

**FACES OF AN  
AIDS-FREE  
GENERATION IN  
EASTERN &  
SOUTHERN AFRICA  
2015**





## ACKNOWLEDGEMENTS

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Thank you to the Regional HIV and AIDS Team at the Embassy of Sweden in Lusaka, Zambia and the Norwegian Agency for Development Cooperation for supporting the production of Faces of an AIDS-free generation in eastern and southern Africa.

Our deepest gratitude goes to all the people who contributed to this book, especially the 12 wonderful women who have courageously shared their stories. Their journeys of motherhood are deeply moving and inspiring, reminding us all that hope, health and happiness is possible when living with HIV. Most of all they give us the encouragement that achieving an AIDS-free generation is possible.

# TABLE OF CONTENTS

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Foreword: Michel Sidibé .....	1
Foreword: Anders Nordström .....	2
Gaolatlhe Kalanke .....	4
Commentary: Festus G. Mogae .....	7
Kesego Basha Mupelli .....	10
Commentary: Margaret Kenyatta .....	13
Evelyn Simaloyi .....	15
Maureen Murenga .....	18
Lorraine Mashishi .....	21
Commentary: Tobeka Madiba-Zuma .....	23
Koketso Mokhetloa .....	26
Commenary: Dorcas Makgato .....	29
Abiyot Codona .....	32
Fanaye Hailu .....	36
Commentary: Kebede Worku .....	37
Margaret Nalwoga .....	40
Florence Nakirija .....	44
Commentary: Naomi Watts .....	47
Esther Mwale Gona .....	50
Memory Phiri .....	52
Facts .....	55

# FOREWORD

## Bolder measures are needed to fast-track efforts towards an AIDS-free generation

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**Michel Sidibé**

There is something powerful and brave about a woman's journey to becoming a mother, particularly for women living with HIV. While pregnancy and childbirth are usually a cause for celebration, for a woman living with HIV the journey to motherhood can be fraught with the fear of transmitting the virus to her child.

Due to incredible advances in science and medicine, today all children can be born free from HIV. In 2013, the number of pregnant women living with HIV who had access to antiretroviral therapy doubled to reach 68% of women in the 21 most affected countries in Africa. However, this still means that in 2013 a third of women in need did not receive the medicines needed to ensure that their children remained free from HIV infection.

In 2011 UNAIDS and partners launched the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. It paved the way for countries to significantly boost efforts to reduce new HIV infections among children as well as reducing the number of AIDS-related maternal deaths.

Since this global commitment to accelerate action, huge progress has been made. Between 2009 and 2013, the number of children who became infected with HIV in the 21 priority countries in Africa fell by 43%. Of the 21 countries, 14 were in eastern and southern Africa, the region which has been most affected by the HIV epidemic.

An end is in sight, but only if bolder measures are taken and efforts are fast-tracked to ensure an AIDS-free generation. This will require strong leadership, shared responsibility and sustained action from all partners, including women, men and children who are living with HIV and are leading community mobilization and action so that no one is left behind.

We present here the stories of women in six countries in eastern and southern Africa—Botswana, Ethiopia, Kenya, South Africa, Uganda and Zambia—joining them in their journey to motherhood. Their tales demonstrate the courage, tenacity and support that is needed to ensure children remain free from HIV infection and that their mothers stay alive and well.

We hope that by reading their stories, you will be inspired to action and that you too will join us in ending the AIDS epidemic among children.

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**Michel Sidibé**  
*UNAIDS Executive Director*

## FOREWORD

### The progress on preventing mother-to-child transmission of HIV: an inspiration to do much more

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#### Anders Nordström

The efforts done in the past five years to prevent mother-to-child transmission of HIV have had tremendous impact. Through the hard and dedicated work of health professionals and other partners in many African countries, we are on track to eliminate HIV transmission

at birth. These efforts have also contributed to tens of thousands of women gaining access to HIV treatment, allowing them to live normal lives. Sweden is a proud partner in this endeavor, by working with UNAIDS, UNFPA, UNICEF and WHO, among others.

