Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003

USAID, UNAIDS, WHO, UNICEF, and the POLICY Project

June 2004

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EXECUTIVE SUMMARY

The Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001 commits member states and the global community to taking strong and immediate action to address the HIV/AIDS crisis. It calls for achieving a number of specific goals, including reducing HIV prevalence among young men and women, expanding care and support, and protecting human rights. The Millennium Development Goals adopted at the Millennium Summit in September 2000 call for expanded efforts to halt and reverse the spread of HIV/AIDS by 2015. Other important documents, such as the Abuja Declaration and Framework for Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases adopted at the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in 2001, declare regional and national commitments to confront the epidemic.

Progress toward achieving these goals requires significantly expanding HIV/AIDS programs to foster a supportive environment, to prevent new infections, to care for those already infected, and to mitigate the social and economic consequences of the epidemic. One measure of progress is the percentage of people living in low- and middle-income countries who have access to key prevention and care services. This report presents the results of an assessment of the coverage of several key health services in 2003. It updates and adds information to a similar report on coverage in 2001. This report includes results from 73 countries, including most low- and middle-income countries with more than 10,000 people living with HIV/AIDS in 2003. The information presented here relies on service statistics and expert assessment. These data focus on the quantity of services provided and do not address the quality of those services. The results should be interpreted with caution but are useful in indicating the progress made in the last two years toward future goals.

The results of this analysis suggest that most people in low- and middle-income countries do not have access to many key prevention services. Utilization is very low for voluntary counseling and testing (VCT) with an estimated 6.1 million visits per year or 0.2% of adults 15–49. Approximately 10 million pregnant women are offered services to prevent mother-to-child transmission of HIV (PMTCT), about 8% of all pregnant women in these countries. About 70,000 women receive AZT or nevirapine to prevent HIV transmission to the newborn child, only 3% of all HIV-positive pregnant women.

Half of the countries involved in this study reported on services for special populations. Of those reporting, most have some programs in place but there are large variations on coverage. Estimates of coverage are particularly difficult because good estimates of the sizes of these populations are lacking for many countries. For all regions combined, prevention services are provided to about 16% of sex workers, 11% of men who have sex with men, 53% of prisoners, and 20% of children living on the street.

Twenty-four countries reported having prevention programs for injecting drug users, most from Eastern Europe and Asia. The most common type of program was information and education on risk reduction, which is provided for about 320,000 injecting drug users. Needle and syringe exchange programs reach about half as many (150,000) and drug substitution programs reach only about 20,000. Estimates of the number of injecting drug users are highly uncertain but the number may be on the order of 9–10 million, so coverage of harm reduction programs is still low in most low- and middle-income countries.

The situation is much better for AIDS education (about 50% of primary and secondary students receive some AIDS education) and condom distribution (over 4 billion condoms distributed for disease prevention, enough to cover about one-fifth of risky sex acts), as these services are widely available now in many countries. Similarly, access to care and treatment, including antiretroviral therapy, is comparatively high in parts of Latin America.

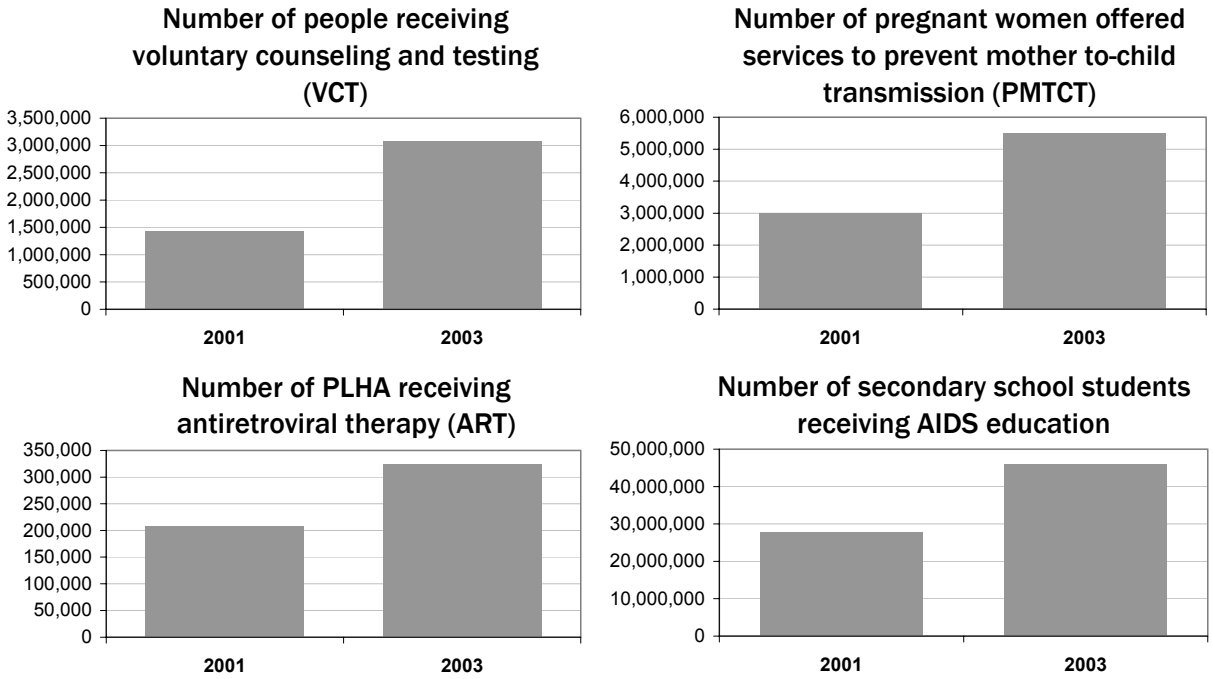
The level of care available to most people with HIV does not provide all the essential elements. The services that are available are usually located in capital cities and other urban areas but not in rural areas. Prophylaxis for opportunistic infections is not a standard part of treatment in many countries and is provided to only about 7% of those in need in the developing world. The availability of antiretroviral therapy (ART) has grown rapidly in the past two years and now reaches nearly 410,000 clients, but this still represents only about 7% of need.

Statistics available on support for orphans and vulnerable children probably understate the true amount of support provided since many small community groups provide support to small numbers of children without outside donor support so their statistics are often not reported to the central level. Based on reports available from the government and larger organizations, the percentage of all orphans and vulnerable children receiving pubic support is less than 3% for most services except in the Eastern European region where coverage is much higher, particularly for education and healthcare.

Significant progress has been made since UNGASS. The number of people receiving VCT services has more than doubled, the number of women offered PMTCT services has increased by 70%, the number of HIV-positive people receiving antiretroviral treatment has increased by 56% and the number of secondary school students receiving AIDS education has increased by 65%. This growth is shown in the figure below. ***This comparison uses only those countries reporting in both surveys, so the figures are less than those given elsewhere in this report for all countries.***

Access to these and other prevention, care, treatment, and support services needs to increase significantly in the next few years to meet the goals of the Declaration of Commitment on HIV/AIDS and the Millennium Development Goals. Some progress has been made since 2001, but much work remains to bring essential services to a significant portion of the population in need.

Number of people receiving services in 2001 and 2003 for countries reporting in both surveys for VCT, PMTCT, ART, and AIDS education



FOREWORD

HIV/AIDS is the most far-reaching and damaging epidemic the world has ever seen. Within a single generation, it has grown into an individual and societal tragedy with huge implications for human security, for social and political stability and for economic development. Originally viewed as just another disease, HIV/AIDS has long since moved beyond the boundaries of the health system. It is now generally acknowledged that addressing the pandemic requires concerted efforts across all sectors involving a wide array of actors.

Following the United Nations General Assembly Special Session on HIV/AIDS in June 2001, Member States and development partners committed themselves to a wide-ranging and ambitious program of action to address the pandemic. To establish a baseline against which progress can be measured, a survey was conducted to measure services provided in 2001. The results of that survey are presented in *Coverage of selected health services for HIV/AIDS prevention and care in less developed countries in 2001* World Health Organization, Geneva, November 2002. This report presents the results of the second such assessment, undertaken in 2003–2004 to update the results of the 2001 survey. This survey covers 73 countries, including most low- and middle-income countries with more than 10 000 people living with HIV/AIDS in 2003.

The information was collected by national consultants who contacted the people most knowledgeable about these services in each country. Many respondents were officials of national AIDS programs, government ministries, AIDS service organizations or international donors. They provided service statistics when available and also indicated their best estimate of the coverage of services by geographical region within their countries. National consensus workshops were held in most countries that brought together experts in these fields to validate the data and ensure completeness. The numbers of people living with HIV and the numbers of deaths from AIDS are based on the UNAIDS/WHO estimates published biannually.

The Advisory Board for this study provided valuable comments and suggestions on the methods and questionnaire. The members of the Advisory Board were Michel Caraël and Paul DeLay, UNAIDS; Ties Boerma, WHO; Deborah Rugg and George Bicego, US Centers for Disease Control and Prevention; John Novak, Office of AIDS at the US Agency for International Development; Erin Eckert, Measure EVALUATION Project; Susan Stout, World Bank and Roeland Monasch, UNICEF. USAID provided the funding for this study. The UNAIDS Secretariat, WHO, USAID, CDC, and UNICEF were instrumental in implementing this survey by providing support to the development of the questionnaire, identification of national consultants and review of final results. The POLICY Project/Futures Group coordinated the data collection and analysis. John Stover and Jane Begala of the Futures Group wrote this report.

1. THE CHALLENGE OF HIV/AIDS AND THE RESPONSE TO THE EPIDEMIC

The HIV/AIDS epidemic is one of the greatest challenges ever to global well-being. About 40 million people were living with HIV in 2003, and millions have already died of AIDS. Many more people are affected because their parents, other family members, friends and co-workers have died from AIDS or are infected with HIV.

International commitment

National programs, international organizations, civil society, communities and individuals have responded to the epidemic. The initial efforts were often weak and scattered, as the full nature and scope of the threat were not comprehended. As the epidemic has progressed, understanding of the complex causes and effects has increased. Although much is still not known, there is general consensus on many of the key actions required to confront this challenge.

The Declaration of Commitment on HIV/AIDS adopted by the United National General Assembly Special Session on HIV/AIDS in June 2001 commits Member States and the global community to taking strong and immediate action to address the HIV/AIDS crisis. The Declaration calls for achieving several specific goals, including reducing HIV prevalence among young men and women, expanding care and support and protecting human rights. The Millennium Development Goals adopted at the Millennium Summit in September 2000 call for expanded efforts to halt and reverse the spread of HIV/AIDS by 2015. Other important documents, such as the Abuja Declaration and Framework for Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases adopted at the African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in 2001, declare regional and national commitments to confront the epidemic. The WHO “3 by 5” strategy calls for providing anti-retroviral therapy to 3 million people in low and middle income countries by the end of 2005. The United States President’s Emergency Program for AIDS Relief sets targets for US assistance to contribute to averting 7 million infections by 2010, providing ARV therapy to 2 million people by 2008 and providing care and support to 10 million people living with HIV and orphans and vulnerable children by 2008.

Box 1 shows some of the specific goals adopted by the United Nations General Assembly Special Session on HIV/AIDS, the Millennium Summit, the World Health Organization and the US emergency program.

Box 1. Prevention and treatment goals

Declaration of Commitment on HIV/AIDS
"By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25% and by 25% globally by 2010 ..."

"By 2004, ensure that a wide range of prevention interventions is available in all countries including: information, education and communication, in languages most understood by communities, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour; provision of essential commodities including male and female condoms; expanded access to voluntary counseling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections."

"By 2006, reduce by 20 per cent the number of children born HIV positive by providing access for HIV-infected women to effective treatment to reduce mother-to-child transmission of HIV, and, by 2011, reduce the number of these children by 50 per cent."

Millennium Development Goals
"Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS."

World Health Organization
"Provide anti-retroviral therapy to 3 million people by the end of 2005."

US President's Emergency Plan for AIDS Relief
"Prevent 7 million new infections by 2010. Provide anti-retroviral therapy to 2 million people by 2008. Provide care and support to 10 million people infected with HIV and orphans and children made vulnerable by HIV/AIDS by 2008."

The goals of national programs may differ from these global goals. Most high-prevalence countries have set national goals that call for reducing HIV prevalence in the next 3–5 years. Most low–prevalence countries seek to maintain HIV prevalence at low levels. Countries with rapidly expanding epidemics generally seek to slow or stop the increase in the near term.

Comprehensive national programs

Most countries affected by HIV/AIDS have developed national programs to coordinate their responses and achieve the goals of their strategic plans on HIV/AIDS. The components of each program and the emphasis given to each component differ from country to country. There is general agreement that a comprehensive response includes programs to address prevention, care and treatment, mitigation, human rights, policy, research, monitoring, evaluation and more. It is impossible to measure all of these elements through a survey of this type. Therefore, this report focuses on essential services that can be measured through service statistics. This captures many of the key services but leaves out many others that cannot be measured through service statistics, such as programs to address stigma, improve the policy environment, and enhance the participation of people living with HIV/AIDS.

Coverage goals

Most national programs seek to achieve their goals by expanding access to information and to high-quality services for everyone who needs them. One measure of how well a program is performing is the coverage level it achieves.

Coverage is sometimes defined as the percentage of the population needing a service that has access to the service. Access may depend on many things such as the proximity of the nearest service point, the schedule during the week when the service is available, the cost of the service and eligibility criteria that may be established by national guidelines or service providers. As a practical matter, it is often better to measure coverage in terms of utilization: the percentage of the population in need that actually uses the service.

Although the ideal goal may be to achieve 100% coverage for all services, such high coverage may not always be feasible or needed. For some services, increasing coverage from 80% to 100% may be very expensive.

The Declaration of Commitment on HIV/AIDS calls for expanded programs at the national and global level but specifies coverage targets in only two areas: education and services for youth and prevention of mother-to-child transmission of HIV (Box 2). The WHO "3 by 5" strategy aims to provide anti-retroviral therapy to 50% of those who need it by the end of 2005. The United States President's Emergency Program for AIDS Relief sets targets of assisting 15 focus countries to provide anti-retroviral therapy to 2 million people in 2008 (about 50% of the need), avert 7 million new infections by 2010 (about 2/3 of the expected infections without effective action), and providing care and support to 10 million people living with HIV/AIDS and orphans and vulnerable children in 2008.

Box 2. Coverage goals in the Declaration of Commitment on HIV/AIDS

"By 2005, ensure that at least *90%*, and by 2010 at least *95%* of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families and health-care providers."

"By 2005, reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010, by ensuring that *80%* of pregnant women accessing antenatal care have information, counselling and other HIV-prevention services available to them ..."

Some individual country programs and donors have developed targets and coverage objectives for some of their programs, but global agreements specify no other international coverage targets.

A study prepared initially for the United Nations General Assembly Special Session on HIV/AIDS and updated in 2002 and 2004 estimated that about US$ 12 billion will be needed annually by 2005 to achieve adequate coverage of key prevention and care services rising to US$ 20 billion by 2007.[1,2,3] The coverage estimates used in those studies were intended to represent what is feasible to achieve and what is necessary to reverse the epidemic. For some prevention services (such as school-based AIDS education), the authors estimated that higher coverage levels would be needed in settings with higher prevalence. For some other services (such as workplace programs), higher coverage levels would be feasible in countries with more developed infrastructure. The prevention coverage goals used in that study are shown in Table 1.

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[1] Schwärtlander B, J Stover, N Walker, L Bollinger, JP Guitierrez, W McGreevey, M Opuni, S Forsythe, L Kumaranayake, C Watts, S Bertozzi. "Resource needs for HIV/AIDS" *Science*, 2001, 292:2434–2436.

[2] "Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years" Report to the UNAIDS Programme Coordinating Board, Thirteenth Meeting, Lisbon, 11-12 December 2002.

[3] Hankins C, JP Guitierrez, S Bertozzi, W McGreevey, L Bollinger, R Greener and J Stover. "The need for increased resources for an expanded response to the HIV pandemic in low and middle income countries: new estimates and progress to date." *Science* forthcoming.

For care and treatment, the authors assumed that the goal is to provide care to everyone who needs it and to ensure access to the appropriate health facilities. Estimates of those with access to appropriate facilities varied by country and were based on utilization of antenatal clinics, immunization services and tuberculosis treatment through directly observed treatment, short course (DOTS). The authors estimated that 50–60% of those in need in low- and middle-income countries currently have access to health facilities that could provide palliative care and treatment of opportunistic infections that are easy to treat, but that less than 10% have access to the testing and advanced facilities required to provide prophylaxis for opportunistic infections and antiretroviral therapy.

Each country needs to develop its own goals for coverage of essential HIV/AIDS services based on need, resources and feasibility. Although national goals may vary by country, the level of coverage today is a good indicator of the current level of effort. Increases in the coverage of preventive and care services in the coming years will indicate progress. Of course, in addition to improved coverage programs also need to improve the quality of services and demonstrate impact.

Table 1. Feasible and necessary coverage goals for prevention services in 2007 as percentages of those needing the service that should have access to it according to the population prevalence of HIV infection

	Level of adult HIV prevalence			
	Very low (< 0.5%)	Low (0.5–1.0%)	Medium (1–5%)	High (> 5%)
Youth interventions				
Percentage of secondary school students reached by AIDS education	16	32	64	100
Percentage of out-of-school youth (ages 12–17 years) reached	10	20	30	50
Interventions focused on sex workers and clients				
Percentage of sex workers reached by intervention per year	60	60	60	60
Increased provision of condoms by the public sector				
Percentage of casual sex acts covered with condoms	20	40	60	60
Percentage of married people with casual partners using condoms in marital sex	10	10	20	30
Improving management of sexually transmitted infections				
Percentage of symptomatic sexually transmitted infections treated at clinics among those with access	75	75	75	75
Voluntary counseling and testing				
Percentage of those engaging in risky behavior accessing VCT services each year	50	50	50	50
Workplace interventions				
Percentage of formal sector workforce with access to workplace prevention services	3	3	25	50
Blood safety measures				
Percentage of blood for transfusion that is tested for HIV	100	100	100	100
Intervention to prevent mother-to-child transmission				
Percentage of pregnant women attending antenatal care receiving services to prevent mother-to-child transmission	10	50	50	50
HIV prevention interventions for injecting drug users				
Proportion of injecting drug users receiving intervention	25	25	50	75
Programs for men who have sex with men				
Percentage of men who have sex with men reached by intervention per year	60	60	60	60
Safe injection				
Percentage of injections using sterilized or new needles and syringes	100	100	100	100
Universal precautions				
Percentage of health care workers observing universal precautions	90	90	90	90

Source: adapted from Schwärtlander B et al. Resource needs for HIV/AIDS. *Science*, 2001, 292:2434–2436, "Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years." UNAIDS and Hankins C et al. "The need for increased resources for an expanded response to the HIV pandemic in low and middle income countries: new estimates and progress to date." *Science* forthcoming.

2. MEASURING THE RESPONSE

Efforts are being organized to measure progress in fulfilling global commitments. The Joint United Nations Program on HIV/AIDS (UNAIDS) and its partners produced a guide for national programmes in 2000.[4] The UNAIDS Monitoring and Evaluation Reference Group has developed indicators to measure progress towards the specific commitments made in the Declaration of Commitment on HIV/AIDS[5]. The World Bank, US Agency for International Development and other donors are also developing systems to measure progress towards achieving their specific goals.

Several activities currently collect and report on HIV/AIDS indicators, including:

- biannual reports by UNAIDS/WHO on the status of the epidemic, including estimates of HIV prevalence and the number of people infected;
- the World Health Survey, which measures coverage of key health services;
- demographic and health surveys that include expanded modules on AIDS knowledge and behavior and HIV prevalence;
- United Nations Children's Fund (UNICEF) Multiple Indicator Cluster Surveys;
- rapid assessment tools being developed by the MEASURE Evaluation Project and WHO;
- the AIDS Program Effort Index[6] designed to measure national programme effort;
- annual and biannual surveys of Member States by the United Nations International Drug Control Programme;
- *Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003-Follow-up to the 2001 United Nations General Assembly Special Session on AIDS.* Additional interim reports will be prepared in 2004 and 2005 and an in-depth report in 2006 will document progress toward the 2005 goals; and
- *UNAIDS Report on the State of HIV/AIDS Financing-2003.*

In addition, new efforts are underway to design and implement national surveys to collect many of the indicators required to monitor progress towards new goals.

The coverage of essential services is a key element in the emerging evaluation system. Coverage is a key intermediate step towards the process of achieving behavior change and reducing the number of new infections. Coverage, along with quality of care, is a key measure of how well treatment programs are serving those who need them.

Coverage is not easy to measure. Service statistics can be used to measure coverage, but such statistics are often incomplete and the degree of incompleteness may not be known. Determining the number of different people using a service may be difficult if some use the service more than once in the time period of interest. A significant amount of effort is being made to improve health information systems. As better and more complete statistics become available they can be used to track trends in expanding coverage.

Service utilization is best measured by national population surveys (such as the coverage module of the World Health Survey), which determine the proportion of the population using a service. The availability of services can be measured by facility-based surveys that determine the proportion of all facilities of a particular type (such as district hospitals or rural health centers) that have the necessary trained personnel, equipment, drugs and facilities to provide the service.

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[4] *National AIDS programmes: a guide to monitoring and evalua*tion (http://www.unaids.org/publications/documents/mtct/ME2001.doc). Geneva, Joint United Nations Programme on HIV/AIDS, 2001 (accessed 21 October 2002).

[5] *Implementation of the Declaration of Commitment on HIV/AIDS: core indicators* (http://www.unaids.org/UNGASS/docs/JC869-Broch%20CoreIndic_en.pdf). Geneva, Joint United Nations Programme on HIV/AIDS, 2002 (accessed 21 October 2002).

[6] USAID, UNAIDS, WHO and the POLICY Project. *The Level of Effort in the National Response to HIV/AIDS: The AIDS Program Effort Index (API)* Washington, DC: POLICY Project, December 2003.

Population and facility surveys are being planning for many countries in the coming years. These surveys should provide good measures of coverage of essential services. However, population and facility surveys are costly and time-consuming. In the meantime, current levels of coverage need to be estimated to serve as a baseline against which future progress can be measured.

Purpose of this study

The purpose of this study was to measure current coverage levels for several essential prevention and care services. A similar study was conducted in 2001 to create a baseline against which progress can be measured. This study updates that work to 2003 and adds some additional indicators. It provides an assessment of the progress in the last two years.

