Government of Canada 2003 Report to the Secretary General of the United Nations on the UNGASS Declaration of Commitment on HIV/AIDS

Canada is pleased to submit its second report to the Secretary General of the United Nations on the UNGASS Declaration of Commitment on HIV/AIDS. The Declaration is an important tool for Canada as we complete a five year review of the Canadian Strategy on HIV/AIDS and develop a new strategic plan for the Canadian Strategy. We look forward to working with UNAIDS over the coming year as Canada continues to operationalize the Declaration domestically.

- Percentage of HIV-infected pregnant women receiving a complete course of anti-retro viral prophylaxis to reduce the risk of MTCT
- Percentage of people with advanced HIV infection receiving anti-retro viral combination therapy
- Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV*
- Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission** Target: 90% by 2005; 95% by 2010
- Percentage of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non regular sexual partner**
- Ratio of current school attendance among orphans to that among non-orphans aged 10–14**

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- Percentage of young people aged 15–24 who are HIV infected
  ** Target: 25% reduction in most affected countries by 2005, 25% reduction, globally, by 2010
- Percentage of HIV-infected infants born to HIV-infected mothers. Target: 20% reduction by 2005; 50% reduction by 2010

Foreward

As a follow up to endorsing the United Nation's Declaration of Commitment on HIV/AIDS, Canada is submitting its second annual report on the domestic implementation of the Declaration.

As this is the first year countries will be reporting using the new set of indicators developed by the United Nations, the 2003 report is but a first step towards more comprehensive reporting. Canada is examining a series of data collection mechanisms and resources that will be required to better monitor Canada's progress in implementing the Declaration. In addition to developing these annual reports, the Declaration is an important input into ongoing Canadian Strategy on HIV/AIDS strategic planning and five year review processes.

National Level Core Indicators

A. National Commitment and Action Indicators

Amount of National funds spent by governments on HIV/AIDS

Between April 2002 and March 2003, the following National funds were spent on HIV/AIDS in Canada

Canadian Strategy on HIV/AIDS (millions of dollars)

Prevention	$ 3.90
Community Development and Support to NGO's	$ 10.0
Care, Treatment and Support	$ 4.75
Legal, Ethical and Human Rights	$ 0.70
Aboriginal Communities	$ 2.60
Correctional Service Canada	$ 0.60
Research	$ 13.15
Surveillance	$ 4.30
International Collaboration	$ 0.30
Consultation, Evaluation, Monitoring and Reporting	$ 1.90

Other Federal Funds (millions of dollars)

Correctional Service Canada (CSC)	$ 4.0i
First Nations Inuit Health Branch	$ 2.5
Canadian Institutes for Health Research (CIHR)	$ 4.7
Canadian International Development Agency	$ 62.0ii
Government of Canada (Global Fund)	$ 80.0

i. CSC also allocates $5.3 million for a National Methadone Maintenance program and $0.23 million in infectious disease surveillance activities

ii. This is part of a 5 year $270 million target commitment with annual incremental increases to $80 million in 2004-2005

National Composite Policy Index

(Strategic Plan)

Country has developed multi-sectoral strategies to combat HIV/AIDS

The Canadian Strategy on HIV/AIDS(CSHA) currently utilizes multi-sectoral partnerships to support a range of initiatives in a number different areas including the following: prevention; community development and support to national NGO's; care, treatment and support; legal, ethical and human rights; aboriginal communities; correctional services; research; surveillance; and international collaboration.

These partnerships are a key component of the CSHA. At every stage of planning and delivery, the Canadian Strategy engages governments, national and regional organizations advocating on behalf of persons living with HIV and AIDS (PHAs), professional associations representing persons working in care, treatment and support as well as PHAs, researchers, epidemiologists and policy makers.

At a national meeting of the CSHA in 2002, an explicit commitment was made to develop a five year strategic and operational plan. This is currently underway. Many provinces also have strategies and programs on HIV/AIDS. The First Nations and Inuit Health Branch of Health Canada has supported the development of *Strengthening Ties-Strengthening Communities:* an Aboriginal Strategy on HIV/AIDS in Canada for First Nations, Inuit and Métis People. This document is a population specific strategy for addressing HIV/AIDS and related issues in a culturally relevant manner.