Based on our experience, we emphasize three central components to maintaining and enforcing the progress made so far:

**Stronger focus on prevention:** Today more than two million people continue to be infected by HIV every year. Building on the major progress made on preventing mother-to-child transmission we must go beyond that. There is a need for 'combination therapy' where behaviour change, safe sex and more openness and positive messages around sexuality come high on our agendas

**Ensure sexuality education for all:** All young people need knowledge about sexuality, including how to avoid risks such as HIV. Comprehensive sexuality education is already available in many settings, but many young people are still not getting the information and knowledge they need. Stakeholders such as ministries of education and health, UN agencies and civil society must work together to address the gaps. We believe that early involvement and empowerment of young people, driven by comprehensive sexuality education, are key factors in ensuring long and healthy lives. Access to youth-friendly services is also very important.

Don't forget the men: Experience tells us that when a woman finds out that she is HIV-positive, it is a great challenge to involve the partner in a positive way. We believe that equality and mutual respect between partners are fundamental to ending the spread of HIV once and for all. This is often very challenging in practice, but there is no other option and many successful examples exist.

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**Anders Nordström**

*Swedish Ambassador for Global Health*







## Gaolatlhe Kalanke, Botswana

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I found out that I was HIV-positive in 2002 after having contracted tuberculosis. That is when I began taking my medication.

By then I already had my first daughter and found out that she too was living with HIV. She was also put on treatment. I so wish I knew my HIV status before she was born. I would have made sure that she was born HIV-free. But then again, I had her before treatment for prevention of mother-to-child transmission of HIV was freely available to women living with HIV in my country.

Although I continued to go to the clinic to get my treatment, I didn't look too healthy and was quite thin. But I had hope and strong determination to get better. That is when I met my husband.

One day, I was leaving the clinic after picking up my medication when he called me over to him and proposed that we have a relationship. I really did not think that he sincerely wanted to be with me. I was convinced that he was joking.

I later learned that it did not matter to him what I said even though I told him I was on HIV treatment. He still loved me and wanted to be with me.

As we began a relationship he got to know my warm spirit. I gave him hope and I was always honest. He appreciated that I disclosed my HIV status to him.

We both had our own children from previous relationships, so we agreed that we would never have children together because of my status.

He too thought he lost his fertility in an accident when he fell badly off his horse.

On one particular night we found out that the condom we used had a tear. I missed my period a month after that.

I was so happy about my pregnancy although initially I had feared that my child could be born HIV-positive. I went to the clinic for advice and immediately started attending antenatal care. I knew that I had to adhere to my Prevention of mother-to-child transmission of HIV treatment. My counsellor made me confident that if I adhered to my treatment and delivered in a health facility, the chances of passing HIV to my baby would be greatly reduced.

Nine months later, our first daughter as a couple was born HIV-free.

Soon after that we had our second child, another little girl. Now I am proud to say that I am living with HIV healthy and I have a full and loving family. My two youngest children are free of HIV.

When I was first diagnosed with HIV, my own family refused to accept and support me. My mother even threw me out of the house. With my poor health, I struggled to

rent a place on my own. I am still working on repairing my relationship with my family and friends and educating them about living positively with HIV. Their lack of support hurts me so much and our relationship has never been the same again. But I will carry on trying to mend that relationship.

Every morning I run a session called 'Health Talk' at the Centre for Youth of Hope. We pray and sing hymns.

I teach young people in Gaborone about family and partner disclosure. I teach them about condoms and adhering to HIV treatment. I teach them about the difference between their CD4 count and their viral load, as many are still so misinformed.

Some young people do not have enough knowledge about HIV transmission and prevention.

Now young women in my community understand more about HIV than I did when I was their age. They are free to ask questions and talk about their sexuality and HIV. With the new generation of strong young women, I am so confident that we can make sure that no baby is born with HIV in my community.









