HIV infections among children is declining but very slowly

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

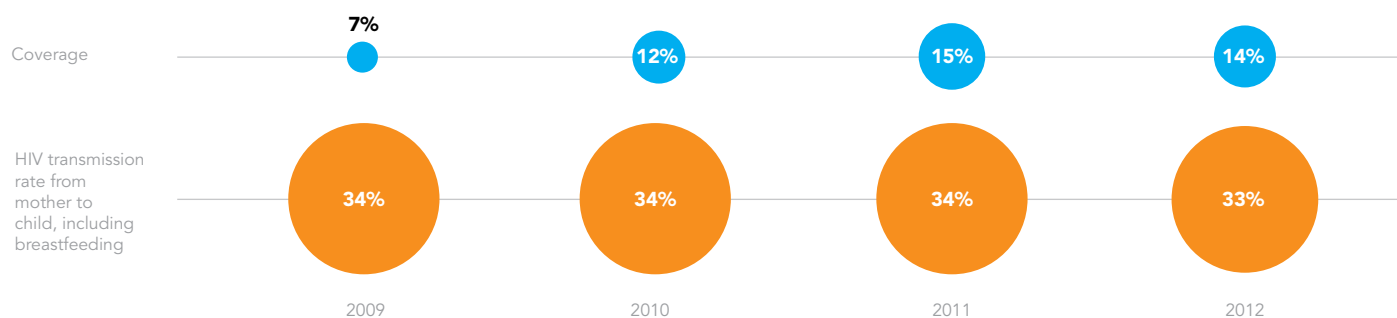


## Almost 7 out of 10 eligible children are not receiving antiretroviral therapy

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

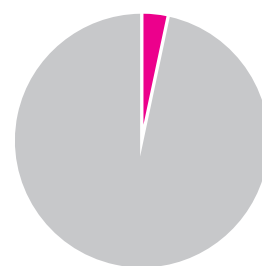


**21%**

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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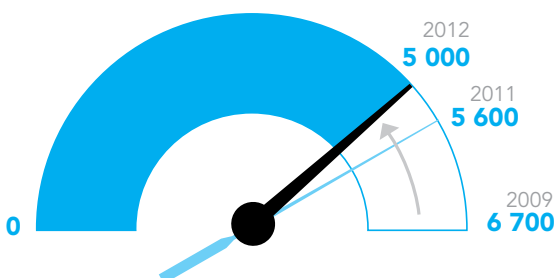
# CÔTE D'IVOIRE

In Côte d'Ivoire, the coverage of HIV prevention and treatment services for women and children increased between 2009 and 2012, including by 57% 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.



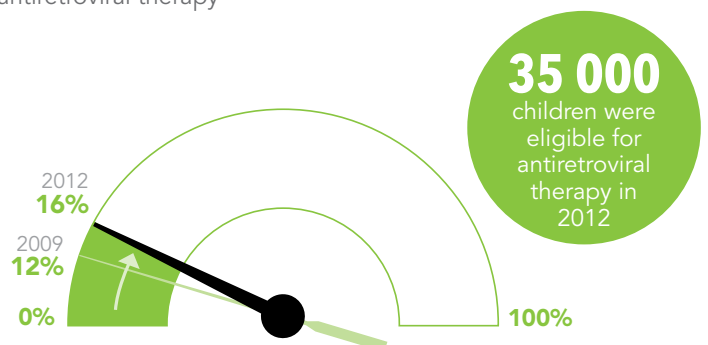
## The number of new HIV infections among children is declining but not rapidly enough