Methods

This study attempted to measure national coverage for several essential services by collecting service statistics and expert assessment for 2003. The actual time periods vary for each country but the statistics generally refer to services provided in 2003. The study included 88 low and middle-income countries, containing 94% of all people living with HIV/AIDS in the developing world. (See Annex 1 for the list of countries included). Data collection started in October 2003. By June 2004 73 data had been received from 73 countries, representing 88% of people living with HIV/AIDS. The results from these 73 countries are reported here.

In each country the information was collected through national consultants. The consultants identified knowledgeable respondents for each service. Respondents were asked to provide statistics on the number of people receiving the service in the last year if this information was available. We also asked the respondents to estimate the percentage of the population needing the service that had access to that service. Respondents estimated access separately for the capital city, other urban areas and rural areas. These judgments are used only as a check on the coverage calculations and are not used in the coverage estimates reported here. The consultants used a standard questionnaire which is available from the authors upon request.

Once the consultants had collected all the required information the results were presented and reviewed at a national consensus workshop. These workshops brought together 15-30 national experts to review the results, suggest additional sources of information, and agree on the final figures to be included in this report. Sixty of the 73 reporting countries held these national consensus workshops.

The approach used here is relatively inexpensive and can be implemented quickly. Since it relies on service statistics and expert assessment, the information collected measures coverage less accurately than national surveys, and assessing the uncertainty associated with each estimate is difficult. Previous efforts to use expert opinion to estimate program coverage have shown mixed results. The Family Planning Program Effort Index, which relies on a small number of national and international experts, has shown consistency over time and good inter-country comparability.[7] The 2003 round of the AIDS Program Effort Index, which relied on key respondents in each component of program effort produced useful profiles of effort within the countries surveyed and allows comparison across countries but relies on expert judgment to assess the level of effort.[8] This study attempted to avoid these problems by contacting only the most knowledgeable people in each country and focusing on quantitative information that does not require assessing the quality or effectiveness of services. The respondents were asked to provide a limited amount of information, for most interventions just the number of people served and the number of sites offering each service.

All the components of a national response cannot be measured easily. For many components, such as reducing stigma and protecting human rights, indicators are still being developed and tested. However, for some components the indicators are known. For example, for preventing mother-to-child transmission, coverage can be measured as the number of pregnant women offered voluntary counseling and testing and offered prevention services if they are found to be HIV-positive. This study focuses on the services that can be measured most easily.

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[7] Ross J, Stover J. The Family Planning Program Effort Index: 1999 cycle. *International family planning perspectives*, 2001, 27:119–129.

[8] POLICY Project. *The level of effort in the national response to HIV/AIDS: The AIDS Program Effort Index (API)* 2003 Round. Futures Group: Glastonbury, CT: December 2003.

Box 3 shows the services included in this study. A comprehensive program should include much more than the services in this list but service statistics are not available for many services. However, measuring the coverage of the services included here provides a useful picture of the current level of coverage at the national and regional level and a starting-point for measuring future progress.

Coverage is calculated by dividing the number of people using the service by the population needing the service. The population in need is different for each service, as shown in Box 4.

Box 3. Essential HIV/AIDS services included in this study

- **Voluntary counseling and testing.** Services providing pre-test counseling, testing for HIV infection and post-test counseling for anyone wanting to know their HIV status. It does not include testing done on hospital patients for medical purposes.
- **Prevention of mother-to-child transmission.** Services that provide voluntary counseling and testing for pregnant women and provide prevention services to those who are HIV-positive. Prevention services should include treatment with zidovudine, nevirapine or other antiretroviral drugs and may also include breastfeeding counseling and supplemental feeding.
- **Condoms**. The number of condoms distributed annually.
- **Harm reduction**. Services to reduce the risks associated with injecting drug use including risk reduction education and support, needle and syringe exchange and drug substation.
- **Education.** AIDS education for primary and secondary school students.
- **Home-base care**. Services that reach HIV-infected people in their homes and provide basic palliative care, psychosocial support and planning services.
- **Treatment of opportunistic infections.** The standard of care available for HIV-positive patients needing treatment for specific conditions (listed in Box 5).
- **Prophylaxis for opportunistic infections.** Providing cotrimoxazole or isoniazid for people who are identified as HIV-positive.
- **Antiretroviral therapy.** Treatment of HIV-positive adults or children with a combination of at least three antiretroviral drugs.
- **Orphans and vulnerable children.** Service to support orphans and vulnerable children including food aid, education support, health care, protection services, psychosocial support and economic self-sufficiency.

Box 4. Description of denominators for estimating coverage

- **Voluntary counseling and testing.** Adult population in 2003. (Although the entire adult population may not be in need of VCT, statistics from VCT programs indicate that clients represent a mix of risk behaviors. While VCT may be "needed" by those engaging in risky behavior, in practice it is also used by people with little or no risk. Thus a simple ratio of the number of VCT clients to those with risky behaviors would not provide a true indication of coverage. For this reason we present coverage as a percentage of the adult population, but recognize that the goal would not be 100% coverage.)
- Prevention of mother-to-child transmission. Pregnant women in 2003.
- **Condoms.** Risky sexual contacts in 2003, defined as all sexual contacts between commercial sex workers and clients, men having sex with men, casual sex contacts and contacts between spouses when at least one partner has outside partners, based on behavior reported in DHS or other national surveys or regional averages for countries without such surveys.
- **Harm reduction.** Injecting drug users in 2003.
- **AIDS education.** Children enrolled in primary and secondary school in 2003.
- **Home-based care, treatment of opportunistic infections, prophylaxis for opportunistic infections** and **antiretroviral therapy.** All four of the care indicators use the same estimate of people in need of care. We estimate that people need care and treatment when they are within 2 years of death from AIDS. The number is estimated to be twice the number of deaths from AIDS in 2003. People do not need all types of care at the same time but we assume that most will need each type of care and treatment at some time during the course of their infection.
- **OVC.** All orphans and children made vulnerable by HIV/AIDS. Orphans include all children under the age of 18 who have lost at least one parent, whether to AIDS or other causes. For this review children made vulnerable by AIDS are defined as those children who will lose a parent to AIDS in the coming year.

3. RESULTS

The low- and middle-income countries included in this study are shown by WHO region in Annex 1. The results of this survey are discussed for each type of service. Country-specific data are presented in Annexes 2 through 15. The tables in this section show coverage of services by region. These regional figures are weighted averages for the countries included in the survey. The weighting is based on the population needing the services, and the population in need differs for each service. Data are available from 73 countries, which account for about 90% of adults infected with HIV in low- and middle-income countries.

Voluntary counseling and testing

Voluntary counseling and testing is an essential service for both prevention and treatment. People who test positively for HIV infection can immediately seek appropriate information, support and treatment. Thus, voluntary counseling and testing is one entry point for better care and for preventing mother-to-child transmission of HIV. Studies have shown that some people who undergo voluntary counseling and testing change their sexual behavior to protect themselves or their partners. High utilization rates for voluntary counseling and testing usually indicate low levels of stigma and discrimination, since many people who are afraid of the negative social consequences of a positive HIV test avoid voluntary counseling and testing.

Voluntary counseling and testing is not the only form of testing that can identify people in need of treatment. Diagnostic testing is another approach where testing is offered to all patients seeking health care with conditions that might be related to HIV, such as tuberculosis. Although diagnostic testing is voluntary since the patient can refuse the test, it may not include the same counseling and post-test support that is part of most VCT programs. Testing may also be offered on other occasions, such as during visits to ante-natal clinics or family planning clinics. This section focuses only on voluntary counseling and testing where the person seeks the service on their own initiative.

Ideally, voluntary counseling and testing services should be available to everyone who wants them. However, these programs can be difficult and expensive to implement, requiring, among other things, recruiting and training counselors, establishing appropriate facilities that protect the confidentiality of the client, establishing guidelines and ensuring an adequate quantity of tests. Many countries are seeking to expand services in the near future as a key component of their programs.

The demand for testing varies from country to country and over time. People may seek testing for many reasons such as marriage, application for overseas training, new job applications and just wanting to know their status. People seeking VCT are not limited to those with high risk behavior. In many cases HIV prevalence among those attending VCT services is similar to HIV prevalence in the general adult population. Therefore, the population potentially needing services is all adults. Not everyone will be tested in the same year; thus the coverage of VCT would never reach 100%. If all adults were tested every 7 or 8 years (the average time from infection to the onset of serious symptoms) then 12-14% would be tested each year. Other testing approaches, such as diagnostic testing and PMTCT programs, may also be used to identify people in need of treatment, so the total annual need for testing at VCT sites would be considerably less.

Table 2 shows estimates by region of the coverage of voluntary counseling and testing services in 2003. The table shows the number of VCT clients in the past year and the coverage in terms of the percentage of adults 15-49 tested in that year. Although the number of people tested is growing and now exceeds 3 million, this still represents a small portion of all adults.

For all of the countries responding in this study there were 4.2 million VCT clients in 2003. That indicates that about 0.6% of all adults in the reporting countries have been tested in the last three years. In Africa about 1.5% have received VCT in the last 3 years. For countries reporting in both the 2001 and 2003 rounds of this survey, the number of VCT clients more than doubled from 1.4 million in 2001 to 3.1 million in 2003.

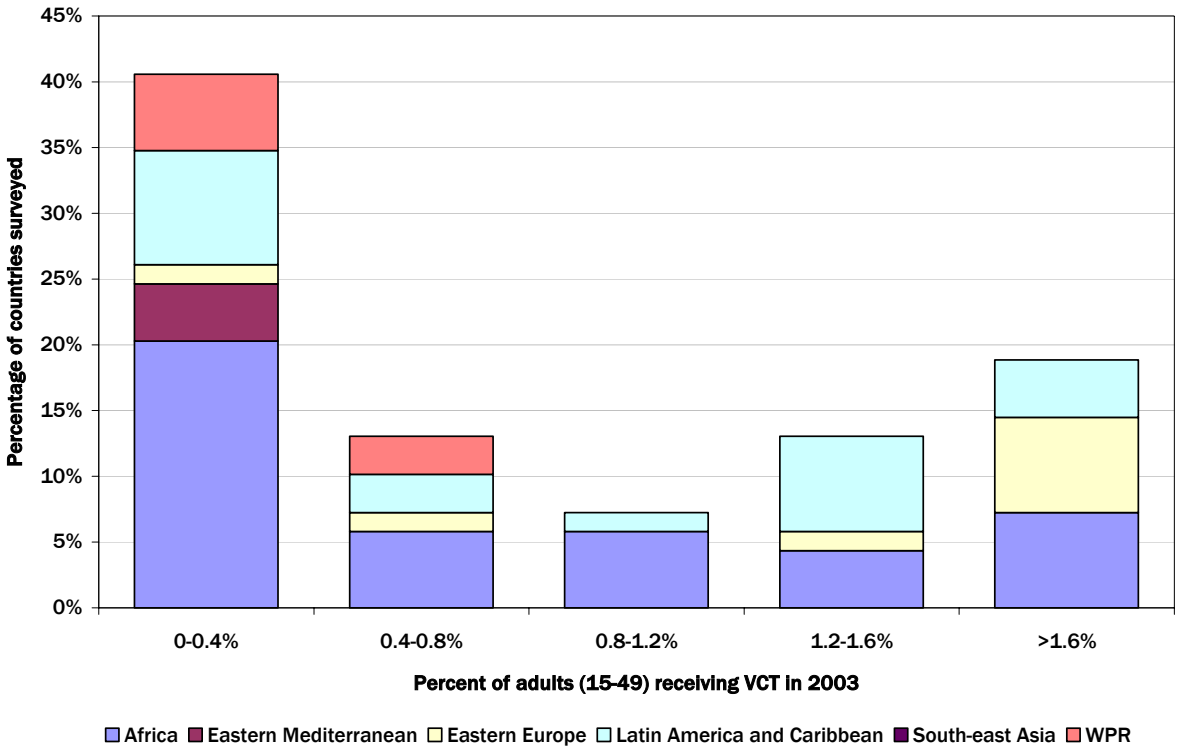
Table 2. Voluntary counseling and testing (VCT) services in 2003

Region	Coverage (weighted average)	Number of VCT clients	Number of countries reporting	Number of adults 15-49 (millions)
African Region	0.7%	1 500 000	30	290
Region of the Americas	0.3%	730 000	17	280
Eastern Mediterranean Region	0.0%	37 000	3	100
Eastern European Region	1.5%	1 000 000	8	150
South-East Asia Region	0.1%	610 000	5	910
Western Pacific Region	0.0%	260 000	6	840
All reporting countries	**0.2%**	**4 200 000**	**69**	**2 600**
Estimated number of VCT clients for all 88 countries		**6 100 000**	**88**	

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the number of adults 15-49 in 2003. The estimated number of VCT clients in all 88 countries included in this study is calculated by multiplying the regional coverage by the number of adults 15-49 in each region.

Figure 1 shows the distribution of countries in the survey by the level of coverage. In about half the countries, less than 0.4% of the adult population received VCT in 2003. Only in 19% of the countries did more than 1.6% receive VCT services in 2003.

Fig. 1. Distribution of the countries surveyed according to the level of coverage of voluntary counseling and testing



These results can be compared with those from national surveys, primarily Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), which ask respondents whether they have ever been tested for HIV. For 2000, results from 19 countries in Africa indicate that 12% of men and 7% of women report ever being tested. The figures are somewhat higher in Europe (26% of women) and Latin America and the Caribbean (21% of women), as shown in Table 3. These figures represent people who have ever been tested, whereas Table 2 presents those tested in just the past year. In addition, these survey results over-state the proportion who have received VCT since some respondents may not understand the difference between VCT and screening or diagnostics tests and others may report that they have been tested even when they only suspect that they were tested because their blood was drawn (e.g., for a job application or insurance purposes) without knowing for sure or receiving the test result.

Table 3. Percent of survey respondents who have ever received an HIV test

Country	Year	Survey Type	Male	Female
Africa			**12**	**7**
Burundi	2000	MICS	-	3
Cote d'Ivoire	2000	MICS	-	7
Ethiopia	2000	MICS	2	-
Gambia	2000	MICS	-	7
Guinea-Bissau	2000	MICS	-	4
Kenya	2000	MICS	-	10
Lesotho	2000	MICS	-	12
Malawi	2000	DHS	15	8
Namibia	2000	DHS	25	24
Niger	2000	DHS	-	1
Rwanda	2000	MICS	7	5
Sao Tome and Principe	2000	MICS	-	6
Senegal	2000	MICS	-	5
Sierra Leone	2000	MICS	-	3
Tanzania	1999	DHS	12	7
Togo	2000	MICS	-	3
Uganda	2000/01	DHS	12	8
Zambia	2001/02	DHS	14	9
Zimbabwe	1999	DHS	9	12
Europe			**4**	**26**
Armenia	2000	DHS	4	7
Azerbaijan	2000	MICS	-	7
Moldova	2000	MICS	-	35
Ukraine	2000	MICS	-	59
Tajikistan	2000	MICS	-	5
Uzbekistan	2000	MICS	-	41
Asia				**2**
Cambodia	2000	DHS	-	3
Indonesia	2000	DHS	-	1
Latin America and Caribbean			**6**	**21**
Dominican Republic	2000	MICS	-	54
Guyana	2000	MICS	-	16
Haiti	2000	DHS	6	4
Peru	2000	DHS	-	12
Trinidad and Tobago	2000	MICS	-	19

Preventing mother-to-child transmission

The prevention of mother-to-child transmission refers to services that counsel pregnant women about HIV, offer an HIV test and provide prevention services to those who are HIV-positive. Prevention services should include treatment with zidovudine, nevirapine or other antiretroviral drugs and may also include breastfeeding counseling and supplemental feeding. Other services to prevent mother-to-child transmission include programs to prevent women of reproductive age from becoming infected with HIV, efforts to improve family planning programs to prevent unwanted pregnancies and antiretroviral treatment for pregnant woman and mothers who are already HIV-positive. This study refers only to the basic counseling, testing, treatment and infant feeding program.

For all the countries responding to this study 6.7 million women were offered PMTCT services. About 5.3 million accepted an HIV test, and 71 thousand received drugs to prevent the transmission of HIV to the baby. For countries reporting information in both the 2001 and 2003 surveys the number of women offered PMTCT services increased by more than 80% from 3 million in 2001 to 5.5 million in 2003.

Table 4 shows the estimated coverage in 2003. It is generally low in all regions, although programs in Eastern Europe and Latin America do reach about 1/3 of pregnant women. Many countries have pilot programs underway and have plans to expand services significantly in the next few years. The challenges to expand these services are different in the different regions. In South America, where prevalence is low, the challenge is to provide effective pre-test counseling and testing services for all women. Since few women are HIV-positive, the total costs of treatment will not be substantial. In Africa, where prevalence is higher, good pre- and post-test counseling is important for prevention and for identifying those who need treatment. The costs of providing treatment and follow-up services can be substantial, although they may be offset by treatment savings when infections are averted. Attendance at antenatal clinics is low in some Asian countries, which can make reaching women for testing and counseling more difficult.

Table 4. Percent of pregnant women offered services for the prevention of mother-to-child transmission of HIV in 2003 according to region

Region	Coverage (weighted average)	Number offered PMTCT	Number of countries	Annual number of births
African Region	5%	1 100 000	30	25 000 000
Eastern Mediterranean Region	2%	40 000	4	4 300 000
Eastern European Region	37%	610 000	8	2 900 000
Region of the Americas	34%	3 200 000	18	12 000 000
South-East Asia Region	8%	1 200 000	5	43 000 000
Western Pacific Region	3%	500 000	4	24 000 000
Total	8%	6 700 000	69	110 000 000
Estimated number offered PMTCT in all 88 countries		**10 000 000**	**88**	

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of births in 2003. The annual number of births is for all countries in the region. The number of births is based on estimates from the United Nations Population Division as reported in: *World Population Prospects: The 2002 Revision*. New York: United Nations, POP/DB/WPP/Rev.2002/3/F1, February 2003. The estimated number of women offered PMTCT services for all 88 countries is calculated by multiplying the regional coverage by the annual number of births in each region.

Table 5 shows the percentage of women using each type of PMTCT service. Overall 79% of women offered PMTCT services accepted at least HIV counseling and testing. However, only 62% of those found to be HIV+ received antiretroviral treatment to prevent the transmission of HIV from mother to child. Thus just under half of those women offered PMTCT services who needed antiretroviral therapy actually received it.

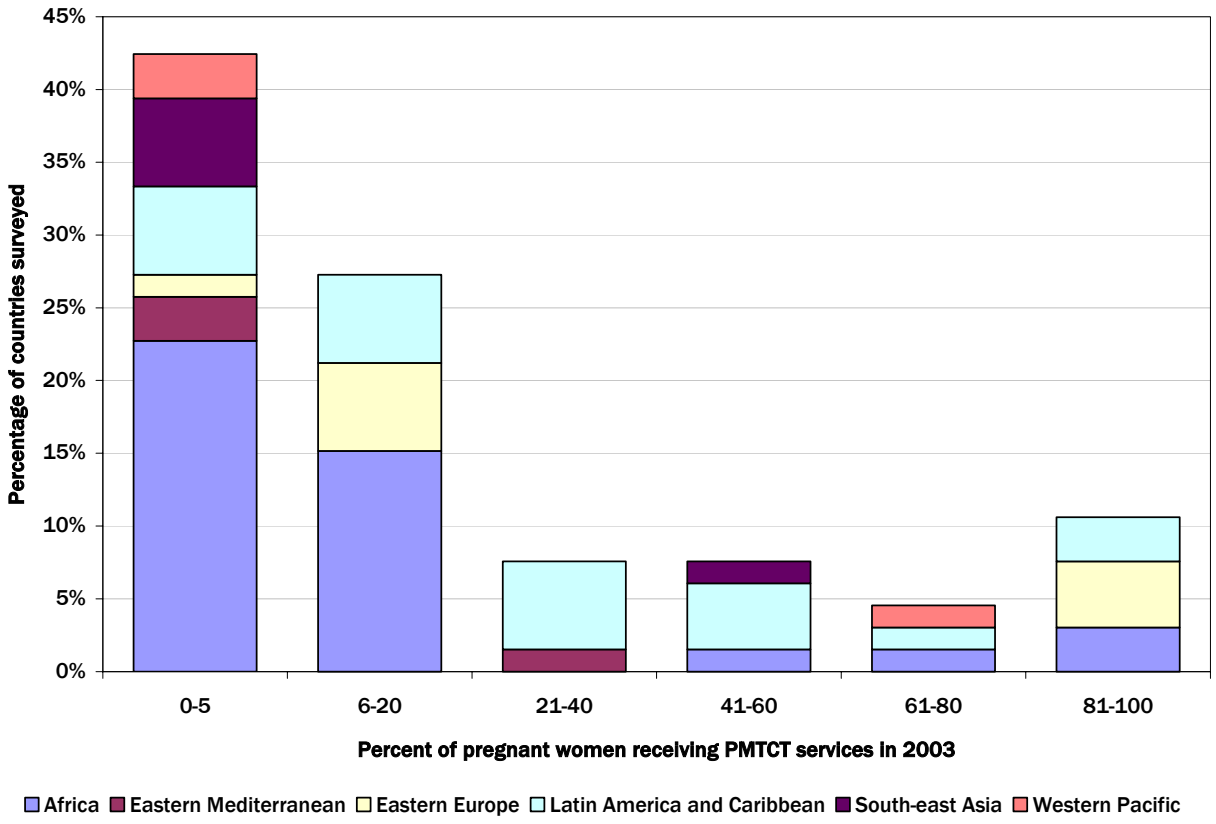
About 68% of HIV+ women received counseling on breastfeeding options and 21% received formula for substitute infant feeding. Only 2% of women found to be HIV-positive at PMTCT sites received antiretroviral therapy to treat their infection.

Table 5. Availability and acceptance of PMTCT services in 2003 by type of service and region

Region	Africa Region	Region of the Americas	Eastern Mediter-ranean Region	Eastern European Region	South-East Asia Region	Western Pacific Region	Total
Percent of those offered PMTCT services accepting pre-test counseling	45%	87%	29%	83%	88%	84%	79%
Percent of those offered PMTCT services accepting HIV testing	53%	88%	91%	73%	81%	83%	79%
Percent of those testing HIV+ receiving ARVs to prevent transmission to the child	67%	56%	58%	57%	56%	43%	62%
Percent of those testing HIV+ receiving counseling on breastfeeding options	70%	53%	78%	93%	68%	33%	68%
Percent of those testing HIV+ receiving formula for infant feeding	16%	21%	48%	66%	41%	30%	21%
Percent of those testing HIV+ receiving ARVs to treat the mother's infection	1%	5%	37%	0%	0%	37%	2%

Fig. 2 shows the distribution of countries by level of coverage. About 40% of countries report almost no availability of PMTCT services, while another one-quarter have started services but reach less than 20% of pregnant women. About 10% of countries report nearly universal coverage of PMTCT.