## COMMENTARY

### We must continue to encourage our leaders to end the AIDS epidemic

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**H.E. Festus G. Mogae**

As a former politician and the Chairman of the Champions for an AIDS-Free Generation, I made a lifetime personal commitment to make sure that no child is born with HIV on our continent.

Eastern and southern Africa – the region that is most affected by the epidemic– is continuing to make real progress towards ending the AIDS epidemic. We have been able to do this by acting together.

In 2013, more than 7.6 million people living with HIV in the region accessed treatment. This led to a decline in AIDS-related deaths of 46% between 2005 and 2013. Coverage of prevention of mother-to-child transmission of HIV (PMTCT) services among pregnant women living with HIV reached a commendable 78% in 2013. As a result of this dramatic scale-up of PMTCT services, new infections among children fell by 66% between 2005 and 2013 and the region is on track to reach the elimination target.

Many people on this continent joined hands and played their part in ensuring that no child is born with HIV and mothers are kept alive. The real champions are these twelve women whose stories are captured in this publication. They confirm to all of us that we can win this battle and see the end of AIDS.

The journeys of these amazing women, who bravely walked a difficult, and at times, a daunting path towards hope, are the testimonies of our collective efforts. These women are our heroines. They have stood up against the challenges of stigma, and done what many are still afraid of doing - sharing their personal stories so that others may learn from them.

Even though we have made this tremendous progress and have acquired enormous knowledge, we know that there is still more to be done to eliminate new infections among children and to keep mothers alive to see their children grow up.

We still have a long, hard road ahead of us. We cannot afford to be complacent but must remain engaged now more than ever before. We believe that, as we did before, we will continue to confront the challenges we encounter and work together to end AIDS.

Some of us who, after leaving office felt that our role in fighting for the health and lives of our people had not ended when our tenure ended, came together and established the Champions for an AIDS-Free Generation. We continue to mobilize African leaders to prioritize AIDS. The stories of these heroic women and all those without a voice, give us strength to stand up and continue to encourage our leaders to do more to end of AIDS.

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**Festus G. Mogae**

*Former President of the Republic of Botswana and  
Chairman of the Champions*



“ We continue to mobilize African leaders to prioritize AIDS. The stories of these heroic women and all those without a voice, give us strength to stand up and continue to encourage our leaders to do more to end of AIDS. ”



## Kesego Basha-Mupelli, Botswana

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I am not sure whether it has been 13 or 14 years since I have been living with HIV.

I have this wonderful boy who was born HIV-free.

His name is Luce. My husband is also living with HIV. We both knew that one day there would be a way for us to bring up HIV-free children.

As parents we chose to protect our baby before we even conceived. We did regular tests, communicated with the doctors and let them know that we would love to have a baby.

They gave us advice and were happy to support me through my pregnancy and childbirth.

We followed the clinic guidelines when trying to conceive. We went through the various steps.

We had to be certain that our HIV viral loads were very low so that I could safely fall pregnant. That's how we did it.

My son Luce knows that mummy and daddy have HIV but truly speaking I don't know whether he knows what it really means. He knows that we are taking medication every day. He knows where we go and get them.

The stigma has changed a lot in our community. People do accept us.

The only problem I see in my community is with people who are living with HIV. They suffer from a lot of self-stigma.

Many people are still in denial of their HIV status and they do not accept other people who are HIV-positive like them but choose to live positively.

I am determined to use my life experience to help somebody who is in denial and struggling to lead a good life.

Ceyoho is the Centre for Youth of Hope. It is an organization that was formed by young people living with HIV and some of us are now adults.

The whole idea of Ceyoho is to support young people living with HIV to live a positive life.

We work towards educating and empowering them to gain confidence, to have knowledge about HIV and lead a responsible and healthy life.

I have done a lot with Ceyoho. We have empowered a lot of young people in Botswana.

When it comes to my personal life, the greatest success of all for my husband and I was to be vindicated as a couple living with HIV that can have an HIV-free child.