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

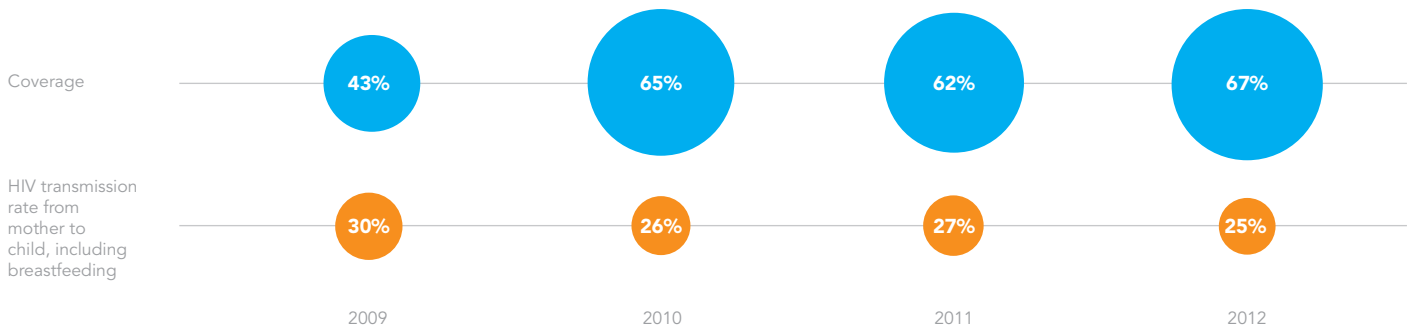


## More than 8 out of 10 eligible children are not receiving HIV treatment

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



👤 = 1 000

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



**32%**

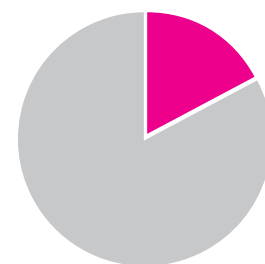
of eligible pregnant women are receiving antiretroviral therapy for their own health

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



No data available

**Access to HIV treatment will reduce maternal deaths from HIV**



**17%**

of pregnancy-related deaths were attributed to HIV

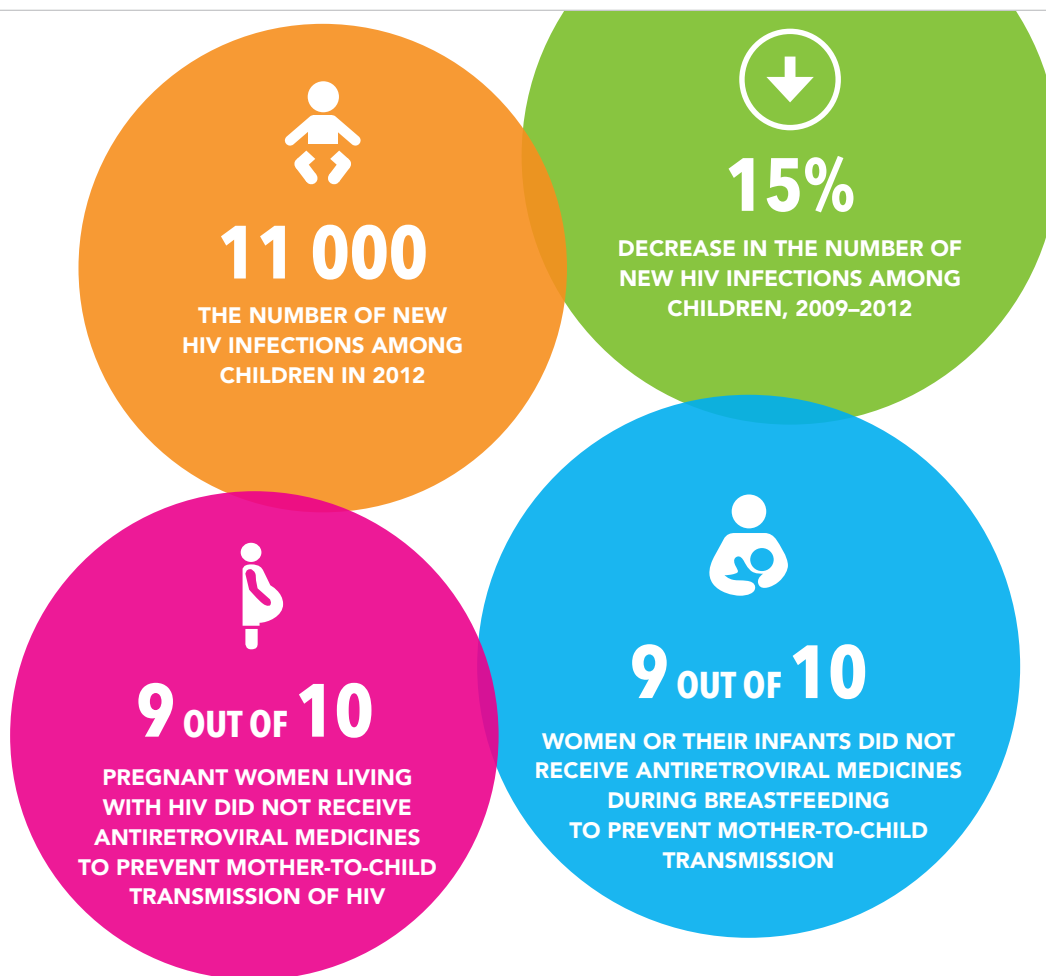
Source: WHO, UNICEF, UNFPA and World Bank. Trends in maternal mortality: 1990 to 2010. Geneva, World Health Organization, 2012.