Fig. 2. Distribution of the countries surveyed according to the level of coverage of services to prevent mother-to-child transmission



Condoms

The use of condoms to prevent HIV transmission through sexual contact has been a primary prevention strategy for most countries. Condom promotion and distribution programs have been conducted nationwide in many countries for a number of years. The countries included in this study reported distributing 6.9 billion condoms in the past year. Of these approximately 4.2 billion are used for primarily for family planning rather than disease prevention.9

Statistics on the number of condoms distributed are generally available from government and NGO sources in most countries. This represents most condom distribution in low income countries where commercial sales are small. In middle income countries the majority of condoms may be distributed through commercial outlets. Information is not generally available on commercial condom sales, outside of social marketing programs. Thus, data on total condom distribution are incomplete in the middle income countries, particularly countries in Eastern Europe and Latin America.

[9] John Ross, John Stover and Amy Willard. *Profiles for Family Planning and Reproductive Health Programs: 116 countries* Glastonbury, CT: Futures Group, April 2000. The estimates presented here were updated by Ross and Stover in 2004.

Estimates of coverage levels for condoms are uncertain because of limited knowledge of the number of risky sex acts. In this report we define a risky sex act as one with a commercial or casual partner or with a spouse if at least one partner has contacts with outside partners. This includes all commercial sex acts, contacts involving casual partners, most contacts between men who have sex with men and spousal contacts when one partner has outside contacts. The number of risky acts can be estimated from survey data on sexual behavior but the result depends on respondents reporting their behavior accurately. Therefore there is a high degree of uncertainty in the estimates provided in Table 6 but they do give some idea of the level of coverage of condom use.

Table 6. Percent of risky sex acts protected by publicly distributed condoms in 2003 according to region

Region	Coverage (weighted average)	Number of condoms distributed for HIV/AIDS (millions)	Number of countries	Annual number of risky sex acts (millions)
African Region	19%	860	30	4 500
Eastern Mediterranean Region	0%	0	2	1 100
Eastern European Region				1 700
Region of the Americas	14%	580	10	4 800
South-East Asia Region	8%	360	6	5 600
Western Pacific Region	49%	2 400	4	5 000
Total	21%	4 200	52	22 800
Estimated number of condoms distributed in all 88 countries		**4 400**	**88**	

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of risky sex acts in 2003. The number of risky sex acts is estimated from the percentage of men and women engaging in commercial or casual sex as reported in national behavioral surveys. The estimated number of condoms distributed for all 88 countries is calculated by multiplying the regional coverage by the annual number of risky sex acts in each region.

Harm reduction

Injecting drug use is a major factor in the transmission of HIV in some countries, particularly in Europe, Asia and some countries in Latin America. There are a variety of approaches to reducing transmission through unsafe needle sharing. In this study we focus on three major harm reduction interventions:

- **Risk reduction information, education and counseling**. HIV/IDU risk reduction advice/ counseling, including professional and peer outreach.
- **Needle and syringe programs**. Needle and syringe programs increasing access to sterile injecting equipment (through exchange, distribution or vending) or decontamination programs.
- **Drug substitution treatment**. Drug substitution treatment including the use of methadone, buprenorphine or other opioid agonists.

Few countries have reported on harm reduction programs, either because injecting drug use is not practiced by significant numbers of people or because no data are available on treatment programs or the number of injecting drug users. Table 7 shows that for those countries that did report on harm reduction programs, coverage is very low, less than 5% overall.

Table 7. Percent of injecting drug users covered by harm reductio programs in 2003 according to region

Region	Coverage (weighted average)	Numbers of IDU receiving services			Number of countries	Estimated number of injecting drug users
		Risk reduction IE&C	Needle and syringe exchange	Drug substitution		
African Region	1.3%	1 500	-	250	4	79 000
Eastern Mediterranean Region	21%	35 000	3 500	7 500	2	170 000
Eastern European Region	7.6%	62 000	70 000	1 000	6	2 500 000
Region of the Americas	2.7%	8 300	16 000	-	3	900 000
South-East Asia Region	5.4%	83 000	59 000	11 000	4	1 250 000
Western Pacific Region	2.9%	130 000	5 300	50	5	4 300 000
Total	4.3%	320 000	150 000	20 000	24	9 200 000

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of injecting drug users in 2003. National estimates of the number of injecting drug users were used, when provided, otherwise regional averages for the percentage of adults injecting drugs were applied to the number of adults in each country used to estimate the numbers.

Programs for vulnerable populations

Vulnerable populations are those that have a special risk for HIV infection due to their circumstances. These may include populations such as truck drivers, military personnel and migrants. Injecting drug users are discussed above. This section focuses on four additional populations of special interest: sex workers, men who have sex with men, prisoners and children living on the streets. Countries were asked to provide estimates of the number of people in each population and the percentage that are covered with prevention services. In most cases the coverage figures are not based on service statistics but on the judgment of those interviewed so they are more uncertain than other coverage estimates in this report. Only about half of the countries in this study provided data on these special populations and in some regions the number of countries reporting is very low or zero. As a result these estimates have a high degree of uncertainty when used to represent the entire region.

Tables 8 through 11 present the information on sex workers, men who have sex with men, prisoners and children living on the streets. In each case estimates of the size of the population in each region are based on applying ratios from those countries that did provide data to the population of the whole region. These tables refer to prevention programs reaching the target population through some kind of outreach program. In countries, such as Thailand, that have implemented 100% condom policies for sex work, condom use may be quite high, but a much smaller percentage of sex workers may be reached by outreach programs. Thus, these tables refer to populations directly reached through personal communications, not those affected by national policies or mass media programs.

Only about half of the countries reported information on services for special populations. Coverage levels calculated from these data have been applied to non-reporting countries to estimate the total number receiving services. However, countries that did not report may be less likely to have services. Thus, these estimates may over-state the true amount of services provided.

Table 8. Percent of sex workers covered by outreach prevention programs in 2003 according to region

Region	Coverage (weighted average)	Number of countries	Estimated number of sex workers
African Region	31%	18	1 700 000
Eastern Mediterranean Region	0.5%	2	380 000
Eastern European Region	10%	7	780 000
Region of the Americas	25%	11	1 600 000
South-East Asia Region	19%	4	2 000 000
Western Pacific Region	11%	6	3 700 000
Total	**16%**	**44**	**10 100 000**

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of sex workers in 2003. The estimated number of sex workers in the final column includes all 88 countries. For countries that did not provide estimates of the number of sex workers estimates were made by applying the regional average of the percentage of the adult population 15-49 as calculated from the countries providing data.

Table 9. Percent of men who have sex with men covered by prevention programs in 2003 according to region

Region	Coverage (weighted average)	Number of countries	Estimated number of men who have sex with men
African Region	6%	7	380 000
Eastern Mediterranean Region	-	2	110 000
Eastern European Region	4%	5	630 000
Region of the Americas	31%	10	5 600 000
South-East Asia Region	1%	5	4 500 000
Western Pacific Region	2%	4	5 900 000
Total	**11%**	**33**	**17 000 000**

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of MSM in 2003. The estimated number of MSM in the final column includes all 88 countries. For countries that did not provide estimates of the number of sex workers estimates were made by applying the regional average of the percentage of the adult population 15-49 as calculated from the countries providing data.

Table 10. Percent of men prisoners covered by prevention programs in 2003 according to region

Region	Coverage (weighted average)	Number of countries	Estimated number of prisoners
African Region	44%	15	1 200 000
Eastern Mediterranean Region	-	1	400 000
Eastern European Region	74%	5	830 000
Region of the Americas	49%	12	940 000
South-East Asia Region	48%	3	1 500 000
Western Pacific Region	71%	3	3 700 000
Total	**53%**	**39**	**8 500 000**

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of prisoners in 2003. The estimated number of prisoners in the final column includes all 88 countries. For countries that did not provide estimates of the number of prisoners estimates were made by applying the regional average of the percentage of the adult population 15-49 as calculated from the countries providing data.

Table 11. Percent of children living on the streets covered by prevention programs in 2003 according to region

Region	Coverage (weighted average)	Number of countries	Estimated number of street children
African Region	24%	15	1 100 000
Eastern Mediterranean Region	-	1	NA
Eastern European Region	16%	5	53 000
Region of the Americas	8%	11	370 000
South-East Asia Region	22%	4	190 000
Western Pacific Region	20%	4	830 000
Total	**20%**	**40**	**2 500 000**

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of street children in 2003. The estimated number of street children includes all 88 countries. For countries that did not provide estimates of the number of street children estimates were made by applying the regional average of the ratio of the number of street children to the number of all children 0-14 as calculated from the countries providing data.

Education

A large portion of new HIV infections occur among youth. One key to winning the battle against AIDS is supporting young people to protect themselves from infection. Programs for youth generally focus on providing knowledge and skills to protect themselves by remaining abstinent until marriage, delay sexual debut, having only one faithful partner or consistently using condoms. Information and support can be provided to youth in a number of ways including peer counseling, group activities, community leadership, parental involvement, mass media and school-based education. Most of these activities are dispersed across many community groups and are difficult to measure. This report focuses on school-based education as one essential service that is easier to measure. Country respondents were asked whether AIDS education is a formal part of the primary and secondary school curricula. They were also asked to estimate the percentage of students that are exposed to AIDS education in the schools. Tables 12 and 13 show the findings.

Table 12. Coverage of AIDS education in primary schools in 2003 according to region

Region	Percent of countries where AIDS is part of primary school curriculum	Estimated percent of primary students receiving AIDS education	Number of countries	Number of primary school students (thousands)
African Region	66%	58%	29	95 000
Eastern Mediterranean Region	0%	89%	3	25 000
Eastern European Region	75%	60%	8	18 000
Region of the Americas	76%	68%	17	66 000
South-East Asia Region	17%	13%	6	220 000
Western Pacific Region	83%	73%	6	180 000
Total	64%	50%	69	600 000

Note: Estimates of coverage are based on the weighted average of coverage for the countries included. The country values are weighted by the number of primary students.

Table 13. Coverage of AIDS education in secondary schools in 2003 according to region

Region	Percent of countries where AIDS is part of secondary school curriculum	Estimated percent of secondary students receiving AIDS education	Number of countries	Number of secondary school students (thousands)
African Region	80%	64%	29	18 000
Eastern Mediterranean Region	75%	19%	3	12 000
Eastern European Region	100%	64%	8	13 000
Region of the Americas	89%	70%	17	24 000
South-East Asia Region	83%	64%	6	65 000
Western Pacific Region	100%	33%	6	69 000
Total	86%	48%	69	200 000

Note: Estimates of coverage are based on the weighted average of coverage for the countries included. The country values are weighted by the number of secondary students.

Home-based care

Home-based care is external support to chronically ill individuals and their families. It may include counseling, medical care, supplies for medical care, clothing, extra food, help with household work, companionship, financial support, legal services, training for care-givers, school fees, shelter or other medical or social services.

In many programs home-based care is not centralized but is provided by a number of community-based groups. As a result, service statistics available at the central level may under-estimate the actual amount of care provided. Estimates of the number of people needing home-based care are also uncertain. Not everyone infected with HIV needs home-based care but most will eventually need some of the components of home-based care during the course of their infection. The estimates in Table 14 estimate the need for home-based care as those people in the last two years of life if they do not receive antiretroviral therapy.

Table 14. Percent of those in need receiving home-based care in 2003 according to region

Region	Coverage (weighted average)	Number receiving home-based care	Number of countries	Estimated need for home-based care
African Region	12%	420 000	27	4 400 000
Eastern Mediterranean Region	39%	220	1	3 600
Eastern European Region	8%	3 800	4	99 000
Region of the Americas	15%	4 600	7	230 000
South-East Asia Region	4%	27 000	3	850 000
Western Pacific Region	73%	170 000	6	230 000
Total	14%	630 000	48	5 800 000
Estimated number receiving home-based care in all 88 countries		770 000	88	

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number needing home-based care in 2003. The estimated number of people needing home-based care in the final column includes all 88 countries.

Treatment of opportunistic infections

Care and treatment is a broad topic that includes not only care for those infected with HIV but also support for their families and communities to cope with the consequences of HIV/AIDS and prevent further transmission. WHO and UNAIDS have defined a number of care and treatment needs and categorized them into packages of essential, intermediate and advanced services (Box 5). Essential activities represent the basic services that all health systems should strive to provide. The intermediate and advanced activities represent more advanced levels of care that may be more costly and require a more developed health infrastructure.

For this assessment, we asked national experts to rate the type of care available to the majority of the population in the capital city, in other urban areas and in rural areas. Table 15 shows the distribution of regional populations by the type of care most available.

Box 5. HIV/AIDS care and support activities according to need, complexity and cost

Essential care package

- HIV voluntary counseling and testing
- HIV screening of blood for transfusion
- Psychosocial support for people living with HIV/AIDS and their families
- Palliative care
- Treatment of common HIV-related infections: pneumonia, diarrhoea, oral thrush, vaginal candidiasis and pulmonary tuberculosis
- Nutritional care
- Prevention of sexually transmitted infections (including by using condoms) and care
- Family planning
- Preventing mother-to-child transmission of HIV
- Cotrimoxazole prophylaxis among HIV-infected people
- Universal precautions
- Health policy activities, such as regulating care delivery and the supply of drugs
- Recognizing and facilitating community activities that mitigate the impact of HIV infection (including legal structures against stigma and discrimination)

Intermediate: care and support activities of intermediate complexity and/or cost

The essential care package plus:

- Intensified case finding and treatment for tuberculosis, including for smear negative and disseminated tuberculosis among HIV-infected people
- Preventive therapy for tuberculosis among HIV-infected people
- Systemic antifungal agents for systemic mycosis (such as cryptococcosis)
- Treatment of HIV-associated malignancies: Kaposi's sarcoma, lymphoma and cervical cancer
- Treatment of extensive herpes
- Post-exposure prophylaxis of occupational exposure to HIV and for rape
- Funding of community efforts that reduce the impact of HIV infection

Advanced: care and support activities of high complexity and/or cost

The essential care package and intermediate activities plus:

- Highly active antiretroviral therapy
- Diagnosis and treatment of HIV-related infections that are difficult to diagnose and/or expensive to treat, such as atypical mycobacterial infections, cytomegalovirus infection, multiresistant tuberculosis and toxoplasmosis
- Advanced treatment of HIV-related malignancies
- Specific public services that reduce the economic and social effects of HIV infection

Source: adapted from *Key elements in HIV/AIDS care and support* (http://www.unaids.org/publications/documents/care/general/WHOUNAIDSCARE.doc). Geneva, WHO/UNAIDS, 2000 (accessed 21 October 2002).

Table 15. HIV/AIDS care and treatment in 2003 according to region

Region	Distribution of population by standard of care available			
	Less than essential	Essential	Intermediate	Advanced
African Region	62%	25%	10%	3%
Eastern Mediterranean Region	32%	14%	45%	9%
Eastern European Region	31%	11%	36%	22%
Region of the Americas	13%	13%	51%	22%
South-East Asia Region	70%	5%	22%	3%
Western Pacific Region	9%	58%	31%	2%
Total	39%	27%	28%	5%

Note: These estimates are based on the weighted average of coverage for the countries included in this study reporting data. Estimates of coverage in the capital city, urban and rural areas are weighted by the total population in each region to calculate national averages. The country values are weighted by population size in 2003 to determine regional averages. The estimates may not add to 100% in each region due to rounding.

About two thirds of the people in Africa and South-East Asia receive care that is less than the essential package described by WHO and UNAIDS. Only in South America, Europe and the West Pacific do most patients receive at least the essential services. The high average for the Americas is dominated by good care available in the most populous countries, especially Brazil and Mexico. There is no clear trend from 2001. About one-quarter of the countries reported higher figures in 2003 than 2001, one-quarter reported lower figures and about half reported no change. The main result remains that basic care is still lacking for a large percentage of those that need it.

Prophylaxis against opportunistic infections

HIV infection weakens the immune system and makes people susceptible to infections that can normally be controlled when the immune system is healthy. For example, many people are infected with latent tuberculosis, but the immune system keeps this infection from developing into active tuberculosis. However, in people with advanced HIV infection, this protection is weakened and active tuberculosis occurs more frequently. Drugs can prevent some common HIV-related diseases. Cotrimoxazole can protect against many of the causes of pneumonia and diarrhoea. Isoniazid can prevent active tuberculosis. These drugs are inexpensive and effective in HIV-positive individuals.

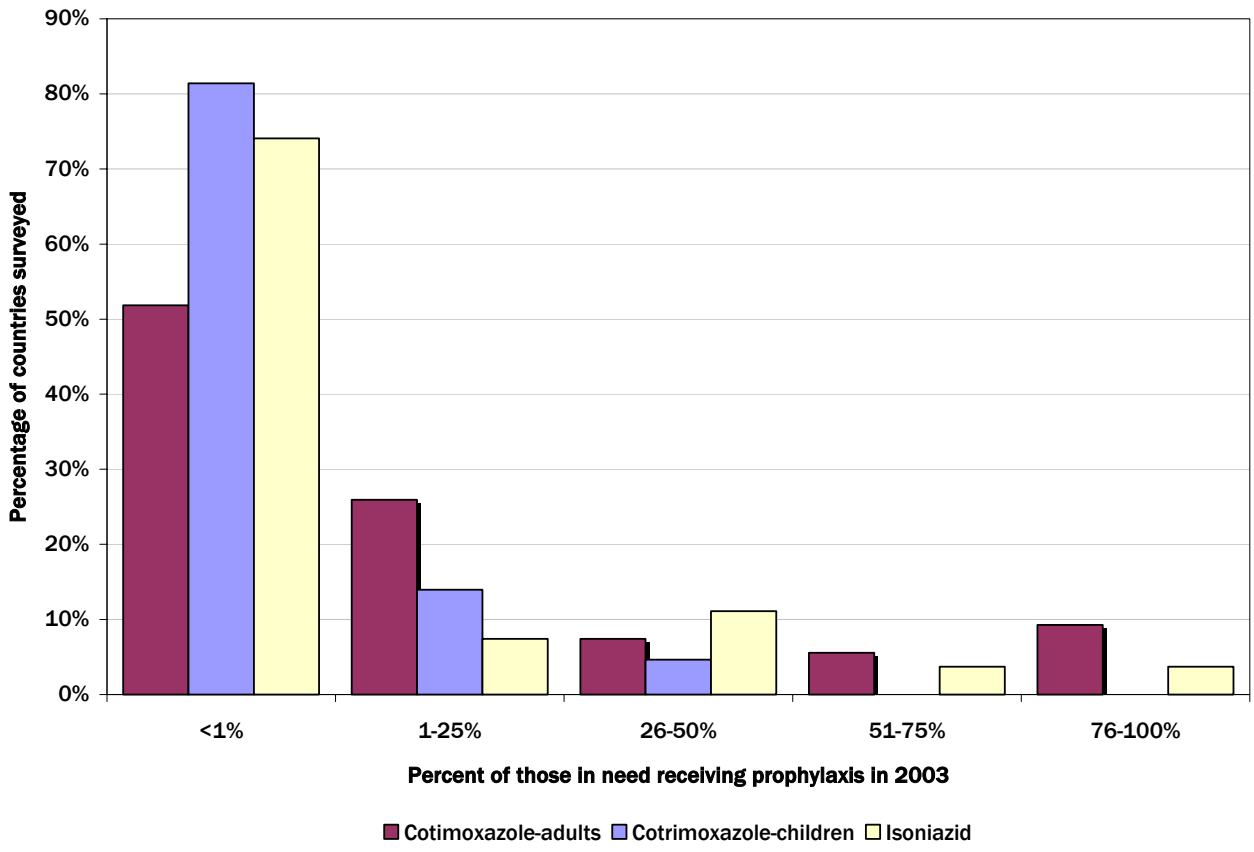
Prophylaxis against these common infections can extend life and improve the quality of life for many individuals. Prophylaxis is also cost-effective, since preventing these infections costs less than treating them. As Table 16 shows, prophylaxis with cotrimoxazole or isoniazid is currently provided to only a small proportion of those who could benefit from it. Fig. 3 shows the distribution of countries by prophylaxis coverage. It also shows that prophylaxis is not widely used today. Children are less likely to benefit from prophylaxis than adults.

Table 16. Prophylaxis against opportunistic infections in 2003

	Coverage of cotrimoxazole		Coverage of isoniazid	Number needing prophylaxis (thousands)	
	Adults	Children	Adults	Adults	Children
African Region	3%	1%	0%	2 900	1 300
Eastern Mediterranean Region	21%	NA	5%	4	-
Eastern European Region	4%	32%	1%	46	3
Region of the Americas	21%	3%	11%	140	36
South-East Asia Region	0%	0%	0%	680	110
Western Pacific Region	19%	1%	0%	44	9
Total	**4%**	**1%**	**1%**	**3 800**	**1 400**

Note: Estimates of coverage are based on the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of HIV-positive adults in 2003. The number needing prophylaxis is for all countries in each region and includes all children with HIV and the adults with HIV who are within 2 years of dying from AIDS without antiretroviral therapy.

Fig. 3. Distribution of the countries surveyed according to the level of coverage of prophylaxis for opportunistic infections in 2003



Antiretroviral therapy

Treatment with advanced antiretroviral therapy can extend life and enhance the quality of life for many people infected with HIV. Antiretroviral drugs are generally available to most people who need them in affluent countries through government subsidies, private insurance or personal resources. In the developing world, the availability of antiretroviral therapy has been quite limited because of the costs of the drugs and time to train providers and update facilities. WHO has set a goal of 3 million people in the developing world on ARVs by the end of 2005. Funding from the Global Fund and bi-lateral programs, such as President Bush's Program for Emergency Plan for AIDS Relief, have helped to stimulate expansion of ARV therapy but many programs in Africa have just started rapid scale up. Some countries, especially those in South America, have been able to provide antiretroviral therapy to most people in need.