So we are very happy about it and we love him so much.

We have achieved the vision of zeros that the world is talking about in our own home. If we can do it everyone can.









## COMMENTARY

### Together, we can win this race of saving mothers and children from unnecessary deaths

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#### H.E. Margaret Kenyatta

I feel uplifted by the incredible stories in this publication. The stories demonstrate resilience in the face of adversity and give us hope that even in the most difficult circumstances we can save the lives of mothers and children.

Kenya has made major strides in social and economic development, but thousands of women and children continue to die from preventable causes.

It is not acceptable that 13 000 children in Kenya get infected with HIV every year yet we have the tools and knowledge to stop HIV transmission from mother to child.

These HIV infections contribute to the deaths of more than 100 000 children under five every year, and most die within the first year of life. Over 5 500 women in our country die annually from pregnancy and child birth-related complications.

As the First Lady and a mother, I chose to act in raising an AIDS-free generation.

In 2014 I launched the Beyond Zero campaign to mobilize funds, create awareness and stop maternal and child death. I participated in two marathons: the 21km First Lady Half Marathon in Nairobi and the 42km London Marathon to raise funds and create awareness of the plight of our mothers and children.

The resources from these initiatives have so far helped to purchase 21 mobile clinics for the same number of counties.

We shall not leave anyone behind in this mission. Therefore, we still need your support to purchase another 26 clinics. The mobile clinics are used to deliver essential

health services to Kenyans who have limited access to static health facilities.

I am overwhelmed with the phenomenal support from Kenyans, corporate companies and friends of Kenya who have come out in large numbers to donate generously to this campaign.

Together we can win this race of saving mothers and children from unnecessary deaths.

I call upon all First Ladies of Africa to join and champion an AIDS-free generation where all mothers and their children receive quality medical care.

**H.E. Margaret Kenyatta**  
*First Lady of the Republic of Kenya*



“ It is not acceptable that 13 000 children in Kenya get infected with HIV every year yet we have the tools and knowledge to stop HIV transmission from mother to child. ”

## Evelyn Simaloyi, Kenya

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The moment I learned that I was HIV-positive, I was told I only had five years to live. I was 21 years old.

I was so depressed that I started using drugs. I used methamphetamine, smoked marijuana and drank a lot of alcohol.

Trying to forget my situation using alcohol and drugs was the only thing that made sense to me. I still have no idea how I became infected with HIV.

One night, while in the slums of Kibera, I was raped. That's how I conceived Elijah. It was five years after my diagnosis, so when I found out about the pregnancy, I thought it was a blessing in disguise. I thought, "God wants me to be a mom before I die", so I chose to keep the baby even though I had been advised by doctors to have an abortion.

It didn't matter to me if the child could die, at least I would have died as a mother. We both lived.

I breastfed my first son Elijah. I also took my Christian faith more seriously when I was pregnant. I believed so much in God that I carried the Bible with me all the time. I believed I was healed.

I had regained my health because I had stopped abusing drugs. I started to look good again. I believed I was definitely healed through faith, but two years down the line after my baby was born he became very weak and sickly.

I spoke to a counsellor and told her that I once tested positive for HIV but here I am, I have a baby, I'm still going on with life, so I'm healed. She looked at me and looked at the baby and said, "You know, God is a healer and if you are healed the HIV result will be negative." She told me that if I still had HIV, then I needed to get help. I realized then that I was denying my son his right to medication if he was living with HIV.

I did the test again in a national hospital and we both tested positive. It was heart breaking.

It took me about 12 years to accept my status. I still refused to take the medication because I was afraid. I did not put my son on treatment either because he was so strong.

I became weak, I lost my hair, I had pimples all over my face and I was diagnosed with tuberculosis and meningitis.

By 2010, I had so many opportunistic infections that I had to be admitted to hospital for a month. I was dying, but God had mercy on me.

I began antiretroviral treatment and within two months my pimples started disappearing, my hair began to grow back and I was feeling healthy. I also put my son Elijah on treatment.