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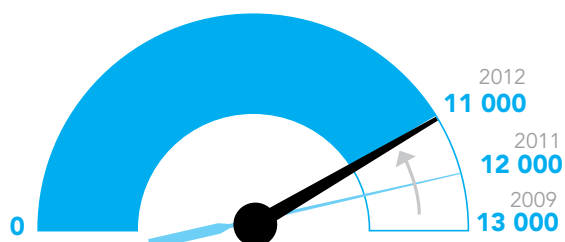
# DEMOCRATIC REPUBLIC OF THE CONGO

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.



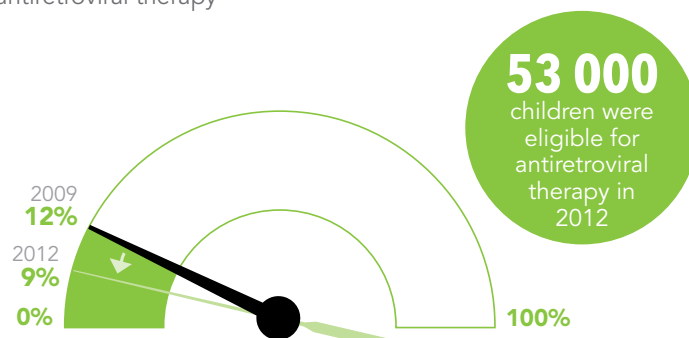
## The number of new HIV infections among children has remained alarmingly high

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



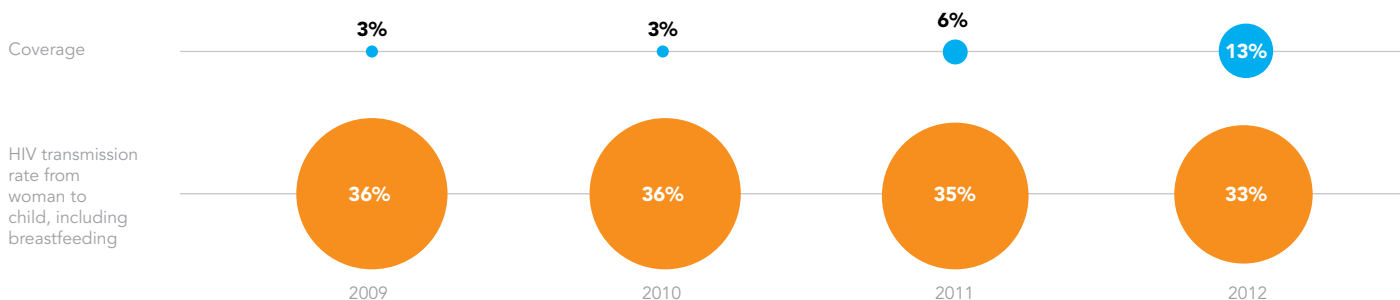
## 9 out of 10 eligible children are not receiving HIV treatment

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





## 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

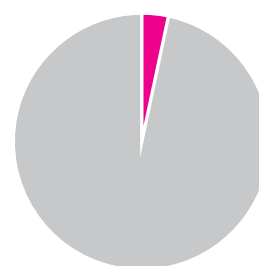


**27%**

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

The estimates were calculated using Spectrum version 4.6. 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.

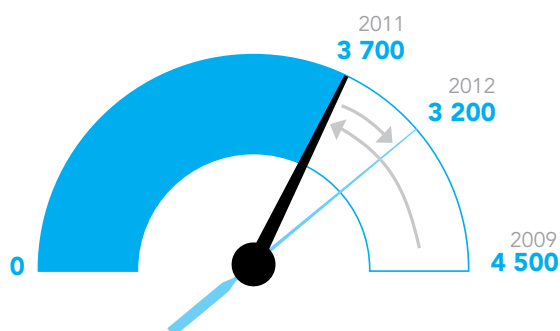
# LESOTHO

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.