Table 17 shows the estimated coverage of antiretroviral therapy in 2003. It is low in every region except the Americas. Several countries in South America have universal coverage for antiretroviral therapy, including Argentina, Brazil, Chile, Cuba, Mexico, Uruguay and Venezuela. Several others cover about two thirds of those in need, including Barbados, Colombia, Costa Rica and Paraguay. Coverage is still low in most other countries. According to UNAIDS/WHO estimates in 2003, nearly 6 million people in low- and middle-income countries were in advanced stages of HIV infection; most could benefit significantly from antiretroviral therapy if it were available, but only about 7% actually receive it today.

The total number of people receiving ARV therapy in all 65 countries reporting data is 380,000 in 2003. If the regional coverage figures from the reporting countries can be used to represent all countries in the region, then the total number of people receiving ARV therapy in these 88 countries may be as high as 410,000. This roughly corresponds to the end of 2003. Continued expansion of programs in the first part of 2004 will have raised this number by the middle of 2004. These totals are still far short of the 2005 goal of 3 million, but represent a significant increase from the 240,000 reported in 2001.

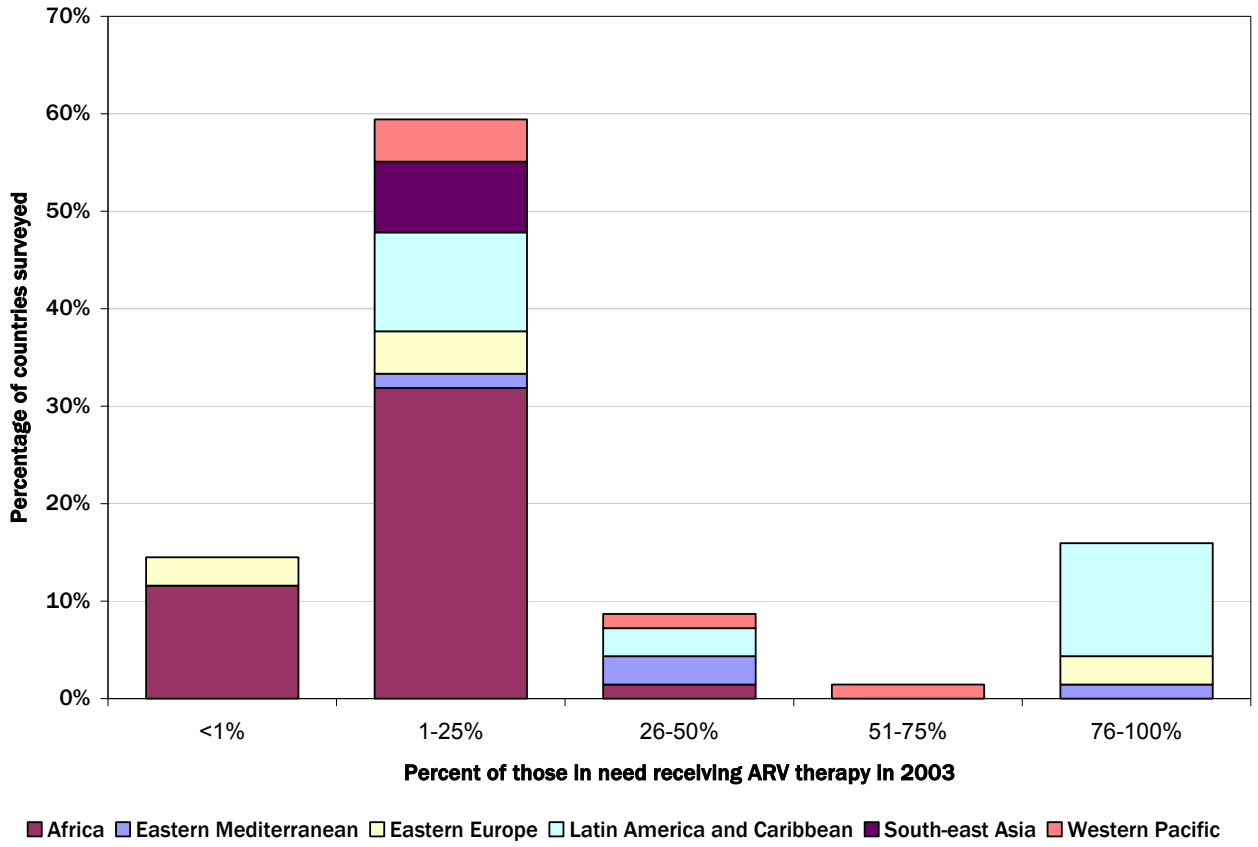
Table 17. Coverage for antiretroviral therapy for HIV/AIDS in 2003 according to region

Region	Coverage (weighted average)	Number of patients receiving ARVs	Number of countries	Number of people needing antiretroviral therapy
African Region	3%	120 000	31	4 400 000
Eastern Mediterranean Region	20%	710	4	3 700
Eastern European Region	11%	5 400	7	100 000
Region of the Americas	67%	190 000	17	310 000
South-East Asia Region	5%	44 000	6	850 000
Western Pacific Region	12%	15 000	6	130 000
Total	7%	380 000	71	5 800 000
Estimated number on ART in all 88 countries		410 000	88	

Note: Regional coverage is estimated as the weighted average of coverage for the countries included in this study reporting data. The country values are weighted by the estimated number of HIV-positive adults needing antiretroviral therapy in 2003. The estimated number needing services is for all countries in each region. The number needing antiretroviral therapy is estimated as all adults with HIV who are within 2 years of dying from AIDS without antiretroviral therapy. The estimated need for all 88 countries is calculated as the regional coverage levels multiplied by the number needing ART in each region.

As Fig. 4 shows, about 14% of the countries surveyed reported that the public sector does not provide antiretroviral therapy. This is a sharp reduction from the 50% that did not provide ARVs in 2001. About 2/3 of the countries do provide ARVs but to less than half of those in need. Fewer than 20% of countries provide ARVs to more than half of those in need. Overall coverage is only 7% because the greatest needs are in Africa where coverage is the lowest. These countries form the focus of global efforts to increase coverage.

Fig. 4. Distribution of the countries surveyed according to the level of coverage of antiretroviral therapy



Orphans and vulnerable children

Orphans and vulnerable children (OVC) include children below the age of 18 who have lost one or both parents and those made vulnerable by adult illness or death. The specific definition provided in the questionnaire included children below the age of 18 who have lost one or both parents, children living in households that have experienced an adult death (age 18-59 years) in past 12 months, and children living outside of family care (e.g., in institutions or on the streets). Many countries provided their own definitions and these are presented in the notes to the Annex Table on OVC. Recently, UNICEF and its partners have adopted a broader definition of OVC in the guidelines for monitoring and evaluation of national responses. That definition is shown in Box 6.

Box 6. Definition of an orphan or vulnerable child (OVC)

An orphan or vulnerable child is a child below the age of 18:

i. who has lost one or both parents, or

ii. lives in a household where at least one adult died in the last 12 months, or

iii. lives in a household where at least one adult was seriously ill for at least 3 months in the last 12 months, or

iv. lives in a child-headed household (where the head of the household is less than 18 years old), or

v. lives in a household with only elderly adults (i.e. the household contains only children under 18 years old and adults over 59), or

vi. lives outside of family care (i.e., lives in an institution or on the street).

Many of these children are well cared for by relatives, while others live with relatives but are disadvantaged in many ways. Others survive on their own in child-headed households or live on the streets. Some significant number of orphans and vulnerable children need care and support from community groups. The proportion of all orphans and vulnerable children needing community support is not known but given the overwhelming number of OVCs in countries hard hit by AIDS, the number of children in need is clearly quite large. UNAIDS estimates that there are over 130 million orphans of all kinds in the countries reporting statistics for this report, including 15 million children who have lost at least one parent to AIDS and about 13 million children who have lost both parents to AIDS or other causes.

Children need many different types of care and support and their needs vary according to their age and situation. This report examines an essential package of services including food aid, education support, health care, protection services, psychosocial support, economic self-sufficiency and organized group activities (including group counseling, structured support for care-givers and 'memory approaches').

In most countries, care and support services are provided by a large number of community-based groups. As a result it is difficult to have a complete picture of the scope of services actually provided. The information presented here probably under-estimates the amount of support provided by missing many community-based groups that do not rely on funding from the national government, major international NGOs or international donors.

Table 17 shows estimates based on information that is available from central sources on the number of orphans and vulnerable children receiving care and support services. The percentage of all OVC receiving public support is less than 3% for all services in all regions except for the Eastern European Region where nearly all OVC receive education and health care support and 10-20% receive food aid, protection services and psychosocial support.

Table 17. Number of orphans and vulnerable children receiving care and support services in 2003 and number of orphans according to region (thousands)

Indicator	African Region	Eastern Mediter-ranean Region	Eastern European Region	American Region	South-East Asia Region	Western Pacific Region	Total
Food aid	340		20	12	12	50	430
Education support	460		150	11	12	51	680
Health care	58		145	10	15	51	280
Protection services	35		34	14	1	47	130
Psychosocial support	90		41	11	15	53	210
Economic self-sufficiency	22		3	1	140	8	180
Group activities	30		1	10	15	52	110
Number of orphans, all causes	40,000	4,000	4,200	12,000	47,000	26,000	130,000
AIDS orphans	12,000	4	110	840	1,900	210	15,000
Dual orphans	7,100	220	160	580	3,900	1,400	13,000
Number of countries reporting	**21**	**0**	**3**	**11**	**3**	**6**	**44**

Trends since 2001

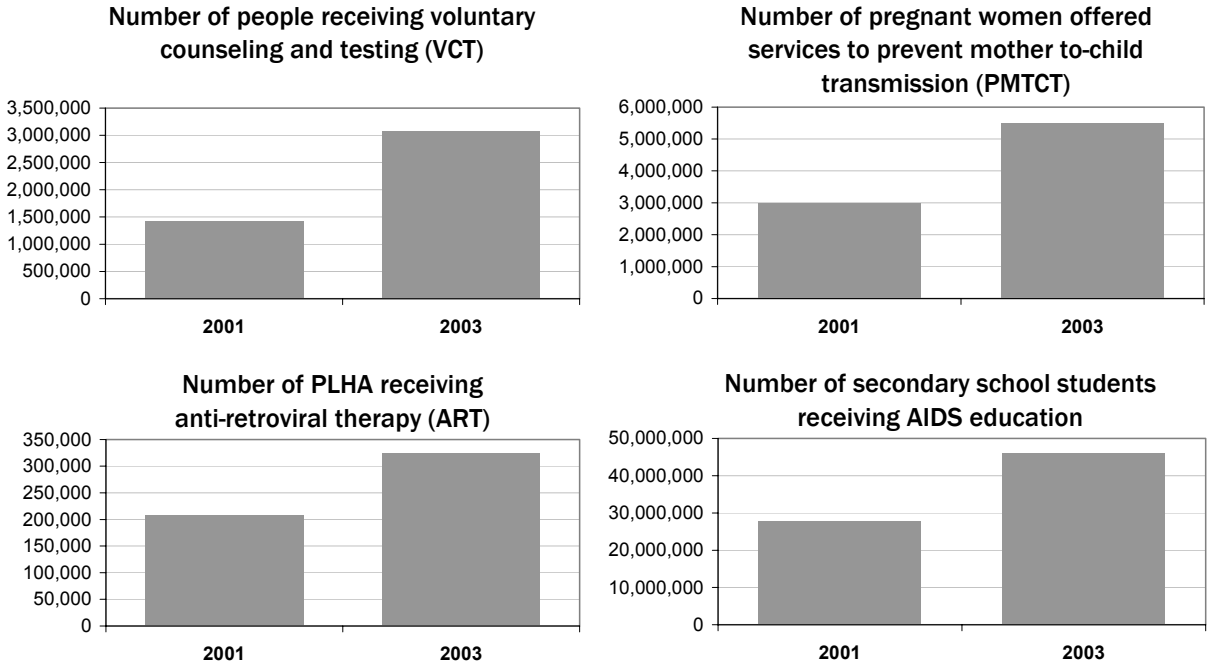
Several of the services discussed here were also assessed in the 2001 coverage survey, making it possible to examine trends in services over the last two years. Figure 5 compares the number of people receiving services in 2001 and 2003 for VCT, PMTCT, ART, and AIDS education for secondary school students. ***This comparison uses only those countries reporting in both surveys, so the figures are less than those given elsewhere in this report for all countries.***

The number of people receiving VCT services has more than doubled from 1.4 million to 3.1 million in 47 countries reporting on both surveys; the number of women offered PMTCT services has increased by 83% from 3.0 million to 5.5 million (46 countries); the number of people living with HIV/AIDS receiving anti-retroviral treatment has increased by 56% from 210,000 to 320,000 (55 countries), and the number of secondary school students receiving AIDS education has increased by 65% from 28 million to 46 million (35 countries).

The number of reported condoms distributed also registered a significant increase, from 1.4 billion to 3.6 billion in reporting countries excluding China, but condom distribution figures can vary widely from year to year so this comparison may not be meaningful.

Only 12 countries reported figures from harm reduction programs in both surveys, not enough information to discern clear trends. Half of the countries reported increases in harm reduction services and the other half reported declines.

Fig. 5. Number of people receiving services in 2001 and 2003 for countries reporting in both surveys for VCT, PMTCT, ART, and AIDS education



4. CONCLUSIONS

This survey indicates that most people in low- and middle-income countries do not have access to several key prevention and care services. Access is very low for voluntary counseling and testing. Coverage of services to prevent mother-to-child transmission of HIV is still very low everywhere except in Europe and Latin America. Condom programs are operating at national scale in many countries, but overall still cover only about 20% of risky sex acts. Among vulnerable populations coverage of prevention programs is very low for injecting drug users and only 10-20% for sex workers, men who have sex with men and street children. On the other hand over half of prisoners receive HIV prevention services in countries that reported information (it may be much lower for countries that did not report). The most widespread prevention programs are school-based education for primary and secondary students. Most countries now have AIDS education as part of the school curriculum and almost half of students receive some form of AIDS education.

The level of care available to most people with HIV does not provide all the essential elements in most regions. It is especially lacking in Sub-Saharan Africa and South-East Asia and best in the Americas and Eastern Europe. The services that are available are usually located in capital cities and other urban areas and not in rural areas. Home-based care is provided to only a small proportion of those who need it and prophylaxis to prevent opportunistic infections is not standard practice in most countries. The provision of antiretroviral therapy has increased significantly since 2001 and reaches most people who need it in much of South America. Nevertheless, coverage is still quite low in the rest of the world.

Although coverage levels are still low for most services there is evidence of significant increases since 2001. The annual number of VCT clients has doubled, the number women offered PMTCT has increased by 83%, the number of people receiving ARV therapy has increased by 56% and the number of secondary school students receiving AIDS education has nearly tripled.

Coverage for these services and others related to prevention, care, treatment and support will need to increase significantly in the next few years we are to meet the goals of the Declaration of Commitment on HIV/AIDS, the Millennium Development Goals and WHO's 3 by 5 target. Data available from this study clearly indicate that there has been significant progress in the last two years has funding and commitment has increased. However, much work remains to bring other essential services to a significant portion of the population in need.

Annex

Annex Table 1. Countries included in this study acccording to region

African Region
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Chad
Congo
Côte d'Ivoire
D. R. Congo
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Kenya
Lesotho
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Nigeria
Rwanda
Senegal
South Africa
Swaziland
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Eastern Mediterranean Region
Egypt
Iran, Islamic Republic
Morocco
Oman
Tunisia

Eastern European Region
Belarus
Croatia
Kazakhistan
Latvia
Republic of Moldova
Romania
Russian Federation
Ukraine
Uzbekistan

Region of the Americas
Argentina
Bahamas
Barbados
Belize
Bolivia
Brazil
Chile
Colombia
Costa Rica
Dominican Republic
El Salvador
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Peru
Trinidad and Tobago
Venezuela

South-East Asia Region
Bangladesh
Bhutan
India
Indonesia
Myanmar
Nepal
Pakistan
Sri Lanka
Thailand

Western Pacific Region
Cambodia
China
Lao People's Democratic Republic
Malaysia
Philippines
Viet Nam

Annex Table 2. Voluntary Counseling and Testing (VCT)

Country	Number of Clients per Year	Period	Number of Sites	Adult population, 15-49 (Thousands)	Percent of adults receiving VCT in last year
African Region					
Angola	2,497	1/02-6/03	9	5,908	0.0%
Benin	6,664	2002	3	3,103	0.2%
Botswana	49,886	1/03 - 10/03	24	897	5.6%
Burkina Faso	34,000	2003	29	5,678	0.6%
Burundi	45,473	2003	89	3,116	1.5%
Cameroon	11,623	2002	10	7,509	0.2%
Central African Republic				1,764	
Chad				3,755	
Congo	3,708	2002	2	1,638	0.2%
Cote d'Ivoire	14,967	4/02-12/02	5	7,982	0.2%
Dem. Republic of Congo	31,884	1/03-8/03	18	23,539	0.1%
Eritrea	22,221	2003	35	1,924	1.2%
Ethiopia	139,329	7/03 - 3/04	241	31,738	0.4%
Gambia	877	2002	5	674	0.1%
Ghana	2,954	6/02-7/03	21	10,385	0.0%
Guinea	12,480	37956	5	3,955	0.3%
Kenya	110,000	2002	220	15,919	0.7%
Lesotho				852	
Madagascar	2,082	11/02-10/03	13	7,989	0.0%
Malawi	91,690	2002	70	5,280	1.7%
Mali	7,113	3/02-3/03	14	5,625	0.1%
Mauritania				1,343	
Mauritius	9,000	2002	150	687	1.3%
Mozambique	91,275	1/03-8/03	45	8,671	1.1%
Namibia	3,037	11/02-10/03	6	917	0.3%
Nigeria	..	..	11	56,844	..
Rwanda	110,696	10/02-9/03	48	3,813	2.9%
Senegal	3,179	11/02-10/03	5	4,829	0.1%
South Africa	212,289	3/02-4/03	1625	24,133	0.9%
Swaziland	10,400	1/03 - 3/04	15	496	2.1%
Tanzania, United Republic of	110,561	2002	277	17,174	0.6%
Togo	5,019	2002	17	2,274	0.2%
Uganda	156,000	2002	153	10,902	1.4%
Zambia	135,692	2002	10	4,787	2.8%
Zimbabwe	70,131	2002	20	6,133	1.1%
Eastern Mediterranean Region					
Egypt	10,000	2003	..	36,820	0.0%
Iran, Islamic Republic of	15,000	11/03 - 11/04	100	38,430	0.0%
Morocco	12,311	2002	19	17,010	0.1%
Oman	..	..	..	1,549	..
Tunisia				5,584	
Eastern European Region					
Belarus	110,585	1/03-8/03	30	5,305	2.1%
Croatia	28,532	2002	26	2,146	1.3%
Kazakhstan	150,000	2002	131	8,534	1.8%
Latvia	151,318	2002	..	1,160	13.0%
Republic of Moldova	64,158	1/03-8/03	44	2,348	2.7%
Romania	68,000	2003	42	11,760	0.6%
Russian Federation				77,476	
Ukraine	461,834	2002	610	25,117	1.8%
Uzbekistan	8,210	2002	253	14,134	0.1%

Annex Table 2. Voluntary Counseling and Testing (VCT) (continued)

Country	Number of Clients per Year	Period	Number of Sites	Adult population, 15-49 (Thousands)	Percent of adults receiving VCT in last year
Region of the Americas					
Argentina	19,941	2002	60	19,203	0.1%
Bahamas				172	
Barbados	2,150		11	154	1.4%
Belize	321	9/03-12/03	4	131	0.2%
Bolivia				4,285	
Brazil	84,700	2002	220	99,336	0.1%
Chile	..	2002	249	8,317	..
Colombia				23,706	
Costa Rica				2,287	
Cuba	74,771	1/02-10/03	187	6,141	1.2%
Dominican Republic	58,051	10/02 - 9/03	85	4,695	1.2%
El Salvador	96,386	1/03-8/03	100	3,343	2.9%
Guatemala	12,614	2003	141	5,830	0.2%
Guyana	2,116	9/02-8/03	14	431	0.5%
Haiti	53,946	2/03-9/03	15	4,160	1.3%
Honduras	34,761	1/03-9/03	..	3,430	1.0%
Jamaica				1,412	
Mexico	108,000	2002	3529	55,396	0.2%
Nicaragua	42,000	2002	41	2,680	1.6%
Panama	5,569	1/03-11/03	67	1,657	0.3%
Peru	87,117	2002	288	14,252	0.6%
Trinidad and Tobago	12,869	2003	9	751	1.7%
Uruguay	38,600	2002	43	1,651	2.3%
Venezuela				13,608	
South-east Asia Region					
Bangladesh	525	2/02-10/03	1	75,420	0.0%
Bhutan	20	2003	2	1,045	0.0%
India	612,195	2003	709	553,343	0.1%
Indonesia	2,000	2002	15	121,138	0.0%
Myanmar				26,548	
Nepal	885	4/02-10/03	9	12,128	0.0%
Pakistan				72,405	
Sri Lanka				10,596	
Thailand	..	..	1000	35,892	..
Western Pacific Region					
Cambodia	31,233	2002	38	6,792	0.5%
China	175,000	2003	700 - 800	736,067	0.0%
Lao People's Dem. Rep	13,852	2002	20	2,706	0.5%
Malaysia	1,600	2002	120	12,853	0.0%
Philippines	18,169	2002	500	41,442	0.0%
Viet Nam	18,250	2002	75	45,284	0.0%
Total	4,194,316		12,002	2,570,291	0.2%
African Region	1,506,728		3,195	292,232	0.7%
Eastern Mediterranean Region	37,311		119	99,393	0.0%
Eastern European Region	1,042,637		1,136	147,979	1.5%
Region of the Americas	733,911		5,063	277,028	0.3%
South-east Asia Region	615,625		1,736	908,515	0.1%
Western Pacific Region	258,104		753	845,145	0.0%
Total for reporting countries	4,194,316		12,002	2,570,291	0.2%
Total for all 88 countries	6,000.000				

Annex Table 3. Prevention of Mother-to-Child Transmission (PMTCT)