The CSHA, launched in May 1998, provides stable ongoing funding of $42.2 million annually with the following goals:

- Prevent the spread of HIV infection in Canada;
- Find a cure;
- Find and provide effective vaccines, drugs and therapies;
- Ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers;
- Minimise the adverse impact of HIV/AIDS in individuals and communities, and
- Minimise the adverse impact of social and economic factors that increase individual and collective risk for HIV.

The following policy directions guide the implementation of the strategy
- enhanced sustainability and integration
- increased focus on those most at risk
- increased public accountability

Country has integrated HIV/AIDS into its general development plan

The Government of Canada as part of its commitment to the health of all Canadians has identified HIV/AIDS as a strategic area and has since 1989 continued to support a national approach with annual funding to address the epidemic. Responses to HIV/AIDS have been integrated into the following federal departments: Health Canada, The Canadian Institutes of Health Research, The Canadian International Development Agency and Correctional Services Canada.

Health Canada is developing an action plan to engage and involve federal government departments who have the ability to address determinants of health that impact on both the epidemic and those people affected by it. An important component of this plan are departments working with First Nations, Inuit and Métis Peoples issues. In the coming year, priority will be given to working with Human Resources Development Canada, Industry Canada, Department of Indian and Northern Affairs, the Privy Council Office's Urban Aboriginal Strategy and Heritage Canada.

Country has a functional national multi-sectoral HIV/AIDS management /coordination body

HIV/AIDS is managed by multiple jurisdictions of governments at three levels; federal, provincial and territorial, and municipal. Each jurisdiction has authority for HIV/AIDS management within its mandate and all collaborate with civil society. National multi-sectoral HIV/AIDS management and coordination has been identified as an important area in the current development of a national strategic plan. Coordination and direction setting is currently guided at the national level through:

- Ministerial Council: A national advisory body to the Minister of Health comprised of experts in the field, one third of whom are people living with HIV/AIDS

- Federal/Provincial Territorial Advisory Committee: An intergovernmental committee addressing policy issues of national interest
- The National Aboriginal Council on HIV/AIDS: A national body made up of Aboriginal people (First Nations, Inuit and Metis) advising on the development of specific approaches to HIV/AIDS for Aboriginal people
- National multi-sectoral direction setting meetings
- Working Group on International HIV/AIDS Issues: A multi-sectoral working group including several government departments and national ASOs and NGOs, that provides input on international collaboration activities

Country has a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society

The CSHA does not have a formal body that promotes this kind of interaction. It does have processes that involve various sectors of Canadian society through funding allocation streams and advisory bodies. For example, national support for the Canadian Association of HIV/AIDS Researchers and the Clinical Trials Network brings together researchers, health care providers and the private sector. The Ministerial Council on HIV, which advises the Minister of Health on all national matters relating to HIV/AIDS, is made up of government, civil society and the private sector. It attempts to be reflective of the diversity of the country. The Working Group on International HIV/AIDS Issues brings together several government departments and NGOs in discussion of international collaboration approaches.

Country has a functional HIV/AIDS body that assists in the coordination of civil society organizations

The CSHA funds seven national NGO's: Canadian Aboriginal AIDS Network; Canadian Treatment Action Council; Canadian HIV/AIDS Legal Network; Inter-Agency Coalition on AIDS and Development; Canadian AIDS Society; Canadian Public Health Association; and the Canadian AIDS Treatment and Information Exchange. NGO's are an integral part of the CSHA as they engage civil society, governments and the private sector while ensuring that the voices of affected communities are heard.

Canadian NGO's assist in the coordination of civil society organizations through the following mechanisms: individual and organizational membership that is national in scope; the provision of essential health information on HIV/AIDS; the development of policy advice; capacity building for Canadian NGO's; support and leadership for national action on emerging and pressing issues; and strengthening the national response to global issues.

Country has evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes

In 1998, Health Canada undertook a substantive research study entitled "The Economic Burden of HIV/AIDS in Canada".