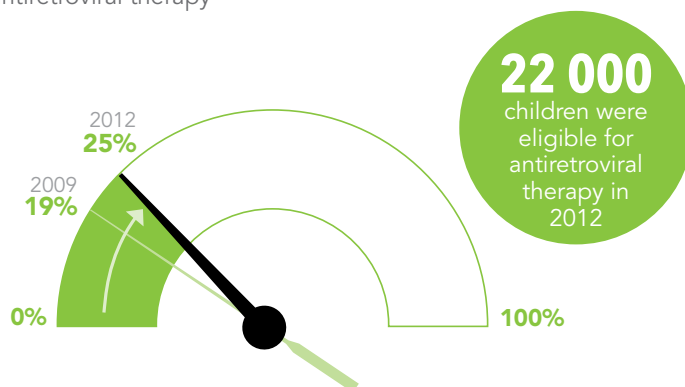
## The number of new HIV infections among children has declined slowly

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

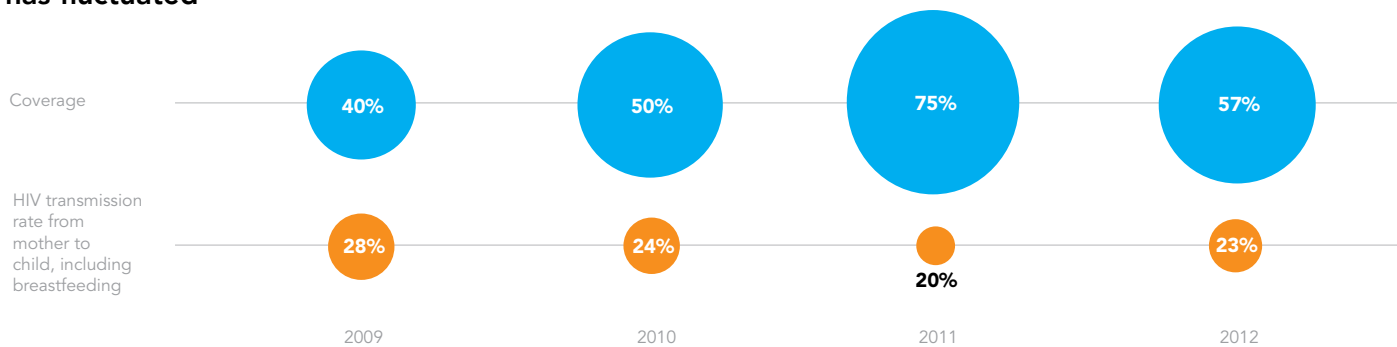


## 3 out of 4 eligible children are not receiving HIV treatment

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 15%

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



= 1 000

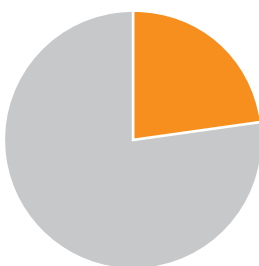
**1 out of 2 eligible pregnant women are receiving antiretroviral therapy for their own health**