Country	Number Offered Service per Year	Period	Number of Sites	Number Accepting Pre-Test Counseling	Number Accepting HIV Test	Number Confirmed HIV+
African Region						
Angola	-	2002	15	-	-	-
Benin	121,224	2002-2003	15	..	121,224	4,971
Botswana	39,718	2002	300	31,992	13,806	5,941
Burkina Faso	11,156	5/02-7/03	5	2,424	2,261	215
Burundi	2,764	2003	1	2,764	1,266	193
Cameroon	65,000	2003	80	65,000	43,000	3,330
Central African Republic						
Chad						
Congo	4,032	8/02-7/03	5	4,032	3,715	322
Cote d'Ivoire	37,815	2002	20	23,956	13,127	1,191
Dem. Republic of Congo	28,484	1/02-10/03	42	45,100	31,500	1,296
Eritrea	310	3/03-12/03	2	258	258	37
Ethiopia	10,817	70/3 - 3/04	35	4,503	3,460	426
Gambia	25	2002	2	25	25	25
Ghana	5,370	12/02-7/03	2	2,824	2,822	336
Guinea	368	2003	5	368	289	9
Kenya	120,000	5/02-5/03	80	80,000	70,000	6,000
Lesotho						
Madagascar	..		..	..	..	..
Malawi	46,909	1/02-11/03	32	21,125	20,868	3,144
Mali	12,346	8/02-8/03	5	7,320	5,895	259
Mauritania						
Mauritius	18,406	2003	150	18,406	18,406	11
Mozambique	3,826	3/02-12/02	14	16,358	9,668	2,835
Namibia	511	3/02-3/02	2	511	444	298
Nigeria	19,229	7/02-3/03	8	4,789	217	..
Rwanda	52,254	10/02-9/03	44	44,658	38,727	3,359
Senegal	345	2003	4	195	155	28
South Africa	132,857	3/02-4/03	12000	..	102,000	33,000
Swaziland	2,500	4/03-3/04	7	2,500	1,100	510
Tanzania, United Republic of	18,614	2002	8	8,377	7,121	855
Togo	4,221	2002	29	1,560	564	37
Uganda	76,197	2002	60	54,445	39,904	4,175
Zambia	248,021	5/03-9/03	72	32,417	20,988	5,146
Zimbabwe	45,690	2002	170	33,724	22,257	4,561
Eastern Mediterranean Region						
Egypt	-	..	..	..	..	..
Iran, Islamic Republic of	4,000	11/03-11/04	27	1,500	317	18
Morocco	418	1/02-6/03	2	627	415	13
Oman	35,697	2002	..	9,551	35,697	15
Tunisia						
Eastern European Region						
Belarus	94,150	1/03-6/03	230	47,075	20,517	31
Croatia	2	2002	1	..	..	87
Kazakhstan	13,686	2002	49	6,579	13,686	26
Latvia	19,286	2002	..	19,286	19,286	53
Republic of Moldova	4,500	2002	57	4,500	239	4
Romania	43,000	2002	42	..	..	33
Russian Federation						
Ukraine	420,799	2002	590	420,799	392,020	2,022
Uzbekistan	17,418	2003	..	8,709	310	20

Annex Table 3. Prevention of Mother-to-Child Transmission (PMTCT) (continued)

Country	Number Accepting Post-Test Counseling	Number Accepting ARV Prophylaxis	Number Receiving Counseling on Feeding Options	Number Provided with Formula	Number Receiving ARV for the Mother	Annual Births (Thousands)
African Region						
Angola	-	-	-	-	-	712
Benin	4,971	4,971	546	546	..	280
Botswana	5,941	3,842	3,842	3,842	..	55
Burkina Faso	..	36	66	34	..	622
Burundi	807	218	218	58		302
Cameroon	..	2,700	700	75	..	568
Central African Republic						146
Chad						416
Congo	264	184	184	94	28	28
Cote d'Ivoire	1,191	636	636	268	..	590
Dem. Republic of Congo	1,162	682	1,080	-	-	2,648
Eritrea	37	37	17	-	-	164
Ethiopia	453	273	256	47	1	3,006
Gambia	25	15	15	-	-	51
Ghana	336	336	336	336	3	666
Guinea	5	-	-	-	-	364
Kenya	6,000	3,400	5,000	200	-	1,040
Lesotho						56
Madagascar	..	..	..	..	..	723
Malawi	20,868	1,284	3,144	-	-	539
Mali	..	68	..	..	47	649
Mauritania						121
Mauritius	9	8	8	8	1	20
Mozambique	2,835	1,273	1,933	1,304	474	778
Namibia	..	180	..	..	-	66
Nigeria	43	227	43	27	-	4,850
Rwanda	3,182	2,588	3,182	1,241	234	369
Senegal	28	13	28	28	10	375
South Africa	..	18,857	..	..	-	1,018
Swaziland	622	240	192	53	49	37
Tanzania, United Republic of	855	411	855	855	-	1,451
Togo	26	20	15	5	3	189
Uganda	3,900	3,525	3,525	-	-	1,310
Zambia	5,000	4,723	5,000	40	-	456
Zimbabwe	18,555	4,161	27,257	4,161	-	414
Eastern Mediterranean Region						
Egypt	..	..	..	..	..	1,910
Iran, Islamic Republic of	18	18	18	18	-	1,399
Morocco	13	9	13	..	13	710
Oman	15	-	5	4	4	91
Tunisia						167
Eastern European Region						
Belarus	31	38	31	-	-	88
Croatia	87	..	..	..	7	49
Kazakhstan	26	9	18	18	-	250
Latvia	53	10	42	20	-	18
Republic of Moldova	4	4	4	2	-	49
Romania	..	20	..	..	..	233
Russian Federation						1,227
Ukraine	2,022	1,219	2,022	1,456	-	409
Uzbekistan	..	..	..	..	..	566

Annex Table 3. Prevention of Mother-to-Child Transmission (PMTCT) (continued)

Country	Annual Births to HIV+ Women (Thousands)	Percent of Pregnant Women Offered PMTCT Services	Percent of HIV+ Pregnant Women Receiving ARV Prophylaxis	Percent of HIV+ Pregnant Women Provided with Formula
African Region				
Angola	28	0%	0%	0
Benin	5	43%	94%	10%
Botswana	20	73%	19%	19%
Burkina Faso	26	1%	0%	0%
Burundi	18	1%	1%	0%
Cameroon	39	11%	7%	0%
Central African Republic	20			
Chad	20			
Congo	1	14%	13%	7%
Cote d'Ivoire	42	6%	2%	1%
Dem. Republic of Congo	112	1%	1%	0%
Eritrea	4	0%	1%	0%
Ethiopia	174	0%	0%	0%
Gambia	1	0%	3%	0%
Ghana	26	1%	1%	1%
Guinea	12	0%	0%	0%
Kenya	100	12%	3%	0%
Lesotho	16			
Madagascar	12	..	..	..
Malawi	77	9%	2%	0%
Mali	13	2%	1%	..
Mauritania	1			
Mauritius	0	93%	40%	40%
Mozambique	95	1%	1%	1%
Namibia	14	1%	1%	..
Nigeria	263	1%	0%	0%
Rwanda	19	14%	14%	7%
Senegal	3	0%	0%	1%
South Africa	212	11%	9%	..
Swaziland	14	7%	2%	0%
Tanzania, United Republic of	127	1%	0%	1%
Togo	8	2%	0%	0%
Uganda	53	6%	7%	0%
Zambia	75	100%	6%	0%
Zimbabwe	102	11%	4%	4%
Eastern Mediterranean Region				
Egypt	1	0%	..	..
Iran, Islamic Republic of	0	0%	26%	26%
Morocco	1	0%	2%	..
Oman	0	39%	0%	4%
Tunisia	0			
Eastern European Region				
Belarus	0	100%	9%	0%
Croatia	-	0%	..	..
Kazakhstan	0	5%	2%	4%
Latvia	0	100%	9%	18%
Republic of Moldova	0	9%	3%	2%
Romania	0	18%	172%	..
Russian Federation	14			
Ukraine	6	100%	21%	25%
Uzbekistan	1	6%	..	..

Annex Table 3. Prevention of Mother-to-Child Transmission (PMTCT) (continued)

Country	Number Offered Service per Year	Period	Number of Sites	Number Accepting Pre-Test Counseling	Number Accepting HIV Test	Number Confirmed HIV+
Region of the Americas						
Argentina	220,125	2002	1500	198,100	220,125	825
Bahamas						
Barbados	1,932		9	1,932	1,772	19
Belize	49	2002	5	4,414	4,414	49
Bolivia						
Brazil	1,976,000	2002	938	1,976,000	1,976,000	11,856
Chile	96	1/03-6/03	34	48	48	48
Colombia						
Costa Rica						
Cuba	213,872	2002	17183	200,152	213,872	13
Dominican Republic	76,253	10/02 - 9/03	189	41,405	34,695	1,395
El Salvador	19,767	1/03-8/03	4	14,825	14,825	198
Guatemala	64,006	2002	27	10,853	9,460	175
Guyana	3,217	9/02-8/03	8	3,217	2,819	97
Haiti	20,104	4/03-6/03	19	5,026	4,242	149
Honduras	37,307	1/03-10/03	97	12,441	11,691	120
Jamaica						
Mexico	127,730	2002	559	121,343	121,343	213
Nicaragua	4,500	2002	56	4,500	4,500	4
Panama	460	1/03-11/03	6	422	422	40
Peru	335,287	2002	288	111,966	111,966	449
Trinidad and Tobago	11,358	2002	11	11,358	11,026	159
Uruguay	54,000	2002	51	27,000	32,400	108
Venezuela						
South-east Asia Region						
Bangladesh	..		..	..	..	..
Bhutan	1	2002	1	-	-	1
India	603,770	2003	225	461,815	383,245	5,696
Indonesia	25	2002	5-10	100	100	20
Myanmar						
Nepal	22	1/02-10/03	3	40	40	40
Pakistan						
Sri Lanka						
Thailand	619,345	10/01-9/02	880	619,345	612,712	7,194
Western Pacific Region						
Cambodia	1,738	2002	5	869	861	30
China	138,000	July - Dec 2003	180	59,000	52,000	66
Lao People's Dem. Rep	-	2003	2	25	10	-
Malaysia	359,411	2002	958	359,411	359,411	141
Philippines	..	2002	56	..	..	10
Viet Nam	..	2002	7	..	..	492
Total	6,670,340		37,513	5,273,864	5,261,553	114,439
African Region	1,129,009		13,214	509,631	595,067	82,510
Eastern Mediterranean Region	40,115		29	11,678	36,429	46
Eastern European Region	612,841		969	506,948	446,058	2,276
Region of the Americas	3,166,063		20,984	2,745,002	2,775,620	15,917
South-east Asia Region	1,223,163		1,109	1,081,300	996,097	12,951
Western Pacific Region	499,149		1,208	419,305	412,282	739
Total for reporting countries	6,670,340		37,513	5,273,864	5,261,553	114,439

Annex Table 3. Prevention of Mother-to-Child Transmission (PMTCT) (continued)

Country	Number Accepting Post-Test Counseling	Number Accepting ARV Prophylaxis	Number Receiving Counseling on Feeding Options	Number Provided with Formula	Number Receiving ARV for the Mother	Annual Births (Thousands)
Region of the Americas						
Argentina	..	578	..	350	..	731
Bahamas						6
Barbados	19	19	19	19	19	3
Belize	49	32	49	49	32	7
Bolivia						258
Brazil	5,983	5,983	5,983	..	270	3,516
Chile	48	96	48	48	21	287
Colombia						983
Costa Rica						80
Cuba	13	13	13	13	13	131
Dominican Republic	44,058	491	1,395	1,395	-	204
El Salvador	198	239	198	91	..	164
Guatemala	173	173	..	173	138	422
Guyana	87	60	97	65	-	17
Haiti	149	224	..	..	6	252
Honduras	120	73	61	57	-	208
Jamaica						54
Mexico	213	213	213	213	213	2,317
Nicaragua	4	4	4	-	-	173
Panama	40	49	45	-	6	71
Peru	449	315	..	679	-	632
Trinidad and Tobago	159	203	203	203	104	18
Uruguay	108	108	108	-	27	57
Venezuela						587
South-east Asia Region						
Bangladesh	..	..	..	..	..	4,236
Bhutan	-	1	1	-	-	78
India	240,812	-	1,572	-	-	25,407
Indonesia	20	20	20	20	20	4,554
Myanmar						1,184
Nepal	32	19	35	31	29	828
Pakistan						5,521
Sri Lanka						313
Thailand	7,194	5,513	7,194	5,200	..	1,089
Western Pacific Region						
Cambodia	30	36	30	30	18	480
China	66	100	60	50	-	18,934
Lao People's Dem. Rep	5	-	-	-	-	201
Malaysia	141	141	141	141	141	552
Philippines	10	2	10	2	..	2,026
Viet Nam	..	115	..	..	115	1,641
Total	379,565	71,055	77,730	23,569	2,046	110,462
African Region	77,115	54,909	58,078	13,222	850	25,079
Eastern Mediterranean Region	46	27	36	22	17	4,276
Eastern European Region	2,223	1,300	2,117	1,496	7	2,888
Region of the Americas	51,870	8,873	8,436	3,355	849	11,177
South-east Asia Region	248,058	5,553	8,822	5,251	49	43,209
Western Pacific Region	252	394	241	223	274	23,833
Total for reporting countries	379,565	71,055	77,730	23,569	2,046	110,462

Annex Table 3. Prevention of Mother-to-Child Transmission (PMTCT) (continued)

Country	Annual Births to HIV+ Women (Thousands)	Percent of Pregnant Women Offered PMTCT Services	Percent of HIV+ Pregnant Women Receiving ARV Prophylaxis	Percent of HIV+ Pregnant Women Provided with Formula
Region of the Americas				
Argentina	5	30%	12%	7%
Bahamas	0			
Barbados	0	59%	39%	39%
Belize	0	1%	19%	29%
Bolivia	0			
Brazil	23	56%	26%	..
Chile	1	0%	11%	5%
Colombia	7			
Costa Rica	0			
Cuba	0	100%	20%	20%
Dominican Republic	3	37%	14%	40%
El Salvador	1	16%	21%	8%
Guatemala	5	15%	4%	4%
Guyana	0	19%	14%	16%
Haiti	14	32%	2%	..
Honduras	4	22%	2%	1%
Jamaica	1			
Mexico	6	6%	4%	4%
Nicaragua	0	3%	1%	0%
Panama	1	1%	7%	0%
Peru	3	53%	10%	21%
Trinidad and Tobago	1	64%	36%	36%
Uruguay	0	94%	57%	0%
Venezuela	4			
South-east Asia Region				
Bangladesh	0	..	..	..
Bhutan	0	0%	26%	0%
India	208	2%	0%	0%
Indonesia	4	0%	0%	0%
Myanmar	14			
Nepal	3	0%	1%	1%
Pakistan	6			
Sri Lanka	0			
Thailand	17	57%	33%	31%
Western Pacific Region				
Cambodia	12	1%	0%	0%
China	23	1%	0%	0%
Lao People's Dem. Rep	0	0%	0%	0%
Malaysia	2	65%	6%	6%
Philippines	0	..	0%	0%
Viet Nam	7	..	2%	..
Total	2,152	8%	3%	1%
African Region	1,752	5%	3%	1%
Eastern Mediterranean Region	2	2%	2%	1%
Eastern European Region	21	37%	6%	7%
Region of the Americas	81	34%	11%	4%
South-east Asia Region	252	4%	2%	2%
Western Pacific Region	45	3%	1%	0%
Total for reporting countries	2,152	8%	3%	1%

Annex Table 4. Condoms

Country	Annual Number of Condoms Distributed	Period	Condoms Required to Cover All Risky Sex Acts (Millions)	FP Condom Use (Millions)	Condoms for Disease Prevention (Millions)	Estimated Coverage
African Region						
Angola	25,000,000	2003	84	3	22	26%
Benin	8,418,648	2002	58	3	5	9%
Botswana	19,489,322	1/04 - 10/04	25	1	18	74%
Burkina Faso	18,748,740	2003	119	5	13	11%
Burundi	3,700,157	2003	19	0	4	18%
Cameroon	30,766,500	7/02-6/03	229	13	17	8%
Central African Republic			15	0		
Chad			30	1		
Congo	3,832,825	2002	22	0	4	16%
Cote d'Ivoire	32,198,006	2002	146	16	16	11%
Dem. Republic of Congo	19,107,495	1/03-7/03	328	0	19	6%
Eritrea	11,356,218	2003	18	2	10	55%
Ethiopia	57,718,000	07/03 - 03/04	271	10	48	18%
Gambia	2,100,000		9	0	2	20%
Ghana	24,300,000	6/02 - 6/03	88	16	8	9%
Guinea	7,193,146	2003	52	2	6	11%
Kenya	106,703,400	6/02 – 6/03	371	13	94	25%
Lesotho			25	1		
Madagascar	6,500,000		114	3	3	3%
Malawi	24,991,484	11/02-10/03	90	5	20	22%
Mali	8,941,303	2002	28	1	8	28%
Mauritania			20	0		
Mauritius	1,348,708	2003	2	4	-	0%
Mozambique	41,154,452	2002	199	3	38	19%
Namibia	4,027,210	2003	10	3	1	11%
Nigeria	132,000,000	2002	989	68	64	7%
Rwanda	7,297,215	2002	30	1	6	21%
Senegal	8,500,000	2002	68	2	6	9%
South Africa	236,404,337		320	24	212	66%
Swaziland	5,100,000	3/03 - 3/04	5	0	5	110%
Tanzania, United Republic of	37,387,248	2002	328	3	35	11%
Togo	12,045,722		26	2	10	39%
Uganda	86,000,000	2002	192	4	82	43%
Zambia	36,498,604		67	11	26	39%
Zimbabwe	71,032,720	2002	136	11	60	44%
Eastern Mediterranean Region						
Egypt	6,329,145	2003	390	19	-	0%
Iran, Islamic Republic of	44,464,000	3/03 - 3/04	427	46	-	0%
Morocco	2,700,000	2002	197	10	-	0%
Oman	195,218	2003	15	1	-	0%
Tunisia			59	12		
Eastern European Region						
Belarus	931,000		68	21	-	0%
Croatia	5,017,022		30	7	-	0%
Kazakhstan	1,218,882	2002	112	18	-	0%
Latvia	49,911		12	5	-	0%
Republic of Moldova	2,136,931		30	9	-	0%
Romania	34,800,000	2003	151	38	-	0%
Russian Federation			968	38		
Ukraine	147,531	2002	174	524	-	0%
Uzbekistan	12,411,194	2002	196	26	-	0%

Annex Table 4. Condoms (continued)

Country	Annual Number of Condoms Distributed	Period	Condoms Required to Cover All Risky Sex Acts (Millions)	FP Condom Use (Millions)	Condoms for Disease Prevention (Millions)	Estimated Coverage
Region of the Americas						
Argentina	59,142,850	2002	348	41	18	5%
Bahamas			-	0		
Barbados	280,352		2	1	-	0%
Belize		..	3	0		
Bolivia			44	6		
Brazil	554,833,336		2,115	197	358	17%
Chile	150,000		122	17	-	0%
Colombia			292	60		
Costa Rica			28	16		
Cuba	115,915,191	1/02-7/03	138	20	96	69%
Dominican Republic	3,600,000	10/02 - 9/03	90	12	-	0%
El Salvador	6,200,004	Jan-Dec 2002	51	5	1	3%
Guatemala	15,781,421	2002-2003	89	7	8	10%
Guyana	1,715,844		6	1	1	10%
Haiti	32,000,000	2002	122	6	26	22%
Honduras	11,643,534	Aug 2002 - Sept 2003	53	6	5	10%
Jamaica			20	12		
Mexico	134,000,000	2002	761	86	48	6%
Nicaragua			42	6		
Panama	1,149,818	1/03-11/03	24	2	-	0%
Peru	30,240,057		218	33	-	0%
Trinidad and Tobago	813,906	2003	8	2	-	0%
Uruguay	18,200,000	2002	22	4	14	64%
Venezuela			213	18		
South-east Asia Region						
Bangladesh	211,367,295		572	130	81	14%
Bhutan	2,160,000	7/02-6/03	8	0	2	24%
India	1,016,750,000	2001-2002	3,239	852	164	5%
Indonesia	86,500,000	2002	777	46	40	5%
Myanmar			187	3		
Nepal	31,639,999	10/02-9/03	90	18	14	15%
Pakistan			516	183		
Sri Lanka			134	33		
Thailand	100,000,000	10/02 -9/03	125	40	60	48%
Western Pacific Region						
Cambodia	21,200,000	10/02-9/03	49	3	18	38%
China	3,000,000,000	2003	4,143	587	2,413	58%
Lao People's Dem. Rep	8,217,876		20	1	7	36%
Malaysia	1,313,000	2002	92	50	-	0%
Philippines	37,777,074	2002	379	32	6	2%
Viet Nam	250,000,000	2002	305	351	-	0%
Total	6,952,853,852		22,812	3,894	4,244	19%
						Average
African Region	1,089,861,461		4,444		861	19%
Eastern Mediterranean Region	53,688,363		1,029		-	0%
Eastern European Region	56,712,471		773		-	0%
Region of the Americas	985,666,314		4,170		577	14%
South-east Asia Region	1,448,417,294		4,812		362	8%
Western Pacific Region	3,318,507,950		4,988		2,445	49%
Total for reporting countries	6,952,853,852		20,216		4,244	21%

Annex Table 5. Harm reduction for injecting drug users

Country	Number of Risk Reduction Clients	Number of Needle and Syringe Exchange Clients	Number of Drug Substitutions Clients	Number of Risk Reduction Sites
African Region				
Angola	-	-	-	-
Benin	..	..	..	..
Botswana	..	..	..	..
Burkina Faso	..	..	..	..
Burundi	..	..	..	..
Cameroon	300	-	100	50
Central African Republic				
Chad				
Congo	..	..	..	..
Cote d'Ivoire	..	..	..	..
Dem. Republic of Congo	..	..	..	..
Eritrea	..	..	..	..
Ethiopia	..	..	..	..
Gambia	-	-	-	-
Ghana	213	-	-	2
Guinea	..	..	..	..
Kenya	..	..	..	..
Lesotho				
Madagascar	..	..	..	..
Malawi	..	..	..	..
Mali	..	..	..	..
Mauritania				
Mauritius	800	..	152	8
Mozambique	..	..	..	..
Namibia	..	..	..	..
Nigeria	..	..	..	..
Rwanda	..	..	..	..
Senegal	..	..	..	..
South Africa	..	..	..	..
Swaziland	..	..	..	..
Tanzania, United Republic of	..	..	..	..
Togo	136	5	..	1
Uganda	..	..	..	..
Zambia	..	..	..	..
Zimbabwe	..	..	..	..
Eastern Mediterranean Region				
Egypt	195	1	..	1
Iran, Islamic Republic of	35,000	3,500	7,500	120
Morocco	..	..	..	..
Oman	..	..	..	..
Tunisia				
Eastern European Region				
Belarus	15 000 - 20 000	9,500	-	48
Croatia	950	1,419	1,006	27
Kazakhstan	25,000	..	-	119
Latvia	3,172	1,316	70	14
Republic of Moldova	6,500	3,105	..	4
Romania	..	4,800	..	4
Russian Federation				
Ukraine	17,500	15,538	-	40
Uzbekistan	9,312	34,164	-	230