Country has a strategy that addresses HIV/AIDS issues among its national uniformed services

The Treasury Board of Canada policy on HIV/AIDS applies to both National Defence and The Royal Canadian Mounted Police. This policy outlines a number of requirements and guidelines with respect to the rights and benefits of employees living with HIV, the availability of voluntary testing and pre and post-test counselling, education and information, and precautions for employees with a potential risk of exposure.

National Defence has an occupational health policy to enable people living with HIV/AIDS to work according to their health and ability. It is also intended to safeguard the confidentiality of the military member's personal health information. In addition, all Canadian Forces personnel scheduled for operational duty must complete pre-deployment training that includes a preventive medicine component. Sexually-transmitted diseases, including HIV/AIDS, are discussed in this briefing. The training standard is based on the UN Standardized Generic Training Modules for deployed contingents and military observers.

(Prevention)

Country has a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS

Health Canada funds an HIV/AIDS Information Service Initiative to support the provision and dissemination of HIV/AIDS information. The initiative currently supports the HIV/AIDS Information Centre and the Canadian AIDS Treatment Information Exchange; two services that have an international reputation for the provision of comprehensive HIV/AIDS prevention, care, treatment and support information.

In 2003, Health Canada and its partners in the Canadian Strategy on HIV/AIDS launched a three year National HIV/AIDS Awareness Campaign. The Awareness Campaign involves communications, social marketing and community capacity-building. The overarching goal of the Campaign is to "put HIV/AIDS back on the map" for the Canadian public. Additionally, an Aboriginal campaign on HIV and discrimination to foster acceptance, dialogue and increase First Nations, Inuit and Métis Peoples awareness has been established by Health Canada and the Canadian Aboriginal AIDS Network.

Country has a policy or strategy promoting reproductive and sexual health education for young people

Sexual and reproductive health education is delivered by the provinces and territories within Canada. At present, Health Canada together with governmental and non-governmental organisations at the provincial, territorial and community levels, is revising the Canadian Guidelines for Sexual Health Education . The Guidelines provide the framework for the development of comprehensive sexual health education programs and services that meet the diverse needs of Canadians.

Country has a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection

The Canadian Strategy on HIV/AIDS focuses on those most at risk and has recently established the importance of addressing vulnerability. A strategic approach to this is underway through the current design of a strategic plan.

The First Nations and Inuit Health Branch(FNIHB) of Health Canada, working together with First Nations and Inuit communities, has focussed on community-based initiatives. While communities vary in their needs and set different priorities, many communities have youth as a target group for their prevention and promotion activities. In 2003, the FNIHB is conducting a national evaluation of all HIV programs and activities. FNIHB supports National Aboriginal Organizations to develop national projects targeted at on-reserve First Nations and Inuit communities.

In prison settings, Correctional Service Canada has developed and partially implemented specific prevention messages for particular target populations – specifically First Nations, Inuit and Métis Peoples , injection drug users, and women – in peer education and counselling programs.

Country has a policy or strategy that promotes Information, Education, and Counselling (IEC) and other health interventions for cross-border migrants.

Since January of 2002 all applicants for permanent residence in Canada older than fifteen years of age have been tested for the presence of HIV. A policy is in place that specifies testing be accompanied by pre-test counselling for all individuals and post-test counselling for those who are noted to be HIV positive. Recent changes to Canadian immigration legislation in June of 2002 have resulted in a situation where 85 to 90 percent of those noted to be HIV positive are admissible to Canada. A policy also exists whereby all HIV positive applicants admitted to Canada are to receive specific information and referral to HIV/AIDS treatment and support groups in the province of destination.

Country has a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities

Canada is currently developing a strategic plan and is poised to address vulnerable populations including essential preventive commodities.

One of the policy directions that guides the Canadian Strategy on HIV/AIDS is an increased focus on those most at risk. This focus shapes emerging policy directions and responses to the epidemic. Two essential preventative commodities that Canada is considering making available to vulnerable groups involves the establishment of pilot supervised injection sites and the establishment of controlled trials of medically-prescribed heroin-assisted therapy. In 2002, the federal Minister of Health used a legal exemption that exists under current Canadian legislation to enable the operation of pilot supervised injection sites for scientific medical research. In addition, Canada's Drug Strategy provided operational guidelines for communities interested in establishing a pilot site. Canada is also moving forward with the implementation of the North American Opiate Medication Initiative. Controlled trials of medically-prescribed heroin-assisted therapy have been designed and are continuing to move through the review and approval process.