**51%**

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**

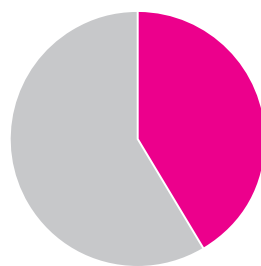


**23%**

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

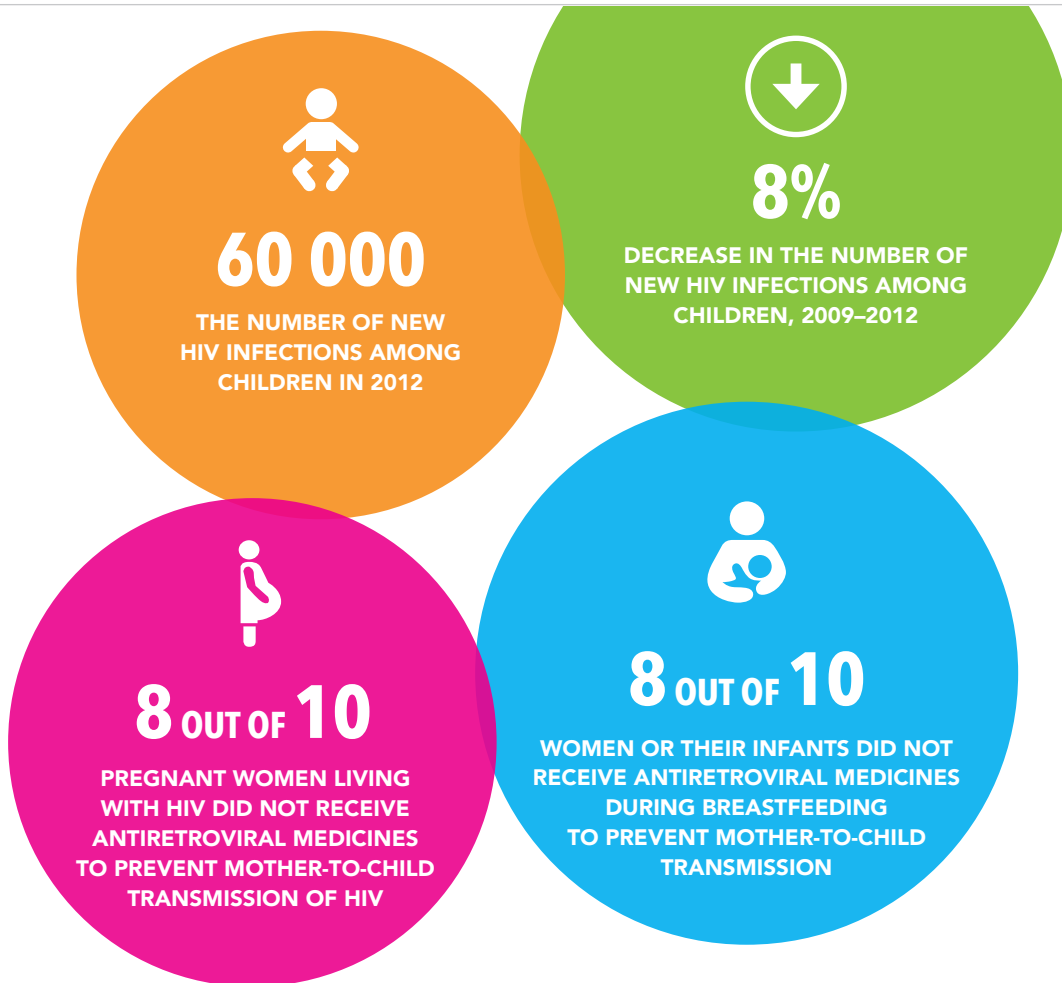
Source: WHO, UNICEF, UNFPA and World Bank. *Trends in maternal mortality: 1990 to 2010*. Geneva, World Health Organization, 2012.

### Notes

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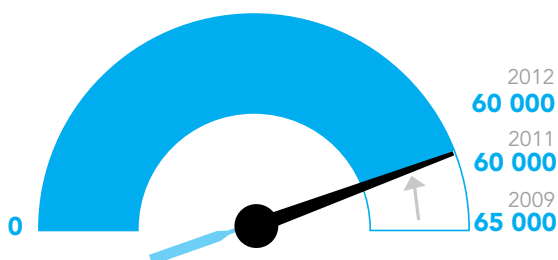
# NIGERIA

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.



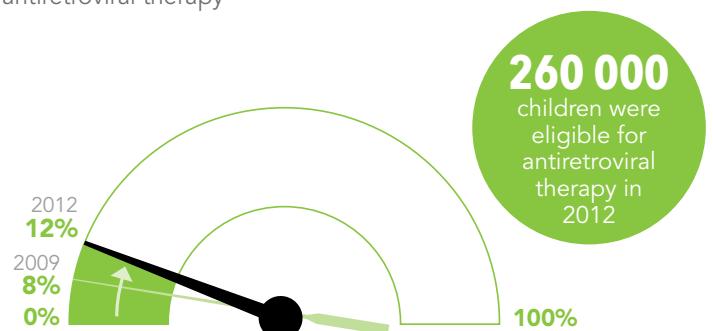
## The number of new HIV infections among children has declined very slowly