Annex Table 5. Harm reduction for injecting drug users (continued)

Country	Number of Exchange Sites	Number of Drug Substitution Sites	Number of Injecting Drug Users	Percent of IDU receiving some harm reduction service
African Region				
Angola	-	-	70,000	0%
Benin	..	..	..	
Botswana	..	..	..	
Burkina Faso	..	..	..	
Burundi	..	..	..	
Cameroon	-	3	..	
Central African Republic			..	
Chad			..	
Congo	..	..	..	
Cote d'Ivoire	..	..	..	
Dem. Republic of Congo	..	..	..	
Eritrea	..	..	..	
Ethiopia	..	..	..	
Gambia	-	-	300	0%
Ghana	-	-	213	100%
Guinea	..	..	..	
Kenya	..	..	..	
Lesotho			..	
Madagascar	..	..	..	
Malawi	..	..	..	
Mali	..	..	..	
Mauritania			..	
Mauritius	..	4	9,000	9%
Mozambique	..	..	..	
Namibia	..	..	..	
Nigeria	..	..	..	
Rwanda	..	..	..	
Senegal	..	..	..	
South Africa	..	..	..	
Swaziland	..	..	..	
Tanzania, United Republic of	..	..	..	
Togo	-	-	-	
Uganda	..	..	..	
Zambia	..	..	..	
Zimbabwe	..	..	..	
Eastern Mediterranean Region				
Egypt	1	..	17,000	1%
Iran, Islamic Republic of	40	72	150,000	23%
Morocco	..	..	600	
Oman	..	1	..	
Tunisia			..	
Eastern European Region				
Belarus	48	-	46,500	20%
Croatia	5	-	11,000	9%
Kazakhstan	129	-	225,000	11%
Latvia	13	1	10,706	30%
Republic of Moldova	1	-	35,000	19%
Romania	4	2	30,000	16%
Russian Federation			1,454,912	
Ukraine	17	-	560,000	3%
Uzbekistan	230	-	95,500	10%

Annex Table 5. Harm reduction for injecting drug users (continued)

Country	Number of Risk Reduction Clients	Number of Needle and Syringe Exchange Clients	Number of Drug Substitutions Clients	Number of Risk Reduction Sites
Region of the Americas				
Argentina	7,500	750	..	21
Bahamas				
Barbados	..	..	..	..
Belize	..	..	..	..
Bolivia				
Brazil	..	14,807	-	463
Chile	-	-	-	-
Colombia				
Costa Rica				
Cuba	..	..	..	..
Dominican Republic	..	..	10	10
El Salvador	..	..	..	..
Guatemala	..	..	..	..
Guyana	..	..	..	..
Haiti	..	..	..	..
Honduras	..	..	..	..
Jamaica				
Mexico	..	..	..	..
Nicaragua	..	..	..	..
Panama	600	..	-	2
Peru	..	..	..	..
Trinidad and Tobago	..	..	..	..
Uruguay	200	-	-	-
Venezuela				
South-east Asia Region				
Bangladesh	18,957	3,708	-	30
Bhutan	..	..	..	..
India	53,200	45,600	-	76
Indonesia	2,000	1,400	550	10 - 20
Myanmar				
Nepal	8,607	8,607	-	19
Pakistan				
Sri Lanka				
Thailand	..	-	10,377	1,000
Western Pacific Region				
Cambodia	2,573	..	-	43
China	120,000	5,000	-	2,000
Lao People's Dem. Rep	..	..	..	..
Malaysia	900	-	-	1
Philippines	1,268	249	-	12
Viet Nam	5,000	100	50	40
Total	319,883	153,569	19,815	4,385
African Region	1,449	5	252	61
Eastern Mediterranean Region	35,195	3,501	7,500	121
Eastern European Region	62,434	69,842	1,076	486
Region of the Americas	8,300	15,557	10	496
South-east Asia Region	82,764	59,315	10,927	1,125
Western Pacific Region	129,741	5,349	50	2,096
Total for reporting countries	319,883	153,569	19,815	4,385

Annex Table 5. Harm reduction for injecting drug users (continued)

Country	Number of Exchange Sites	Number of Drug Substitution Sites	Number of Injecting Drug Users	Percent of IDU receiving some harm reduction service
Region of the Americas				
Argentina	21	..	64,500	12%
Bahamas			..	
Barbados	..	..	..	
Belize	..	..	..	
Bolivia			..	
Brazil	367	-	795,657	2%
Chile	-	-	..	
Colombia			..	
Costa Rica			..	
Cuba	..	..	..	
Dominican Republic	-	5	225	4%
El Salvador	..	..	..	
Guatemala	..	..	..	
Guyana	..	..	..	
Haiti	..	..	..	
Honduras	..	..	..	
Jamaica			..	
Mexico	..	..	36,384	
Nicaragua	..	..	..	
Panama	-	-	600	100%
Peru	..	..	..	
Trinidad and Tobago	..	..	..	
Uruguay	-	-	..	
Venezuela			..	
South-east Asia Region				
Bangladesh	23	-	6,550	
Bhutan	..	..	65	
India	76	-	800,000	7%
Indonesia	5	10	159,723	1%
Myanmar			12,900	
Nepal	15	3	22,000	39%
Pakistan			60,000	
Sri Lanka			550	
Thailand	-	700	190,650	0%
Western Pacific Region				
Cambodia	41	-	-	
China	20	-	4,000,000	3%
Lao People's Dem. Rep	..	..	-	
Malaysia	-	-	205,000	0%
Philippines	1	-	10,000	13%
Viet Nam	5	1	126,000	4%
Total			9,206,535	0.0%
African Region	-	7	79,513	1.3%
Eastern Mediterranean Region	41	73	167,600	21.1%
Eastern European Region	447	3	2,468,618	7.6%
Region of the Americas	388	5	897,366	2.7%
South-east Asia Region	119	713	1,252,438	5.4%
Western Pacific Region	67	1	4,341,000	2.9%
Total for reporting countries	1,062	802	9,206,535	4.3%

Annex Table 6. Prevention services for sex workers

Country	Number of sex workers	Estimated percent of sex workers covered with outreach services
African Region		
Angola	400,000	5%
Benin	2,318	..
Botswana	..	..
Burkina Faso	3,800	60%
Burundi	..	..
Cameroon	..	..
Central African Republic		
Chad		
Congo	..	10%
Cote d'Ivoire	8,500	50%
Dem. Republic of Congo	60,000	93%
Eritrea	..	..
Ethiopia	56,950	8%
Gambia	730	95%
Ghana	22,000	40%
Guinea	*1,250*	100%
Kenya	..	..
Lesotho		
Madagascar	*19,787*	5%
Malawi	..	..
Mali	1,088	75%
Mauritania		
Mauritius	3,750	25%
Mozambique	..	..
Namibia	..	..
Nigeria	150,000	..
Rwanda	*7,500*	20%
Senegal	*30,000*	20%
South Africa	..	..
Swaziland	450	..
Tanzania, United Republic of	3,434	..
Togo	4,016	70%
Uganda	2,390	20%
Zambia	4,000	5%
Zimbabwe	350,000	55%
Eastern Mediterranean Region		
Egypt	..	..
Iran, Islamic Republic of	60,000	0%
Morocco	2,700	..
Oman	3,500	0%
Tunisia		
Eastern European Region		
Belarus	*16,275*	18%
Croatia	2,000	2%
Kazakhstan	16,500	10%
Latvia	*3,667*	15%
Republic of Moldova	800	10%
Romania	..	..
Russian Federation		
Ukraine	60,000	7%
Uzbekistan	8,600	20%

Annex Table 6. Prevention services for sex workers (continued)

Country	Number of sex workers	Estimated percent of sex workers covered with outreach services
Region of the Americas		
Argentina	*38,000*	25%
Bahamas		
Barbados	..	0%
Belize	..	..
Bolivia		
Brazil	..	..
Chile	20,000	30%
Colombia		
Costa Rica		
Cuba	..	..
Dominican Republic	87,500	50%
El Salvador	..	..
Guatemala	15,287	4%
Guyana	400	60%
Haiti	32,000	13%
Honduras	992	..
Jamaica		
Mexico	123,000	7%
Nicaragua	..	..
Panama	7,529	65%
Peru	60,000	27%
Trinidad and Tobago	..	..
Uruguay	7,800	60%
Venezuela		
South-east Asia Region		
Bangladesh	..	..
Bhutan	75	15%
India	150,113	30%
Indonesia	233,039	7%
Myanmar		
Nepal	25,475	60%
Pakistan		
Sri Lanka		
Thailand	200,000	20%
Western Pacific Region		
Cambodia	16,500	80%
China	3,500,000	5%
Lao People's Dem. Rep	4,080	75%
Malaysia	50,000	1%
Philippines	54,000	33%
Viet Nam	68,000	10%
Total	5,999,794	
African Region	1,131,963	31%
Eastern Mediterranean Region	66,200	0%
Eastern European Region	107,842	10%
Region of the Americas	392,508	25%
South-east Asia Region	608,702	19%
Western Pacific Region	3,692,580	11%
Total for reporting countries	5,999,794	16%

Annex Table 7. Prevention services for men who have sex with men (MSM)

Country	Number of MSM	Estimated percent of MSM covered with outreach services
African Region		
Angola	10,000	0%
Benin	..	..
Botswana	..	..
Burkina Faso	..	..
Burundi	..	..
Cameroon	..	..
Central African Republic		
Chad		
Congo	..	0%
Cote d'Ivoire	1,238	..
Dem. Republic of Congo	14	0%
Eritrea	..	..
Ethiopia	..	..
Gambia	150	0%
Ghana		..
Guinea	..	..
Kenya	..	..
Lesotho		
Madagascar	..	..
Malawi	..	..
Mali	..	..
Mauritania		
Mauritius	3,500	25%
Mozambique	..	..
Namibia	..	..
Nigeria	..	..
Rwanda	..	..
Senegal	..	10%
South Africa	..	..
Swaziland	..	..
Tanzania, United Republic of	..	..
Togo	..	..
Uganda	..	..
Zambia	..	..
Zimbabwe	..	0%
Eastern Mediterranean Region		
Egypt	..	..
Iran, Islamic Republic of	10,000	0%
Morocco	..	..
Oman	12,500	0%
Tunisia		
Eastern European Region		
Belarus	52610	8%
Croatia	15,000	5%
Kazakhstan	100,000	1%
Latvia	12223.5	4%
Republic of Moldova	500	20%
Romania	..	..
Russian Federation		
Ukraine	300,000	..
Uzbekistan		..

Annex Table 7. Prevention services for men who have sex with men (MSM) (continued)

Country	Number of MSM	Estimated percent of MSM covered with outreach services
Region of the Americas		
Argentina	274,196	..
Bahamas		
Barbados	..	..
Belize	..	..
Bolivia		
Brazil	3,168,320	45%
Chile	175,000	5%
Colombia		
Costa Rica		
Cuba	121,833	..
Dominican Republic	500,000	13%
El Salvador	..	..
Guatemala	132554	1%
Guyana	..	5%
Haiti	72000	13%
Honduras	57,000	..
Jamaica		
Mexico	675,000	7%
Nicaragua	..	..
Panama	54,000	0%
Peru	300000	4%
Trinidad and Tobago	..	..
Uruguay	1,800	40%
Venezuela		
South-east Asia Region		
Bangladesh	..	..
Bhutan	..	0%
India	47,500	15%
Indonesia	1,149,809	0%
Myanmar		
Nepal	12,000	90%
Pakistan		
Sri Lanka		
Thailand	3,000,000	1%
Western Pacific Region		
Cambodia	..	..
China	5100000	1%
Lao People's Dem. Rep	2,537	1%
Malaysia	122500	15%
Philippines	591,370	1%
Viet Nam	..	..
Total	16,075,155	11%
African Region	14,902	6%
Eastern Mediterranean Region	22,500	0%
Eastern European Region	480,334	3%
Region of the Americas	5,531,703	31%
South-east Asia Region	4,209,309	1%
Western Pacific Region	5,816,407	2%
Total for reporting countries	16,075,155	11%

Annex Table 8. Prevention services for prisoners

Country	Number of prisoners	Estimated percent of prisoners covered with outreach services
African Region		
Angola	50,000	3%
Benin	5,045	0%
Botswana	..	..
Burkina Faso	2,587	100%
Burundi	..	..
Cameroon	..	..
Central African Republic		
Chad		
Congo	2,150	25%
Cote d'Ivoire	10,321	..
Dem. Republic of Congo	6,000	1%
Eritrea	..	..
Ethiopia	36,349	24%
Gambia	900	100%
Ghana	10,879	80%
Guinea	4,500	..
Kenya	..	..
Lesotho		
Madagascar	18,725	..
Malawi	9,118	36%
Mali	6,413	..
Mauritania		
Mauritius	2,329	100%
Mozambique	1,000	1%
Namibia	..	..
Nigeria	..	..
Rwanda	90,000	30%
Senegal	..	..
South Africa	180,000	100%
Swaziland	3,250	..
Tanzania, United Republic of	50,000	..
Togo	1	..
Uganda	30,000	3%
Zambia	..	..
Zimbabwe	195,000	20%
Eastern Mediterranean Region		..
Egypt	..	..
Iran, Islamic Republic of	150,000	3%
Morocco	50,000	..
Oman	3,203	0%
Tunisia		
Eastern European Region		..
Belarus	52,400	18%
Croatia	2,000	..
Kazakhstan	82,500	50%
Latvia	8,305	3%
Republic of Moldova	10,800	100%
Romania	..	..
Russian Federation		
Ukraine	197,641	100%
Uzbekistan		..

Annex Table 8. Prevention services for prisoners (continued)

Country	Number of prisoners	Estimated percent of prisoners covered with outreach services
Region of the Americas		0%
Argentina	46,963	12%
Bahamas		
Barbados	..	0%
Belize	..	..
Bolivia		
Brazil	284,989	46%
Chile	66,920	0%
Colombia		
Costa Rica		
Cuba	..	..
Dominican Republic	16,337	33%
El Salvador	11,055	100%
Guatemala	8,000	..
Guyana	1,250	0%
Haiti	4,250	13%
Honduras	10,860	..
Jamaica		
Mexico	178,388	80%
Nicaragua	..	..
Panama	10,433	100%
Peru	29,020	..
Trinidad and Tobago	4,600	100%
Uruguay	14,000	20%
Venezuela		
South-east Asia Region		..
Bangladesh	..	..
Bhutan	275	0%
India	313,635	48%
Indonesia	73,794	..
Myanmar		
Nepal	5,000	50%
Pakistan		
Sri Lanka		
Thailand	211,475	..
Western Pacific Region		100%
Cambodia	3,958	..
China	..	..
Lao People's Dem. Rep	..	20%
Malaysia	31,639	10%
Philippines	66,966	100%
Viet Nam	..	..
Total	2,665,223	
African Region	714,567	6%
Eastern Mediterranean Region	203,203	0%
Eastern European Region	353,646	3%
Region of the Americas	687,065	31%
South-east Asia Region	604,179	1%
Western Pacific Region	102,563	2%
Total for reporting countries	2,665,223	11%

Annex Table 9. Outreach services for children living on the street

Country	Estimated number of children living on the street	Estimated percent of street children covered with outreach services
African Region		
Angola	350,000	10%
Benin	..	..
Botswana	..	..
Burkina Faso	2,146	60%
Burundi	5,000	..
Cameroon	..	..
Central African Republic		
Chad		
Congo	2,300	80%
Cote d'Ivoire	15,330	..
Dem. Republic of Congo	75,000	55%
Eritrea	..	..
Ethiopia	80,713	7%
Gambia	7,500	5%
Ghana	150,000	5%
Guinea	10,000	10%
Kenya	250,000	40%
Lesotho		
Madagascar	3,600	0%
Malawi	..	..
Mali	4,348	..
Mauritania		
Mauritius	25	83%
Mozambique	..	..
Namibia	..	..
Nigeria	..	..
Rwanda	7,000	10%
Senegal	30,000	..
South Africa	15,000	35%
Swaziland	350	..
Tanzania, United Republic of	2,520	..
Togo	1	..
Uganda	..	..
Zambia	600	30%
Zimbabwe	92,000	50%
Eastern Mediterranean Region		
Egypt	..	..
Iran, Islamic Republic of	25,000	3%
Morocco	..	..
Oman	-	0%
Tunisia		
Eastern European Region		
Belarus	2,200	0%
Croatia	..	..
Kazakhstan	..	0%
Latvia	9,750	35%
Republic of Moldova	4,329	30%
Romania	..	..
Russian Federation		
Ukraine	36,000	10%
Uzbekistan		..

Annex Table 9. Outreach services for children living on the street (continued)

Country	Estimated number of children living on the street	Estimated percent of street children covered with outreach services
Region of the Americas		
Argentina	5,300	..
Bahamas		
Barbados	-	0%
Belize	..	..
Bolivia		
Brazil	..	..
Chile	..	0%
Colombia		
Costa Rica		
Cuba	-	..
Dominican Republic	50,000	10%
El Salvador	500	60%
Guatemala	8,000	40%
Guyana	..	65%
Haiti	148,000	13%
Honduras	17,500	..
Jamaica		
Mexico	140,000	1%
Nicaragua	..	..
Panama	749	16%
Peru	1,750	0%
Trinidad and Tobago	..	..
Uruguay	..	10%
Venezuela		
South-east Asia Region		
Bangladesh	..	..
Bhutan	-	0%
India	100,000	20%
Indonesia	70,872	..
Myanmar		
Nepal	5,000	20%
Pakistan		
Sri Lanka		
Thailand	12,500	40%
Western Pacific Region		
Cambodia	..	..
China	600,000	..
Lao People's Dem. Rep	138	20%
Malaysia	-	0%
Philippines	220,000	19%
Viet Nam	6,200	25%
Total	2,567,221	
African Region	1,103,433	24%
Eastern Mediterranean Region	25,000	..
Eastern European Region	52,279	16%
Region of the Americas	371,799	9%
South-east Asia Region	188,372	22%
Western Pacific Region	826,338	20%
Total for reporting countries	2,567,221	20%

Annex Table 10. HIV/AIDS education

Country	AIDS is part of primary curriculum	AIDS is part of secondary curriculum	Number of primary students covered	Number of secondary students covered
African Region				
Angola	No	No	265	89
Benin	Yes	Yes	991	140
Botswana	Yes	Yes	264	110
Burkina Faso	Yes	Yes		
Burundi	Yes	Yes	930	36
Cameroon	No	Yes	2,472	439
Central African Republic	-	-		
Chad	-	-		
Congo	No	Yes	26	46
Cote d'Ivoire	Yes	Yes		
Dem. Republic of Congo	Yes	Yes	3,689	838
Eritrea	No	No	-	-
Ethiopia	No	No		
Gambia	Yes	Yes	168	27
Ghana	Yes	Yes	2,675	760
Guinea	NO	No		
Kenya	Yes	Yes	3,129	484
Lesotho	-	-		
Madagascar	Yes	Yes		
Malawi	Yes	Yes	3,015	221
Mali	No	No		
Mauritania	-	-		
Mauritius	No	Yes	-	44
Mozambique	No	No		
Namibia	Yes	Yes	222	65
Nigeria	..	..		
Rwanda	Yes	Yes	468	63
Senegal	No	Yes	95	196
South Africa	Yes	Yes	6,302	2,653
Swaziland	Yes	Yes	75	49
Tanzania, United Republic of	Yes	Yes	910	11
Togo	No	Yes	-	-
Uganda	Yes	Yes	3,709	360
Zambia	Yes	Yes	580	69
Zimbabwe	Yes	Yes	1,739	516
Eastern Mediterranean Region				
Egypt	No	No		49
Iran, Islamic Republic of	No	Yes		
Morocco	Yes	Yes	3,638	1,068
Oman	No	Yes	-	51
Tunisia	-	-		
Eastern European Region				
Belarus	Yes	Yes	406	402
Croatia	No	Yes	28	37
Kazakhstan	Yes	Yes	853	882
Latvia	Yes	Yes	81	68
Republic of Moldova	No	Yes	-	63
Romania	Yes	Yes	142	252
Russian Federation	-	-		
Ukraine	Yes	Yes	2,380	2,007
Uzbekistan	Yes	Yes		947

Annex Table 10. HIV/AIDS education (continued)

Country	Percent of primary students covered	Percent of secondary students covered	Primary school students	Secondary school students
African Region				
Angola	10	20	2,648	445
Benin	100	100	991	140
Botswana	90	100	293	110
Burkina Faso			1,010	124
Burundi	100	70	930	51
Cameroon	90	90	2,747	488
Central African Republic			446	49
Chad			979	95
Congo	3	22	861	207
Cote d'Ivoire			2,006	435
Dem. Republic of Congo	43	49	8,580	1,710
Eritrea	0	-	431	94
Ethiopia			5,425	1,064
Gambia	95	75	176	35
Ghana	100	100	2,675	760
Guinea			822	118
Kenya	60	50	5,216	969
Lesotho			367	64
Madagascar			3,328	335
Malawi	100	100	3,015	221
Mali			1,160	168
Mauritania			428	49
Mauritius	0	85	126	52
Mozambique			2,302	164
Namibia	50	50	445	130
Nigeria			22,367	4,457
Rwanda	40	70	1,171	89
Senegal	7	100	1,303	196
South Africa	80	72	7,878	3,685
Swaziland	40	90	187	54
Tanzania, United Republic of	19	5	4,787	227
Togo	0	-	1,059	145
Uganda	90	90	4,121	400
Zambia	30	20	1,933	347
Zimbabwe	60	65	2,898	794
Eastern Mediterranean Region				
Egypt		1	9,554	4,948
Iran, Islamic Republic of			10,590	5,284
Morocco	100	100	3,638	1,068
Oman	0	25	431	203
Tunisia			1,218	472
Eastern European Region				
Belarus	70	90	581	447
Croatia	10	20	282	183
Kazakhstan	60	86	1,422	1,026
Latvia	70	70	116	97
Republic of Moldova	0	30	306	209
Romania	10	27	1,424	933
Russian Federation			8,616	5,970
Ukraine	100	100	2,380	2,007
Uzbekistan		40	2,666	2,366