Currently access to preventative commodities in Canada includes the following items:

Condoms, HIV testing (anonymous, nominal and non-nominal), syringes, sterile water, bleach, cookers, filters and sharps containers. Other preventative commodities include the Hepatitis B, Hepatitis A and flu vaccines, tuberculosis testing and treatment, Hepatitis B and C testing, methadone programmes, physician assisted narcotics programmes, drug rehabilitation programmes, post-exposure prophylaxis, health promotion and prevention information programmes, universal access to a primary health care physician and universal access to primary and secondary education. The availability of these preventative commodities varies across Canada and is dependant upon federal health transfers(dollars) to provinces, provincial and municipal allocations of resources to health, and approaches used by provincial and municipal health related agencies.

Country has a policy or strategy to reduce Mother to Child Transmission

Voluntary provincial and territorial HIV testing programs are available for pregnant women. Currently the uptake is not sufficient to prevent all HIV infections in newborn babies. Treatments are available in all provinces and territories to prevent mother-to-child transmission of HIV.

Regional strategies vary for preventing mother-to-child transmission among Aboriginal . All regions provide awareness/educational programs, and most distribute condoms, with some providing female condoms. One region has a prenatal surveillance project

that has received support from the region's First Nations leadership. Some have family support programs that would address this area. However there is no uniform program or strategy across the country specifically for this area. The Aboriginal Strategy for HIV/AIDS is still in its development phase but offers the potential to highlight this issue.

In the prison setting, prenatal care is provided for all pregnant offenders. This includes voluntary testing for HIV. All women are encouraged to participate in testing and/or appropriate treatment to prevent transmission from mother to child. Opioid-dependent offenders who are pregnant are eligible for methadone treatment to decrease the risks associated with injection drug use and pregnancy.

The Federal/Provincial/Territorial Advisory Committee on AIDS has *Guiding Principles for HIV Testing of Women during Pregnancy*, which reinforce the application of the widely supported principles of voluntarism, confidentiality and informed consent in the refinement and development of relevant policy.

(Care and Support)

Country has a policy or strategy to promote comprehensive HIV/AIDS care and support with emphasis on vulnerable groups

Given that many people living with HIV/AIDS who have multiple needs are now challenging the ability of service providers to meet a standard of comprehensiveness, the CSHA recently agreed to develop a strategic approach to comprehensive care. Most provinces and territories have strategies that include an approach to care. Some of these are currently under review, and some jurisdictions are considering a determinants-of-health approach.

The Federal/Provincial/Territorial Advisory Committee on AIDS addresses cross-cutting issues affecting the provision of progressive implementation of comprehensive care.

HIV/AIDS treatment guidelines and modules have been developed using a multi-disciplinary and multi-sectoral approach that included people living with HIV/AIDS. These guidelines have been developed to assist the work of social workers, nurses and physicians. In 2003, First Nations and Inuit Health Branch of Health Canada has

revised the guidelines for the delivery of HIV/AIDS Programmes and Services for on reserve health service providers and community health representatives.

Correctional Service Canada(CSC) follows community standards regarding comprehensive care strategies, on the advice of community specialists. Strategies to increase the number of inmates accessing testing and treatment have been developed within CSC national and regional headquarters.

The College of Family Physician's of Canada, with support from Health Canada, has developed *HIV Care: A Primer and Resource Guide for Family Physicians*. The Guide is a comprehensive resource for family physicians to support them in their role in providing care, treatment and support to people living with HIV/AIDS. As gatekeepers to the health care system, family physicians play a key role in the ensuring access to appropriate care, treatment and support for people living with HIV/AIDS.

The Canadian International Development Agency has developed a draft set of program guidelines for care, treatment and support that will be released in the fall.

Canada is poised through its strategic plan to take specific approaches to address the needs of vulnerable populations. Several provincial governments through their respective strategies are also addressing this.