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

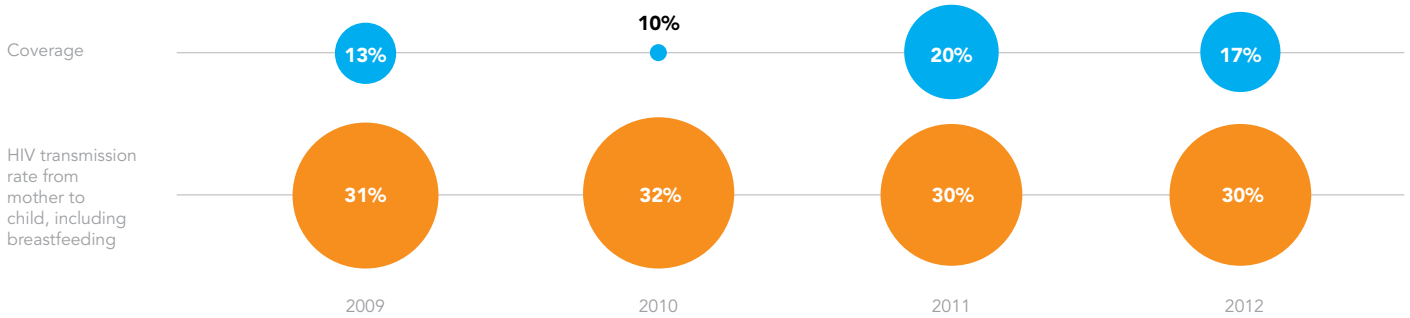


## Nearly 9 out of 10 eligible children are not receiving HIV treatment

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**



**17%**

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**

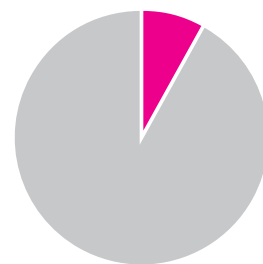


**20%**

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

The estimates were calculated using Spectrum version 4.6. 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.

# Summary tables



OVERALL TARGET 1												OVERALL TARGET 2	
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Number of women living with HIV giving birth

Number of new infections among children

AIDS-related deaths during pregnancy or within 42 days of the end of pregnancy

21 GLOBAL PLAN PRIORITY COUNTRIES	Number of women living with HIV giving birth						Number of new infections among children						AIDS-related deaths during pregnancy or within 42 days of the end of pregnancy	
	2009	Low	High	2012	Low	High	2009	Low	High	2012	Low	High	2005	2010
Angola	15 000	12 000	20 000	17 000	13 000	22 000	5 200	4 100	6 900	5 800	4 300	7 500	480	380
Botswana	14 000	13 000	16 000	13 000	11 000	14 000	670	590	750	320	180	480	220	80
Burundi	5 600	4 500	7 000	5 200	4 000	6 600	1 900	1 500	2 400	1 300	970	1 800	380	300
Cameroon	29 000	25 000	34 000	27 000	23 000	31 000	8 200	6 900	9 700	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	6 200	4 100	3 200	5 600	460	380
Côte d'Ivoire	22 000	18 000	26 000	20 000	16 000	24 000	6 700	5 300	8 300	5 000	3 600	6 700	1 400	940
Democratic Republic of the Congo	35 000	31 000	41 000	32 000	28 000	38 000	13 000	11 000	15 000	11 000	9 200	13 000	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	9 500	14 000	9 500	7 700	12 000	3 600	2 900	4 400	850	430	1 400	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	15 000	18 000	16 000	14 000	17 000	4 500	3 900	5 000	3 700	3 100	4 300	420	320
Malawi	70 000	64 000	79 000	68 000	62 000	77 000	23 000	20 000	26 000	11 000	8 600	14 000	2 600	1 800
Mozambique	97 000	85 000	110 000	94 000	82 000	110 000	26 000	22 000	32 000	14 000	11 000	21 000	2 200	2 400
Namibia	8 900	7 500	11 000	8 100	6 700	9 800	1 700	1 300	2 100	700	410	1 100	220	140
Nigeria	210 000	180 000	240 000	200 000	170 000	230 000	65 000	55 000	77 000	60 000	50 000	71 000	7 400	6 600
South Africa	280 000	260 000	310 000	270 000	240 000	290 000	38 000	28 000	48 000	14 000	13 000	17 000	3 600	3 800
Swaziland	12 000	11 000	14 000	12 000	11 000	14 000	2 600	2 200	3 000	1 600	1 200	2 000	220	150
Uganda	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available
United Republic of Tanzania	99 000	86 000	110 000	97 000	82 000	110 000	29 000	24 000	35 000	15 000	9 600	21 000	4 000	3 000
Zambia	80 000	72 000	88 000	81 000	72 000	90 000	19 000	17 000	22 000	9 500	8 300	12 000	2 200	1 600
Zimbabwe	68 000	61 000	77 000	69 000	61 000	78 000	21 000	18 000	24 000	11 000	8 400	14 000	2 800	1 700
<b>Global Plan priority countries in sub-Saharan Africa</b>	<b>1 300 000</b>	<b>1 200 000</b>	<b>1 600 000</b>	<b>1 300 000</b>	<b>1 200 000</b>	<b>1 500 000</b>	<b>340 000</b>	<b>310 000</b>	<b>420 000</b>	<b>210 000</b>	<b>180 000</b>	<b>270 000</b>	<b>42 000</b>	<b>33 000</b>