Annex Table 10. HIV/AIDS education (continued)

Country	AIDS is part of primary curriculum	AIDS is part of secondary curriculum	Number of primary students covered	Number of secondary students covered
Region of the Americas				
Argentina	Yes	Yes	954	423
Bahamas	-	-		
Barbados	Yes	Yes	12	6
Belize	Yes	Yes	42	11
Bolivia	-	-		
Brazil	Yes	Yes	13,859	5,310
Chile	No	Yes	-	726
Colombia	-	-		
Costa Rica	-	-		
Cuba	Yes	Yes	899	546
Dominican Republic	Yes	Yes	150	237
El Salvador	Yes	Yes	910	220
Guatemala	..	Yes		
Guyana	No	No	9	
Haiti	Yes	Yes	475	45
Honduras	Yes	Yes	25	71
Jamaica	-	-		
Mexico	Yes	Yes	14,905	5,501
Nicaragua	Yes	Yes	593	192
Panama	Yes	Yes	15	7
Peru	Yes	Yes	2,521	631
Trinidad and Tobago	No	No		
Uruguay	No	Yes		73
Venezuela	-	-		
South-east Asia Region				
Bangladesh	No	Yes	-	-
Bhutan	No	Yes	-	-
India	No	Yes		24,272
Indonesia	No	No	-	
Myanmar	-	-		
Nepal	No	Yes		1,066
Pakistan	-	-		
Sri Lanka	-	-		
Thailand	Yes	Yes	6,705	1,658
Western Pacific Region				
Cambodia	Yes	Yes		
China	No	Yes		17,265
Lao People's Dem. Rep	Yes	Yes	53	34
Malaysia	Yes	Yes	162	66
Philippines	Yes	Yes		
Viet Nam	Yes	Yes	10,770	3,241
Total	-		92,313	74,644
African Region	**Number reporting "Yes"**			
Eastern Mediterranean Region	19	24	31,724	7,216
Eastern European Region	-	3	3,638	1,168
Region of the Americas	6	8	3,892	4,658
South-east Asia Region	13	16	35,370	14,000
Western Pacific Region	1	5	6,705	26,997
Total for reporting countries	5	6	81,327	54,038
Total for all 88 countries	44	62	303,472	95,981

Annex Table 10. HIV/AIDS education (continued)

Country	Percent of primary students covered	Percent of secondary students covered	Primary school students	Secondary school students
Region of the Americas				
Argentina	20	20	4,770	2,117
Bahamas				
Barbados	62.5	75	19	8
Belize	100	100	42	11
Bolivia			1,337	325
Brazil	70	70	19,799	7,586
Chile	0	84	1,742	865
Colombia			6,363	2,484
Costa Rica			556	170
Cuba	100	100	899	546
Dominican Republic	14	60	1,072	395
El Salvador	100	100	910	220
Guatemala			1,930	345
Guyana	10		87	48
Haiti	76	26	625	173
Honduras	2	30	1,263	236
Jamaica			325	140
Mexico	100	100	14,905	5,501
Nicaragua	60	60	989	320
Panama	4	5	375	148
Peru	60	40	4,202	1,576
Trinidad and Tobago			106	66
Uruguay		40	364	182
Venezuela			3,245	864
South-east Asia Region				
Bangladesh	0	-	15,892	2,703
Bhutan	0	-	70	128
India		55	138,150	44,131
Indonesia	0		29,460	8,846
Myanmar			7,674	1,231
Nepal		100	4,775	1,066
Pakistan			19,197	3,957
Sri Lanka			2,167	993
Thailand	100	100	6,705	1,658
Western Pacific Region				
Cambodia			3,103	512
China		30	144,898	57,550
Lao People's Dem. Rep	5	20	1,069	168
Malaysia	5	5	3,245	1,324
Philippines			13,322	5,962
Viet Nam	100	100	10,770	3,241
Total			604,756	201,480
African Region				
Eastern Mediterranean Region	58%	64%	95,113	18,472
Eastern European Region	89%	19%	25,429	11,975
Region of the Americas	60%	64%	17,793	13,238
South-east Asia Region	68%	70%	65,925	24,326
Western Pacific Region	13%	54%	224,089	64,713
Total for reporting countries	73%	33%	176,407	68,756
Total for all 88 countries	50%	48%	605,000	201,000

Annex Table 11. Home-based care

Country	Number of clients per year	Need for home-based care	Coverage
African Region			
Angola	500	..	
Benin	-	1,631	0%
Botswana	10,669	10,000	100%
Burkina Faso	78,000	..	
Burundi	6,100	25,000	24%
Cameroon	..	..	
Central African Republic			
Chad			
Congo	247	1,000	25%
Cote d'Ivoire	2,333	1,234	100%
Dem. Republic of Congo	864	1,058	82%
Eritrea	5,000	..	
Ethiopia	19,733	40,405	49%
Gambia	360	2,640	14%
Ghana	1,019	10,200	10%
Guinea	36	1,500	2%
Kenya	20,000	50,000	40%
Lesotho			
Madagascar	..	..	
Malawi	6,072	..	
Mali	1,488	..	
Mauritania			
Mauritius	125	..	
Mozambique	7,088	220,000	3%
Namibia	20,000	50,000	40%
Nigeria	..	..	
Rwanda	9,000	19,000	47%
Senegal	2,252	49,000	5%
South Africa	118,880	..	
Swaziland	900	13,000	7%
Tanzania, United Republic of	8,000	200,000	4%
Togo	862	1,150	75%
Uganda	27,176	1,200,000	2%
Zambia	220	2,143	10%
Zimbabwe	75,600	230,000	33%
Eastern Mediterranean Region			
Egypt	..	..	
Iran, Islamic Republic of	224	1,135	20%
Morocco	..	..	
Oman	-	-	
Tunisia			
Eastern European Region			
Belarus	11	20	55%
Croatia	..	..	
Kazakhstan	43	132	33%
Latvia	-	7	0%
Republic of Moldova	-	83	0%
Romania	3,164	..	
Russian Federation			
Ukraine	551	4,000	14%
Uzbekistan	-	11	0%

Annex Table 11. Home-based care (continued)

Country	Number of clients per year	Need for home-based care	Coverage
Region of the Americas			
Argentina	..	..	
Bahamas			
Barbados	240	200	100%
Belize	..	..	
Bolivia			
Brazil	..	..	
Chile	16	..	
Colombia			
Costa Rica			
Cuba	-	-	
Dominican Republic	..	9,300	
El Salvador	..	1,209	
Guatemala	2,912	21,000	14%
Guyana	40	..	
Haiti	..	..	
Honduras	..	..	
Jamaica			
Mexico	..	..	
Nicaragua	..	..	
Panama	-	..	
Peru	1,000	..	
Trinidad and Tobago	320	261	100%
Uruguay	75	..	
Venezuela			
South-east Asia Region			
Bangladesh	80	..	
Bhutan	-	-	
India	26,518	..	
Indonesia	100	625	16%
Myanmar			
Nepal	..	3,000	
Pakistan			
Sri Lanka			
Thailand	..	..	
Western Pacific Region			
Cambodia	133,271	..	
China	36,000	43,292	83%
Lao People's Dem. Rep	209	225	93%
Malaysia	1,500	3,500	43%
Philippines	50	20	100%
Viet Nam	1,000	5,000	20%
Total	629,848		
African Region		422,524	2,128,961
Eastern Mediterranean Region	224	1,135	38.6%
Eastern European Region	3,769	4,253	8.2%
Region of the Americas	4,603	31,970	14.8%
South-east Asia Region	26,698	3,625	3.9%
Western Pacific Region	172,030	52,037	73.2%
Total for reporting countries	629,848	2,221,981	13.9%
Total for all 88 countries	775,000		

Annex Table 12. Type of care available by location

Country	Capital	Other urban	Rural
African Region			
Angola	Less than essential	Less than essential	Less than essential
Benin	Intermediate	Essential	Less than essential
Botswana	Advanced	Intermediate	Essential
Burkina Faso	Intermediate	Essential	Essential
Burundi	Advanced	Intermediate	Less than essential
Cameroon	Intermediate	Essential	Less than essential
Central African Republic	..	..	..
Chad	..	..	..
Congo	Advanced	Advanced	Less than essential
Cote d'Ivoire	Advanced	Essential	Less than essential
Dem. Republic of Congo	Essential	Essential	Less than essential
Eritrea	Less than essential	Less than essential	Less than essential
Ethiopia	Less than essential	Less than essential	Less than essential
Gambia	Intermediate	Intermediate	Less than essential
Ghana	Advanced	Intermediate	Essential
Guinea	Essential	Less than essential	Less than essential
Kenya	Less than essential	Essential	Less than essential
Lesotho	..	..	..
Madagascar	Less than essential	Less than essential	Less than essential
Malawi	Intermediate	Essential	Essential
Mali	Advanced	Essential	Less than essential
Mauritania	..	..	..
Mauritius	Advanced	Advanced	Advanced
Mozambique	Essential	Essential	Less than essential
Namibia	Intermediate	Essential	Less than essential
Nigeria	Advanced	Intermediate	Less than essential
Rwanda	Advanced	Intermediate	Essential
Senegal	Advanced	Intermediate	Less than essential
South Africa	Intermediate	Essential	Essential
Swaziland	..	..	..
Tanzania, United Republic of	Essential	Essential	Less than essential
Togo	Intermediate	Essential	Less than essential
Uganda	Advanced	Essential	Less than essential
Zambia	Advanced	Essential	Less than essential
Zimbabwe	Essential	Essential	Essential
Eastern Mediterranean Region			
Egypt	Advanced	Intermediate	Less than essential
Iran, Islamic Republic of	Advanced	Intermediate	Essential
Morocco	Advanced	Intermediate	Less than essential
Oman	Advanced	Intermediate	Essential
Tunisia	..	..	..
Eastern European Region			
Belarus	Advanced	Intermediate	Essential
Croatia	Advanced	Advanced	Advanced
Kazakhstan	Intermediate	Intermediate	Essential
Latvia	Advanced	Essential	Essential
Republic of Moldova	Intermediate	Essential	Less than essential
Romania	Advanced	Advanced	Advanced
Russian Federation	..	..	..
Ukraine	Intermediate	Intermediate	Less than essential
Uzbekistan	Essential	Less than essential	Less than essential

Annex Table 12. Type of care available by location (continued)

Country	Capital	Other urban	Rural
Region of the Americas			
Argentina	Advanced	Advanced	Advanced
Bahamas	..	..	..
Barbados	Advanced	Advanced	Advanced
Belize	Intermediate	Intermediate	Intermediate
Bolivia	..	..	..
Brazil	Advanced	Intermediate	Less than essential
Chile	Advanced	Advanced	Advanced
Colombia	..	..	..
Costa Rica	..	..	..
Cuba	Advanced	Advanced	Intermediate
Dominican Republic	Essential	Essential	Less than essential
El Salvador	Advanced	Intermediate	Less than essential
Guatemala	Intermediate	Intermediate	Essential
Guyana	Intermediate	Essential	Less than essential
Haiti	Advanced	Essential	Less than essential
Honduras	Advanced	Intermediate	Less than essential
Jamaica	..	..	..
Mexico	Advanced	Intermediate	Essential
Nicaragua	Advanced	Essential	Essential
Panama	Advanced	Advanced	Advanced
Peru	Intermediate	Essential	Less than essential
Trinidad and Tobago	Intermediate	Essential	Less than essential
Uruguay	Advanced	Advanced	Advanced
Venezuela	..	..	..
South-east Asia Region			
Bangladesh	Less than essential	Less than essential	Less than essential
Bhutan	Less than essential	Less than essential	Less than essential
India	Advanced	Intermediate	Less than essential
Indonesia	Advanced	Essential	Less than essential
Myanmar	..	..	..
Nepal	Advanced	Intermediate	Less than essential
Pakistan	..	..	..
Sri Lanka	..	..	..
Thailand	Advanced	Advanced	Intermediate
Western Pacific Region			
Cambodia	Advanced	Intermediate	Less than essential
China	Advanced	Intermediate	Essential
Lao People's Dem. Rep	Essential	Essential	Essential
Malaysia	Advanced	Intermediate	Essential
Philippines	Advanced	Essential	Less than essential
Viet Nam	Less than essential	Less than essential	Less than essential

Annex Table 13. Prophylaxis for opportunistic infections

Country	Number of adults receiving cotrimoxazole prophylaxis	Number of children receiving cotrimoxazole prophylaxis	Number of adults receiving isoniazid prophylaxis	Coverage of cotrimoxazole prophylaxis for adults	Coverage of cotrimoxazole prophylaxis for children	Coverage of isoniazid prophylaxis for adults
African Region						
Angola	500	-	300	1%	0%	1%
Benin	2,043	69	-	18%	1%	0%
Botswana						
Burkina Faso	5,974	35		10%	0%	
Burundi	3,636	256	-	7%	1%	0%
Cameroon	2,447			3%		
Central African Republic						
Chad						
Congo	1,605	73	-	8%	1%	0%
Cote d'Ivoire	11,540	600	-	12%	1%	0%
Dem. Republic of Congo	400	350	-	0%	0%	0%
Eritrea	50	40	50	0%	1%	0%
Ethiopia	397	12	-	0%	0%	0%
Gambia	520	50	-	41%	10%	0%
Ghana	2,300	100	-	3%	0%	0%
Guinea	500	22		3%	0%	
Kenya						
Lesotho						
Madagascar						
Malawi	5,053	584	-	3%	1%	0%
Mali	4,495	104	-	19%	1%	0%
Mauritania						
Mauritius	26	1	-	13%	1%	0%
Mozambique	1,904	142	-	1%	0%	0%
Namibia						
Nigeria						
Rwanda	7,547	90	-	17%	0%	0%
Senegal	1,650	120	-	24%	4%	0%
South Africa	3,582		3,533	0%		0%
Swaziland	4,431	987	231	13%	6%	1%
Tanzania, United Republic of	8,000		-	3%		0%
Togo	994	71	2	5%	1%	0%
Uganda	1,900	2,100	257	1%	3%	0%
Zambia	67	8,000	1,043	0%	9%	1%
Zimbabwe						
Eastern Mediterranean Region						
Egypt	25	-	-	2%	0%	0%
Iran, Islamic Republic of	99	3	181	17%	2%	31%
Morocco	556	30	-	35%	6%	0%
Oman	82	3	5		14%	
Tunisia						
Eastern European Region						
Belarus	15	6	16	0%	0%	0%
Croatia	100	-	-		0%	
Kazakhstan	-	-	-	0%	0%	0%
Latvia	27	-	-	4%	0%	0%
Republic of Moldova	3	2	31	1%	0%	5%
Romania	661	817	327	94%		47%
Russian Federation						
Ukraine	1,000	270	50	3%	2%	0%
Uzbekistan	20	-	8	3%	0%	1%

Annex Table 13. Prophylaxis for opportunistic infections (continued)

Country	Number of adults receiving cotrimoxazole prophylaxis	Number of children receiving cotrimoxazole prophylaxis	Number of adults receiving isoniazid prophylaxis	Coverage of cotrimoxazole prophylaxis for adults	Coverage of cotrimoxazole prophylaxis for children	Coverage of isoniazid prophylaxis for adults
Region of the Americas						
Argentina	8,349		500	67%		4%
Bahamas						
Barbados	265	15	1	84%	16%	0%
Belize						
Bolivia						
Brazil						
Chile	1,785	122		63%	24%	
Colombia						
Costa Rica						
Cuba	678	4	842	100%	4%	100%
Dominican Republic	300	218	300	2%	10%	2%
El Salvador	419	303	89	10%	35%	2%
Guatemala	1,337	150		11%	4%	
Guyana	250	5	140	12%	1%	6%
Haiti	400	50	600	1%	0%	1%
Honduras	-	-		0%	0%	
Jamaica						
Mexico	2,150	68	10,749	11%	9%	53%
Nicaragua	275	4	275	29%	2%	29%
Panama	25	48	16	4%	13%	2%
Peru	11,385		1,520	100%		18%
Trinidad and Tobago	2,176	169	45	57%	23%	1%
Uruguay						
Venezuela						
South-east Asia Region						
Bangladesh	-	-	-	0%	0%	0%
Bhutan	-	-	-	0%	0%	0%
India	-	-	-	0%	0%	0%
Indonesia	725	10	700	15%	2%	15%
Myanmar						
Nepal	110	11	-	3%	2%	0%
Pakistan						
Sri Lanka						
Thailand						
Western Pacific Region						
Cambodia	4,658		-	16%		0%
China		-			0%	
Lao People's Dem. Rep	25	3		36%	3%	
Malaysia	3,075			77%		
Philippines		3	15		30%	2%
Viet Nam	350	50	-	4%	3%	0%
Total	112,886	16,170	21,826	3%	1%	1%
African Region	71,561	13,806	5,416	2%	1%	0%
Eastern Mediterranean Region	762	36	186	21%	0%	5%
Eastern European Region	1,826	1,095	432	4%	32%	1%
Region of the Americas	29,794	1,156	15,077	21%	3%	11%
South-east Asia Region	835	21	700	0%	0%	0%
Western Pacific Region	8,108	56	15	19%	1%	0%
Total for reporting countries	112,886	16,170	21,826	3%	1%	1%
Total for all 88 countries	190,000	28,000	36,000			

Annex Table 14. Anti-retroviral therapy

Country	Number of Public Sector Patients	New Patients	Continuing Patients	Number of Sites
African Region				
Angola	750	45	705	4
Benin	612	321	291	4
Botswana	10,000	6,824	3,176	12
Burkina Faso	1,500	441	1,059	14
Burundi	1,441	241	1,200	14
Cameroon	8,660	..	..	18
Central African Republic				
Chad				
Congo	438	326	112	12
Cote d'Ivoire	3,816	584	3,232	7
Dem. Republic of Congo	1,200	710	490	43
Eritrea	50	..	..	..
Ethiopia	2,812	2,642	170	16
Gambia	14	-	14	-
Ghana	170	150	20	6
Guinea	500	232	268	3
Kenya	5,000	2,000	3,000	..
Lesotho				
Madagascar	6	6	-	1
Malawi	3,760	2,272	1,488	18
Mali	738	404	334	3
Mauritania				
Mauritius	74	27	47	6
Mozambique	2,049	1,162	887	15
Namibia	400	..	..	..
Nigeria	14,000	5,825	8,175	..
Rwanda	2,000	1,234	776	10
Senegal	1,600	800	800	14
South Africa	1,454	-	-	24
Swaziland	2,650	2,000	650	4
Tanzania, United Republic of	400	..	..	5
Togo	75	57	18	12
Uganda	10,000	3,000	7,000	100
Zambia	1,121	450	..	9
Zimbabwe	3,500	..	..	..
Eastern Mediterranean Region				
Egypt	15	6	9	1
Iran, Islamic Republic of	150	40	110	..
Morocco	453	186	342	14
Oman	80	15	65	13
Tunisia				
Eastern European Region				
Belarus	14	11	3	9
Croatia	175	22	153	1
Kazakhstan	49	16	33	8
Latvia	130	50	80	1
Republic of Moldova	15	14	1	1
Romania	4,769	1,212	3,557	..
Russian Federation				
Ukraine	200	120	80	7
Uzbekistan	..	..	..	..

Annex Table 14. Anti-retroviral therapy (continued)

Country	Commercial Sector Patients	Total Patients	Date of report	Estimated Need	Estimated Coverage
African Region					
Angola	..	750	11-Mar-04	41,000	1.8%
Benin	..	612	13-Dec-03	12,000	5.1%
Botswana	5,800	15,800	14-Jan-04	66,000	23.9%
Burkina Faso	..	1,500	7-Jan-04	59,000	2.5%
Burundi	5	1,446	10-Apr-04	50,000	2.9%
Cameroon	..	8,660	6-Feb-04	97,000	8.9%
Central African Republic					
Chad					
Congo	26	464	13-Oct-03	19,000	2.4%
Cote d'Ivoire	400	4,216	29-Apr-04	93,000	4.5%
Dem. Republic of Congo	400	1,600	15-Jan-04	209,000	0.8%
Eritrea	..	50	21-Jan-04	13,000	0.4%
Ethiopia	..	2,812	27-May-04	287,000	1.0%
Gambia	..	14	31-Oct-03	1,000	1.4%
Ghana	..	170	13-Apr-04	71,000	0.2%
Guinea	..	500	22-Mar-04	18,000	2.8%
Kenya	5,000	10,000	2-Apr-04	323,000	3.1%
Lesotho					
Madagascar	-	6	31-Oct-03	15,000	0.0%
Malawi	..	3,760	15-Mar-04	167,000	2.3%
Mali	70	808	25-Nov-03	24,000	3.4%
Mauritania					
Mauritius	..	74	12-Feb-04	-	..
Mozambique	420	2,469	7-Jan-04	215,000	1.1%
Namibia	..	400	16-Feb-04	31,000	1.3%
Nigeria	..	14,000	16-Dec-03	618,000	2.3%
Rwanda	140	2,140	27-Jan-04	45,000	4.8%
Senegal	..	1,600	7-Jan-04	7,000	22.9%
South Africa	18,546	20,000	28-Nov-03	739,000	2.7%
Swaziland	700	3,350	12-May-04	35,000	9.6%
Tanzania, United Republic of	1,250	1,650	2-Dec-03	313,000	0.5%
Togo	..	75	4-Nov-03	20,000	0.4%
Uganda	10,000	20,000	15-Jan-04	155,000	12.9%
Zambia	..	1,121	21-Oct-03	179,000	0.6%
Zimbabwe	..	3,500	12-Mar-04	342,000	1.0%
Eastern Mediterranean Region					
Egypt	..	15	23-Feb-04	1,000	1.5%
Iran, Islamic Republic of	..	150	31-May-04	1,000	15.0%
Morocco	12	465	26-Nov-03	2,000	23.3%
Oman	..	80	9-May-04	-	..
Tunisia					
Eastern European Region					
Belarus	..	14	31-Oct-03	4,000	0.4%
Croatia	..	175	30-Oct-03	-	..
Kazakhstan	..	49	27-Jan-04	-	..
Latvia	-	130	22-Oct-03	1,000	13.0%
Republic of Moldova	..	15	3-Nov-03	1,000	1.5%
Romania	..	4,769	24-Feb-04	5,000	95.4%
Russian Federation					
Ukraine	..	200	22-Mar-04	39,000	0.5%
Uzbekistan	..	..	22-Mar-04		..