Country has a policy or strategy to ensure or improve access to HIV/AIDS related medicines, with emphasis on vulnerable groups

The *Canada Health Act* sets the standard for all provinces and territories to provide all medically necessary physician and hospital services to eligible residents. The direct provision of HIV-related drugs is the responsibility of provinces and territories through their respective drug access policies and programs. While the majority of people living with HIV/AIDS have access to necessary drugs, instances do occur where access is limited. Drug access and cost reimbursement programs sometimes result in drug interruptions. For people living in Canada without legal status, provision of drugs and receipt of health care is tenuous.

As with the other HIV/AIDS program areas, there is no formal national Aboriginal strategy related to the provision of HIV-related drugs at present. The Aboriginal

Strategy now under development has identified this as an area to be addressed. However, existing regional strategies support care and community-based activities for First Nations, Inuit and Métis Peoples . These include Family Support Programs, teen/youth support groups, culturally appropriate counselling, care and support for Inuit, and grief workshops. Unfortunately, most communities hesitate to provide treatment at this time because of lack of capacity in terms of resources and training. Treatment is generally provided through provincial medicare programs, and prescription medication is provided to 'registered Indians' (First Nations people with status under the *Indian Act*) and to Inuit under a program known as the Non-Insured Benefits Program.

All inmates in the federal correctional system have access to HIV/AIDS medication should they choose to commence treatment. The institutional physician in consultation with the HIV/AIDS infectious diseases specialist determines the anti-retroviral treatment most appropriate for each individual. To ensure treatment regime compliance, the inmate's participation in the final decision making is encouraged.

Country has a policy or strategy to address the additional needs of orphans and other vulnerable children

This is not a major part of the HIV-specific response in Canada. In this area, Canada has adopted the Convention on the Rights of The Child. The needs of orphans and vulnerable children are currently met through the delivery of provincial health and social services that include child protection services, adoption services, child and family counselling and social service agencies, welfare and disability income support programmes, publicly funded primary health services and subsidized housing. The availability of these programmes varies across Canada and is dependant upon federal health transfers(dollars) to provinces, provincial and municipal allocations of resources to health, and approaches used by provincial and municipal health and social service related agencies.

(Human Rights)

Country has laws and regulations that protect against the discrimination of people living with HIV/AIDS

AIDS and HIV seropositivity, and suspicion of these conditions, have been confirmed to constitute "disability" by Canadian courts. The federal government, as well as each

province and territory have specific human rights legislation, which inter alia protect the rights of people with a disability, and which impose a duty on the providers of service to accommodate their special needs. In addition, the Canadian Charter of Rights and Freedoms provides constitutional rights and has successfully been invoked to protect people living with HIV/AIDS in several contexts including sexual orientation. In the context of HIV and injection drug use, it is useful to note that Canadian courts and human rights tribunals also view addiction as a disability.

Country has laws and regulations that protect against discrimination groups of people identified as being especially vulnerable to HIV/AIDS

The enshrined human rights and constitutional rights of all Canadians, as described above, assert the rights of people vulnerable to HIV/AIDS, and provide mechanisms for remedy of violation of rights. Furthermore, a direction-setting meeting of governmental and civil society partners under the CSHA provided that a social justice framework be put in place to guide the strategy. The social justice framework has the following guiding principles: it is a rights-based approach; it operates across the determinants of health; it is an integrative approach; and it considers and values social inclusion.

Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable groups

In the absence of a national strategy, the human rights and constitutional provisions cited above, provide protections from gender discrimination and from adverse effect discrimination. Where gender is seen as a determinant of health, as in the cases of gay men or women, then gender considerations are incorporated. Further, Canada has broad equality laws and policies in place which address gender issues.

Country has a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee

All HIV/AIDS research protocols involving human subjects must be reviewed by an ethics committee. Canada has several HIV/AIDS-specific research ethics boards, some of which are university-based and adhere to the Tri-council Policy Statement: Ethical Conduct for Research Involving Humans.

B. National Programme and Behaviour Indicators

Canada does not have national data on many of the following core indicators. Work is currently underway to determine what mechanisms will be required to collect programme, behavioural and impact data and to determine adequate resource levels to launch and sustain this potential initiative. National data that is currently available and similar to the U.N. indicators has been included in this report.

1. Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year (biennial)

> Additional indicator: Percentage of primary and secondary schools where life-skills based HIV/AIDS education is taught (biennial)

2. Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes (biennial)

3. Percentage of patients with STIs at health-care facilities who are appropriately diagnosed, treated and counselled (biennial)

> Additional indicator: Percentage of public STI clinics where VCT services for HIV are provided and/or referred to other facilities (biennial)

4. Percentage of HIV-infected pregnant women receiving a complete course of anti-retro viral prophylaxis to reduce the risk of MTCT (biennial)

For data to end 2001, 90% (116/129) of known HIV-positive pregnant women seen at specialty clinics across Canada received at least some antiretroviral treatment. For the year 2002, 89.9% (133/148) of known HIV-positive pregnant women seen at specialty clinics across Canada received at least some antiretroviral treatment.

> Additional indicator: Percentage of public antenatal clinic attendees where VCT services for HIV are provided and/or referred to other facilities (biennial)

5. Percentage of people with advanced HIV infection receiving anti- retroviral combination therapy (biennial)

Additional indicator: Percentage of health facilities with the capacity to deliver appropriate care to people living with HIV/AIDS

6. Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV (biennial)

7. Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission** Target: 90% by 2005; 95% by 2010 (biennial or every 4-5 yrs)

In 2002, grade 9 and 11 students were presented with 18 knowledge statements about HIV/AIDS. Slightly more than 60% of students in grade 9 were able to answer 8 or more of the items correctly, with 3% obtaining a high score of between 16 and 18 items correct. For grade 11, 87% of students are able to answer 8 or more of the items correctly, and 10% of students obtaining a high score of between 16 and 18 correct items. (Source: The Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS) sampled 11,074 grade 7, 9 and 11 students in 2002).

8. Percentage of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non regular sexual partner (biennial or every 4-5 yrs)

In 2002, 51% of sexually experienced males and 45% of sexually experienced females in grade 9 reported using condoms the last time had sex.

In 2002, 42% of sexually experienced males and 28% of sexually experienced females in grade 11 reported using condoms the last time they had sex. (Source: The Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS) sampled 11,074 grade 7, 9 and 11 students in 2002 and achieved a confidence interval of + or - 4% on most items).

Additional Indicators:
a) median age of first penetrative sexual intercourse (every 4-5 yrs)
b) percentage of 15 - 24 yr olds who have been sexually active with someone they are not living with (every 4-5 yrs)
c) percentage of sex workers who report using a condom with their most recent client (every 4 - 5 yrs)
d) percentage of men or their partners who used a condom during last anal sex with a male partner in the last 6 months (every 4-5 yrs)

9. Ratio of current school attendance among orphans to that among non-orphans aged 10–14

Not applicable in Canada

C. Impact Indicators

Percentage of young people aged 15–24 who are HIV infected**
Target: 25% reduction in most affected countries by 2005, 25% reduction, globally, by 2010

Canada does not have specific data for this indicator. National data does however indicate that since 1985, young people aged 15-29 have accounted for 28.4% of cumulative positive HIV test reports among adults with known gender. In addition, 21.2% of positive HIV test reports were in the age group 15-29 during the years 1998-2001. Of course, this represents only those individuals who seek testing/or medical care. The number of positive HIV test reports provides a description of those who came forward for testing, were diagnosed and reported HIV positive. It does not, however, represent the total number of individuals living with (prevalence) or newly infected each year (incidence).

Percentage of HIV-infected infants born to HIV-infected mothers
Target: 20% reduction by 2005; 50% reduction by 2010

Between 1984 and 2001, of the 1,301 infants perinatally HIV-exposed, 375 were confirmed to be infected, 848 were confirmed not infected, and the remaining 78 were infants whose infection status was not yet confirmed. If one looks at a more recent time period such as 1998-2001, then the results are as follows: 476 infants perinatally HIV-exposed, of whom 30 were confirmed to be infected, 385 were confirmed not infected, and the remaining 61 were infants whose infection status was not yet confirmed. These perinatal data are based on infants born to women who are know to be HIV positive during their pregnancy. The numbers do not reflect all infants perinatlly exposed to HIV infection, as not all pregnant women are aware of their HIV status.