21 GLOBAL PLAN PRIORITY COUNTRIES	PRONG 1 TARGET						PRONG 2 TARGET			PRONG 3 TARGET					
	New HIV infections among women 15–49 years old						Percentage of women with unmet need for family planning			Final mother-to-child transmission rate (%)					
	2009	Low	High	2012	Low	High	%	Year	2009	Low	High	2012	Low	High	
Angola	14 000	9 600	17 000	16 000	10 000	19 000	not available	not available	34	27	44	34	26	44	
Botswana	7 200	5 600	8 400	6 200	4 700	7 400	not available	not available	5	4	5	3	2	3	
Burundi	2 000	1 300	3 000	1 800	570	3 300	32	2010	34	27	42	25	20	32	
Cameroon	21 000	18 000	25 000	21 000	18 000	25 000	24	2011	28	25	33	21	18	25	
Chad	6 200	4 300	8 700	6 300	4 200	9 400	21	2004	34	27	45	33	26	43	
Côte d'Ivoire	11 000	8 300	14 000	14 000	11 000	19 000	not available	not available	30	25	36	25	20	31	
Democratic Republic of the Congo	15 000	13 000	17 000	14 000	12 000	16 000	27	2007	36	31	41	33	29	39	
Ethiopia	6 500	2 900	11 000	6 200	2 800	10 000	26	2011	35	30	41	25	21	30	
Ghana	6 700	4 700	8 900	3 800	1 400	6 400	36	2008	31	26	38	9	7	11	
Kenya	50 000	47 000	55 000	46 000	43 000	50 000	26	2008–2009	26	23	30	15	14	17	
Lesotho	14 000	13 000	16 000	12 000	10 000	14 000	23	2009	28	25	30	23	21	26	
Malawi	30 000	26 000	33 000	29 000	26 000	34 000	26	2010	32	29	36	16	14	18	
Mozambique	56 000	47 000	69 000	56 000	45 000	74 000	29	2011	27	24	31	15	13	19	
Namibia	4 700	3 600	6 200	5 100	3 500	7 100	21	2006–2007	19	16	22	9	7	10	
Nigeria	120 000	95 000	140 000	110 000	89 000	140 000	20	2008	31	27	36	30	26	35	
South Africa	210 000	190 000	220 000	150 000	140 000	170 000	not available	not available	14	12	15	5	5	6	
Swaziland	6 600	5 600	7 600	5 600	4 400	7 000	25	2006–2007	21	19	23	13	12	15	
Uganda	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	
United Republic of Tanzania	42 000	35 000	52 000	40 000	32 000	50 000	25	2010	29	25	33	15	13	18	
Zambia	26 000	23 000	29 000	22 000	19 000	25 000	27	2007	24	22	27	12	11	13	
Zimbabwe	39 000	34 000	43 000	41 000	35 000	47 000	15	2010–2011	30	27	34	16	14	18	
Global Plan priority countries in sub-Saharan Africa	750 000	690 000	870 000	660 000	600 000	770 000	not available	not available	26	24	30	17	15	20	

**PRONG 3 TARGET**

**PRONG 3 TARGET**

Percentage of women receiving antiretroviral medicines (excluding single-dose nevirapine) to prevent mother-to-child transmission

Percentage of women or infants receiving antiretroviral medicines during breastfeeding to prevent mother-to-child transmission