Annex Table 14. Anti-retroviral therapy (continued)

Country	Number of Public Sector Patients	New Patients	Continuing Patients	Number of Sites
Region of the Americas				
Argentina	17,912	660	17,252	42
Bahamas				
Barbados	250	210	40	2
Belize	..	..	..	1
Bolivia				
Brazil	125,168	14,394	110,774	483
Chile	4,032	1,200	3,288	34
Colombia				
Costa Rica				
Cuba	1,293	293	1,000	31
Dominican Republic	330	110	220	4
El Salvador	432	178	254	11
Guatemala	2,740	632	2,108	9
Guyana	251	166	85	1
Haiti	1,370	1,060	310	2
Honduras	1,421	1,178	243	9
Jamaica				
Mexico	21,498	3,487	18,011	554
Nicaragua	19	19	-	1
Panama	1,530	338	1,192	7
Peru	1,900	..	..	2
Trinidad and Tobago	1,055	..	..	3
Uruguay	900	250	650	40
Venezuela				
South-east Asia Region				
Bangladesh	-	-	-	-
Bhutan	1	1	-	-
India	3,500	1,500	2,000	13
Indonesia	1,125	610	415	20
Myanmar				
Nepal	77	49	7	5
Pakistan				
Sri Lanka				
Thailand	14,000	..	..	900
Western Pacific Region				
Cambodia	1,506	952	554	11
China	7,400	7,000	400	800
Lao People's Dem. Rep	7	..	..	1
Malaysia	1,500	400	1,100	20
Philippines	71	21	50	3
Viet Nam	3,500	160	-	4
Total	301,628	68,313	198,298	3,442
African Region	80,790	31,753	33,912	374
Eastern Mediterranean Region	698	247	526	28
Eastern European Region	5,352	1,445	3,907	27
Region of the Americas	182,101	24,175	155,427	1,236
South-east Asia Region	18,703	2,160	2,422	938
Western Pacific Region	13,984	8,533	2,104	839
Total for reporting countries	301,628	68,313	198,298	3,442
Total for all 88 countries	-			

Annex Table 14. Anti-retroviral therapy (continued)

Country	Commercial Sector Patients	Total Patients	Date of report	Estimated Need	Estimated Coverage
Region of the Americas					
Argentina	7,219	25,131	16-Mar-04	25,000	100.0%
Bahamas					
Barbados	5	255	27-Oct-03	-	..
Belize	..	..	22-Apr-04		..
Bolivia					
Brazil	..	125,168	3-Nov-03	125,000	100.0%
Chile	..	4,032	23-Oct-03	4,000	100.0%
Colombia					
Costa Rica					
Cuba	..	1,293	18-Dec-03	1,000	100.0%
Dominican Republic	90	420	7-Apr-04	16,000	2.6%
El Salvador	780	1,212	3-Dec-03	4,000	30.3%
Guatemala	..	2,740	26-Nov-03	12,000	22.8%
Guyana	..	251	4-Nov-03	2,000	12.6%
Haiti	..	1,370	4-Apr-04	47,000	2.9%
Honduras	..	1,421	24-Feb-04	8,000	17.8%
Jamaica				#VALUE!	
Mexico	..	21,498	31-Dec-03	21,000	100.0%
Nicaragua	..	19	22-Oct-03	1,000	1.9%
Panama	..	1,530	17-Dec-03	2,000	76.5%
Peru	..	1,900	18-Mar-04	8,000	23.8%
Trinidad and Tobago	..	1,055	12-May-04	4,000	26.4%
Uruguay	..	900	27-Jan-04	1,000	90.0%
Venezuela				#VALUE!	
South-east Asia Region					
Bangladesh	..	-	11-Jun-04	-	..
Bhutan	..	1	7-Jan-04	-	..
India	25,000	28,500	3-Jun-04	676,000	4.2%
Indonesia	..	1,125	2-Dec-03	5,000	22.5%
Myanmar				#VALUE!	
Nepal	..	77	28-Nov-03	3,000	2.6%
Pakistan				#VALUE!	
Sri Lanka				#VALUE!	
Thailand	..	14,000	18-Mar-04	115,000	12.2%
Western Pacific Region					
Cambodia	..	1,506	16-Dec-03	30,000	5.0%
China	..	7,400	23-Feb-04	88,000	8.4%
Lao People's Dem. Rep	..	7	23-Oct-03	-	..
Malaysia	1,200	2,700	9-Jan-04	4,000	67.5%
Philippines	..	71	6-Feb-04	1,000	7.1%
Viet Nam	..	3,500	1-Mar-04	10,000	35.0%
Total	77,063	378,691		5,533,000	6.8%
				-	
African Region	42,757	123,547		4,266,000	3%
Eastern Mediterranean Region	12	710		4,000	18%
Eastern European Region	-	5,352		49,000	11%
Region of the Americas	8,094	190,195		282,000	67%
South-east Asia Region	25,000	43,703		800,000	5%
Western Pacific Region	1,200	15,184		132,000	12%
Total for reporting countries	77,063	378,691		5,533,000	7%
Total for all 88 countries		409,000		-	

Annex Table 15. Number and percent of orphans and vulnerable children receiving support

Country	Households	Food aid	Education support	Health care	Protection services	Psycho-social support	Economic self-sufficiency	Group activities
African Region								
Angola	..	..	..	..	..	..	..	..
Benin	..	1,020	553	1,020	1,020	1,020	483	553
Botswana	41,002	37,722	..	..	..	..	..	..
Burkina Faso	158	64,906	76,946	..	32	10,000	..	..
Burundi	12,500	..	152,500	..	..	..	..	..
Cameroon	..	..	..	..	..	..	..	..
Central African Republic								
Chad								
Congo	1,348	2,565	462	663	..	660	111	100
Cote d'Ivoire	1,176	1,013	411	461	75	956	135	483
Dem. Republic of Congo	1,360	6,035	246	2,272	-	5,999	699	126
Eritrea	..	..	..	..	..	..	..	..
Ethiopia	27,432	18,765	20,805	10,602	8,410	13,746	459	97
Gambia	10,200	10,200	9,700	9,700	10	108	10	1
Ghana	..	1,000	375	10,000	3,500	1,000	1,500	750
Guinea	61	172	187	101	..	10	..	..
Kenya	..	..	..	..	..	..	..	..
Lesotho								
Madagascar	..	..	..	..	..	..	..	..
Malawi	..	..	..	..	..	..	..	..
Mali	..	419	880	120	19	70	8	30
Mauritania								
Mauritius	24	-	60	-	2,358	2,358	602	-
Mozambique	1,080	320	1,497	..	2,399	80	..	22
Namibia	..	..	..	..	..	..	..	10,029
Nigeria	1,650	-	1,472	1,650	-	1,650	78	1,650
Rwanda	9,000	..	70,000	..	..	..	..	..
Senegal	1,189	..	..	..	..	..	..	-
South Africa	29,612	32,075	35,065	..	..	29,612	..	..
Swaziland	..	51,800	30,000	..	..	..	..	..
Tanzania, United Republic of	..	..	..	..	..	..	175	56
Togo	340	185	321	733	7	916	159	78
Uganda	180,115	16,615	20,072	17,202	16,290	1,466	16,790	16,440
Zambia	..	50,580	13,038	-	972	331	921	..
Zimbabwe	..	40,700	27,536	3,617	..	20,374	..	..
Eastern Mediterranean Region								
Egypt	..	..	..	..	..	..	..	..
Iran, Islamic Republic of	5,100	..	..	..	..	..	..	..
Morocco	..	..	..	..	..	..	..	..
Oman	..	..	..	..	..	..	..	..
Tunisia								
Eastern European Region								
Belarus	120,000	..	143,000	143,000	32,889	40,000	..	..
Croatia	1	-	-	1	-	-	-	-
Kazakhstan	..	..	..	..	..	..	..	..
Latvia	..	..	..	..	..	..	..	..
Republic of Moldova	8,011	19,529	5,312	2,319	1,574	755	2,560	1,443
Romania	..	..	..	..	..	..	..	..
Russian Federation								
Ukraine	..	..	..	..	..	..	..	..
Uzbekistan	..	..	..	..	..	..	..	..

Annex Table 15. Number and percent of orphans and vulnerable children receiving support (continued)

Country	Households	Food aid	Education support	Health care	Protection services	Psycho-social support	Economic self-sufficiency	Group activities
Region of the Americas								
Argentina	..	..	..	..	..	..	..	..
Bahamas								
Barbados	130	286	172	..	8	30	48	25
Belize	..	..	..	..	..	..	..	..
Bolivia								
Brazil	..	..	..	..	..	..	..	..
Chile	2	..	..	..	..	..	..	..
Colombia								
Costa Rica								
Cuba	-	485	485	485	485	485	-	..
Dominican Republic	4	216	216	120	216	110	112	1,159
El Salvador	9	1,515	1,100	1,515	5,917	1,515	343	1,515
Guatemala	5	5,203	5,248	5,203	5,583	5,203	..	4,570
Guyana	21	588	588	588	588	588	-	588
Haiti	1,100	600	600	650	209	450	600	450
Honduras	..	828	828	828	440	440	..	150
Jamaica								
Mexico	..	..	..	..	..	..	..	..
Nicaragua	..	..	..	..	..	..	..	..
Panama	..	1,855	1,484	1,155	735	1,855	185	1,855
Peru	-	-	-	-	-	-	-	-
Trinidad and Tobago	34	34	34	34	34	34	..	..
Uruguay	..	..	..	..	..	..	..	..
Venezuela								
South-east Asia Region								
Bangladesh	..	..	..	..	..	..	..	..
Bhutan	-	15	..	..	..	..	..	..
India	16,783	4,982	4,312	7,513	..	7,513	1,373	7,513
Indonesia	115,623	..	..	..	..	..	..	..
Myanmar								
Nepal	..	..	..	..	..	..	..	..
Pakistan								
Sri Lanka								
Thailand	..	7,491	7,491	7,491	1,425	7,568	143,638	7,491
Western Pacific Region								
Cambodia	13,280	2,800	4,000	3,800	225	5,800	1,900	4,800
China	50,000	..	..	..	..	..	..	..
Lao People's Dem. Rep	94	130	30	130	130	5	6	..
Malaysia	350	..	..	160	-	65	..	65
Philippines	55	47,081	47,051	47,114	47,066	47,051	6,479	47,101
Viet Nam	2,400	..	..	..	..	-	..	..
Total	651,249	429,730	684,077	280,247	132,616	209,823	179,374	109,140
Coverage	3%	2%	3%	1%	1%	1%	1%	0%
African Region	318,247	336,092	462,126	58,141	35,092	90,356	22,130	30,415
Eastern Mediterranean Region	5,100	-	-	-	-	-	-	-
Eastern European Region	128,012	19,529	148,312	145,320	34,463	40,755	2,560	1,443
Region of the Americas	1,305	11,610	10,755	10,578	14,215	10,710	1,288	10,312
South-east Asia Region	132,406	12,488	11,803	15,004	1,425	15,081	145,011	15,004
Western Pacific Region	66,179	50,011	51,081	51,204	47,421	52,921	8,385	51,966
Total for reporting countries	651,249	429,730	684,077	280,247	132,616	209,823	179,374	109,140

National Definitions of Orphans and Vulnerable Children[10]

Angola	No definition.
Bangladesh	No answer.
Belarus	No definition.
Benin	A child who has lost at least one parent or who has at least one parent infected with HIV.
Botswana	A child below 18 years of age who has lost a single parent of both parents (married, biological or adoptive). A social orphan is a child below 18 years who has been abandoned or dumped and whose parents cannot be traced.
Brazil	No answer.
Burkina Faso	A vulnerable child is a child who because of physical, social or moral conditions lives in permanent insecurity requiring special protection. A person under the age of 18 suffering from or exposed to risks of lack of proper nutrition, health care, education, moral support, psychosocial support, legal protection or housing, needs occasional or permanent support.
Burundi	Orphans and other children less than 18 years old made vulnerable by HIV and war.
Cambodia	No answer.
Cameroon	(1) Children with a mother or father infected with HIV or dead from AIDS. (2) Abandoned children whose parents are infected with HIV or dead from AIDS. (3) Children affected by the death of one or both parents have died from AIDS.
Congo	No definition.
Cote d'Ivoire	All children less than 18 years of age who have lost at least one parent due to AIDS.
Croatia	No answer.
Cuba	Orphans are children who have lost their mother, father or both to AIDS. Affected children are those born to HIV+ mother, or sons of HIV+ fathers or both, who are alive.
DR Congo	Same as questionnaire.
El Salvador	No answer.
Ethiopia	A child aged 18 or below who has lost either his/her mother or both parents.
Gambia	Children who have lost one or both parents.
Ghana	An AIDS Orphan is a child under the age of 18 years where either or both parents have died of AIDS. A vulnerable child is an individual below the age of 18 who has been abandoned, orphaned or exposed to extreme physical or moral danger. This includes a child deserted by his/her parents, a child who lives with parents or guardians are not fit to care for the child (e.g. in the case of drunkenness), a child whose parents are engaged in high risk behaviour, street children or homeless children.
Guatemala	A street child is a child who has abandoned his/her house, losing connection with his/her family, living totally in the street and subsisting by begging and selling sex.
Guinea	No definition.

[10] Orphan vs. Vulnerable Child:

- There are varied definitions of an orphan that distinguish different ages (under 15 or 18) and whether one or both parents are deceased. The definition of a vulnerable child is based on livelihood indicators;
- There is only value in distinguishing between orphans and other vulnerable children when considering psychological support, protection of rights, interventions targeted to their specific status as orphans and epidemiological surveys. When it comes to practical interventions, there is no useful purpose served by separating orphans from other vulnerable children.

Guyana	Although there is no official written definition of OVC the Department of Probation and Family Welfare considers children who do not have any parents to be orphans, and those living in particularly difficult circumstances to be vulnerable children. The latter include children who have been raped and otherwise sexually molested, abandoned, live on the street or living with destitute parent (s) and those with HIV infection or living with parents/guardians who are themselves infected.
Honduras	An orphan is a child that has lost one or both parents. Vulnerable children are orphans, drug addicts, street children, abused or sexually exploited children, children exploited for work, handicapped children and children in extreme poverty.
Indonesia	Children under 5 who are: abandoned, mistreated, abused. All children who are: in conflict area / natural disaster / displaced areas, abused, children of minorities, victims of trafficking, prostitution, drug abuse, street children, child workers, neglected drop out children, children with psychosocial disorders, criminal children, disabled children.
Kenya	No answer.
Laos	Child below the age of 18 who has lost one or both parents or lives in a household with an adult death (age 18-59 years) in past 12 months or is living outside of family care.
Latvia	No definition.
Madagascar	No definition.
Malawi	A child who has no able parents or guardians, staying alone or with elderly grandparents or lives in a sibling-headed household or has no fixes place of abode and lacks access to health care, material and psychological care, education and has no shelter.
Namibia	OVC are children under the age of 18 whose mother, father or both parents have died, and/ or is in need of care and protection.
Nepal	No definition.
Nicaragua	No answer.
Nigeria	Children below the age of 18 years whose parents (one or both) have died or suffer a long periods of illness due to AIDS or other disease or ailments.
Peru	No definition.
Philippines	“Children in need of special protection” are defined as children in the worst forms of child labor, neglected and abandoned children, street children, girl children, victims of commercial sexual exploitations of children, victims of child abuse, children in situations of armed conflict, children in conflict with the law, children in various circumstances of disability, and children of indigenous peoples.
Republic of Moldova	Orphan children, children without parental care, children cared for by guardians and children from unfavorable families.
Rwanda	Children below the age of 18 who are exposed to conditions which do not allow them to enjoy their fundamental rights of harmonious development.
Senegal	Children whose health, education, security or moral education are not sufficiently guaranteed.
South Africa	An orphan is a child under the age of 18 who has lost a mother, father or both parents from any cause. A vulnerable child is a child who is at risk of orphanhood, is living in poverty or is abused, neglected, abandoned, displaced or destitute.
Swaziland	An orphan is a child below the age of 18 years who lost, through death, one single parent or both biological / adoptive parents. A vulnerable child is a child under the age of 18 years whose parents or guardians are incapable of caring for him/her, physically challenged, staying alone or with poor elderly grand parents or lives in poor sibling headed house hold or has no fixed place of abode and lacks access to health care, education, food, clothing, psychological care and has no shelter and hence exposed to all forms of abuse including child labour.

Tanzania	An orphan is a child below the age of 18 who has lost one or both parents. The age limit may be extended up to 21 or more years depending on individual specific needs or requirements of the child or material conditions. A vulnerable child is a child below the age of 18 years who is either experiencing or likely to experience inadequate care, inadequate support and inadequate protection.
Thailand	Children under 18 who have lost their family, left home, been abandoned or living on the street with no family.
Togo	No definition.
Uganda	Child has lost one or both parents and is in substandard health.
Ukraine	No answer.
Vietnam	No definition.
Zambia	No answer.
Zimbabwe	Same as in the questionnaire.

Country Notes

Cote d'Ivoire

Dans la plupart du temps, au niveau des ONGs et associations de prise en charge des OEV, les activités de soutien scolaire sont couplées avec les activités d'aides alimentaire. Concernant les autres rubriques, il est difficile de trouver une période car très souvent, ces activités sont à cheval sur plusieurs années du fait des problèmes socio-économique qui vit la Côte d'Ivoire depuis un certain temps.

Nous voulons bien préciser que ces résultats ne sont pas exhaustif car sur les 18 ONGs et Associations de PEC des OEV qu'il existe en Côte d'Ivoire, nous n'avons pu recueillir des données et informations de 6 structures.

Pour les années à venir, il serait beaucoup plus facile d'obtenir toutes les informations et données du fait de l'existence d'une base de données au niveau du ministère de la lutte contre le SIDA.

DR Congo

Sous l'impulsion du PNLS, le financement OMS-PNUD , les confessionnels et les secteurs associatifs ont mis en place depuis 1994 , des structures de prise en charge psycho sociales des PVV et leurs familles. Parmi les ONG, Amo-Congo et Fondation Femmes Plus ont étendu leurs activités en provinces (Lubumbashi, Matadi...). Elles ont bénéficié de l'appui de l'UE, l'USAID, Christian Aids, PAM, CTB , CRS et la Coopération Française. Les confessionnels (catholiques, protestants...) mènent des actions de prise en charge psycho sociale au profit des PVV et PA avec le financement de CTB, Memisa-Hollande , Cordaid et EZE. Ces efforts ne couvrent que 0.33% des orphelins et 2% des PVV en milieu urbain au détriment du milieu rural. Comme le nombre d'OEV continuent à augmenter , les moyens devront suivre pour améliorer la prise en charge.

Il existe au moins 2 millions d'orphelins en RDC parmi lesquels 1. 500.000 orphelins du sida.

Observations Particulieres :

- le PNLS ne fonctionne qu'avec des projets ponctuels dont les résultats ne sont pas souvent palpables, la mise en œuvre des activités d'un programme permet de consolider les acquis des projets et de passer à l'échelle.
- la transmission tardive (complétude < à 30% depuis 2001) et incomplète de données par les coordonnateurs provinciaux ne facilite pas l'analyse et traitement rapide des données au niveau central ,
- le service chargé de centraliser et constituer la banque des données sur la lutte contre le SIDA n'est pas encore complètement opérationnel ,ce qui explique l'absence de certaines données de routine.

- l'absence d'un canevas standardisé pour la collecte de données spécifiques au PNLS conformément aux indicateurs de l'ONUSIDA n'a pas facilité le remplissage de ce questionnaire.

Il serait souhaitable de :

- élaborer et vulgariser un canevas standardisé de collecte des données auprès de coordonnateurs provinciaux et des autres partenaires (ONG...).
- Renforcer les circuits de transmission des données par un réseau d'interconnection entre la Direction centrale et les coordinations provinciales.
- Affecter un chargé de statistiques à la Direction centrale pour la centralisation, l'analyse et le traitement des données.

Guyana

Total excludes those children who may be living with relatives or neighbours in private households. Other figures exclude the 175 children at the NOC (A Juvenile Correction Centre).

Indonesia

As the headquarters, the Ministry of Social Welfare prepares the manual, guidelines, and menus consisting of what kind of support are provided (food, education, health care, psychosocial, assistance to become economically self sufficient, etc), also provides certain amount of budget to the provinces / districts. It is the decision of the program holders in arranging the budget, choosing the menu for the recipients. However, since decentralization policy, little reports were sent to the headquarters. Such data are available in the province or sub district.

Regarding counseling, ideally every institution should provide the service, but due to resource limitation, the service is only available in few institutions.

Currently, the Ministry of Social Welfare still mainly focus on institutions, so there are no data on households. Their annual report has data on the number of vulnerable children nationally and provincially.

Nepal

There are institutions under the government who run some sort of program to provide care and support to orphans, but the number is not exactly known. Similarly, quite a few NGOs run child welfare programs including CWIN, but they are scattered all over the country and difficult to assess their number and type of support.

Philippines

Funds were provided by the PAVGF-SUWCP for the construction of social development centers in 11 cities. These centers cater to the need of street and urban working children and other children in especially difficult circumstances. It should be noted that there are 25 partner-local government units for the Street and Urban Working Children Project to address the needs of street children. Combined center-based orphans (data from DSWD) and estimated number of street children (data from PAVGF-SUWCP, DILG).

Tanzania

Examples of children's homes: Kurasini Children Home, Mburahati Children Home, Moshi Chappel Children Home, Upendo Childrens' Home Moshi.

Districts with Community Initiatives:

1. Muheza
2. Temeke
3. Masasi
4. Karagwe
5. Magu
6. Musoma (Rural)
7. Makete
8. Kisarawe
9. Bagamoyo
10. Rungwe
11. Mwanza (City)
12. Bunda

Zambia

Data on Children in Zambia:

- In 1996,there were 4.1 million children under the age of 18 in Zambia;
- According to the 1996 Living conditions and Monitoring Survey (LCMS) data, 13% (approximately 550,000) of Zambia children were orphans;
- Single orphans (86% of orphan children) outnumbered double orphans;
- 64% of orphan children had deceased father, 22% had a deceased mother and 14% were double orphans;
- The proportion children who were orphaned with age, from around 4% of 0-4 years olds to 19% for 10-14 olds and 23% of 15-18 year olds.