21 GLOBAL PLAN PRIORITY COUNTRIES	PRONG 3 TARGET						PRONG 3 TARGET					
	2009	Low	High	2012	Low	High	2009	Low	High	2012	Low	High
Angola	20	16	26	16	12	20	not available	not available	not available	not available	not available	not available
Botswana	92	84	>95	>95	86	>95	31	28	34	69	61	78
Burundi	28	23	35	53	41	68	0	0	0	20	15	25
Cameroon	21	19	25	64	56	76	13	11	15	19	16	22
Chad	7	6	10	14	11	18	7	6	10	14	11	18
Côte d'Ivoire	43	36	51	67	55	82	0	0	0	14	11	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	39	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	43	57	51	63	11	10	12	20	18	22
Malawi	18	16	20	60	55	68	4	4	5	57	52	65
Mozambique	38	34	45	86	75	>95	8	7	9	86	75	>95
Namibia	65	54	77	94	78	>95	14	12	17	56	46	68
Nigeria	13	11	15	17	14	20	3	3	4	15	13	17
South Africa	61	56	67	87	79	95	47	43	51	87	79	95
Swaziland	52	46	58	83	74	94	15	13	17	34	30	38
Uganda	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available
United Republic of Tanzania	32	27	37	77	65	89	7	6	8	77	65	89
Zambia	53	48	59	95	86	>95	23	21	25	54	48	60
Zimbabwe	9	8	10	81	71	90	1	1	1	52	45	58
<b>Global Plan priority countries in sub-Saharan Africa</b>	<b>34</b>	<b>31</b>	<b>39</b>	<b>65</b>	<b>59</b>	<b>77</b>	<b>15</b>	<b>14</b>	<b>18</b>	<b>53</b>	<b>48</b>	<b>63</b>

21 GLOBAL PLAN PRIORITY COUNTRIES	PRONG 4 TARGET						PRONG 4 TARGET						PRONG 4 TARGET	
	Percentage of pregnant women living with HIV receiving antiretroviral therapy for their own health						Antiretroviral therapy coverage among children 0–14 years old (%)						Percentage of deaths among children younger than five years due to HIV	
	2009	Low	High	2012	Low	High	2009	Low	High	2012	Low	High	2009	2010
Angola	not available	not available	not available	not available	not available	not available	9	6	10	13	10	16	2	2
Botswana	64	57	72	95	95	>95	>95	90	94	>95	>95	>95	16	15
Burundi	0	0	0	47	39	56	17	14	21	21	16	26	6	6
Cameroon	31	28	35	44	40	50	10	8	10	15	13	18	5	5
Chad	21	17	27	32	27	41	4	3	5	29	24	38	3	3
Côte d'Ivoire	0	0	0	32	28	38	12	11	15	16	12	17	4	3
Democratic Republic of the Congo	0	0	0	18	15	20	12	9	12	9	8	10	1	1
Ethiopia	4	3	5	38	33	44	11	9	13	23	20	28	2	2
Ghana	0	0	0	76	69	86	10	7	10	25	21	31	3	3
Kenya	42	38	46	58	54	63	18	15	19	38	34	45	8	7
Lesotho	34	32	38	51	48	55	19	17	21	25	22	27	23	18
Malawi	13	11	14	86	82	90	17	16	19	36	33	41	14	13
Mozambique	22	20	26	38	33	42	16	14	20	27	23	32	11	10
Namibia	37	33	43	94	93	>95	75	61	82	87	75	>95	18	14
Nigeria	10	9	12	17	15	20	8	7	9	12	11	14	4	4
South Africa	40	38	43	83	81	86	17	15	19	67	61	73	31	28
Swaziland	40	37	44	79	74	84	34	27	34	54	47	60	25	23
Uganda	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available	not available
United Republic of Tanzania	17	15	20	53	48	59	10	8	11	26	22	30	6	5
Zambia	54	50	58	89	85	93	23	21	26	38	34	42	12	11
Zimbabwe	4	3	4	56	52	61	19	17	20	45	40	50	23	20
<b>Global Plan priority countries in sub-Saharan Africa</b>	25	23	28	59	54	66	16	14	18	33	30	39	not available	not available

The values listed under "Low" and "High" are plausibility bounds and represent the uncertainty associated with each estimate. This reflects the type of epidemic, the quality, coverage and consistency of the country's surveillance data and the assumptions used in the model. Monitoring systems to determine the number of women or their infants receiving antiretroviral medicines during the breastfeeding period are weak in many countries.











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JC2509/1/E