My doctor said that if I would like to have another baby, I was free to do so.

He told me I was even free to be in a relationship. So, I met my partner and the first thing I told him was that I am living with HIV. He said, "It doesn't matter".

We learned about safe ways of conceiving.

We had a beautiful baby boy and named him Elisha. He was born HIV-free and today at two years old, he is still HIV-free.

I'm a freelance journalist and I host a show on Nairobi's largest radio station Pamoja FM. This platform, I use to educate people about HIV.

I advise people to find out their HIV status because if they have the virus there is a way to manage it and live a long healthy life. Especially, I tell women who are living with HIV that if you take the proper HIV treatment and care, you can have as many HIV-free babies as you want.

Elijah and I work together to mobilize communities to raise awareness about HIV and motivate them to know their status. We strongly believe that we can have an AIDS-free society in Kenya.

Elijah, who is now only 12 years old, has gone public about his HIV status and speaks against stigma.

Getting medical and physiological help for my second son, Elisha, to be born HIV-free gives me the greatest joy I have ever felt in this world. It's amazing that after 17 years of living with HIV, I now have a child who is free of HIV. It's a blessing.

I don't call Elisha my 'last-born' because I don't think I've closed the chapter. I'm definitely looking forward to welcoming more HIV-free babies to our family.











## Maureen Murenga, Kenya

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I don't know how I got infected because I was already married when I found out. We were expecting our first child, so we headed to the clinic with the excitement expected of newlyweds.

That HIV result killed all the joy.

Prior to our marriage, neither of us had gone for an HIV test so we have no idea how we got infected.

I was not told my HIV status in confidentiality. It was done in public. There were 13 of us collecting our results in the clinic's waiting area when the nurse blurted out, in front of everyone, that I was HIV-positive.

A counsellor gave me the option to terminate the pregnancy. This was six years ago. I was too scared to go through an abortion so I decided to carry my baby.

I figured that between the baby and me one of us would die before the nine months was over. I even stopped going to work; I was just waiting for my death.

The only person I talked to was my husband who was not very supportive. In fact he left just a few months into my pregnancy. He thought the baby and I were going to be very sick and became liabilities to him.

I was eight months pregnant when I heard about an organization that supported pregnant women living with HIV to have HIV-free children. I went there and was given two doses of nevirapine.

I was told to take one dose while in labour and the other to my baby 72 hours after birth.

I had the medication with me a month before birth, in a bag that was somehow exposed to water and the sun. When the time came for me to take the medication, it was in a terrible condition. I took it anyway and later gave it to my child.

My son Alec was tested for HIV when he was nine months old and tested positive.

We continued with life and I was put on treatment along with Alec. My mother stepped up and encouraged me to go back to work. She told me that I could still live with HIV. So I began working again and focused on staying healthy and ensuring that my son was healthy too.

Eight years later, I met another man. This time I had no interest in getting married. I told him my HIV status and he was okay with it. At least that's what he said until he found out I was pregnant with my second child. He too left.

When I had Emmanuel I was more empowered than I was when I had Alec.

I had come to accept my status thanks to my mother and the support groups of women living with HIV. They helped me deal with self-stigma.

I planned well so that by the time I had the baby my viral load was undetectable. I'm grateful to the health facility I attended because there I could keep tabs on my viral load.



Emmanuel is such a blessing. I have two happy and healthy children, one is living with HIV and one is HIV-free.

I am most proud of my children when I look at my life because they give me a lot of joy.

When I was told I was HIV-positive and was advised to have an abortion, I thought I would never be a mother. But my life changed for the better when I made the decision not to have the abortion and seek help from the International Community of Women Living with HIV (ICW). I now work as a Global Funds Coordinator with ICW to help other mothers.

Women carry a lot of burden when it comes to taking care of children. A lot of the mothers living with HIV in our support groups are abandoned by their partners and some are advised to terminate their pregnancies.

Over the past year alone, over 40 women living with HIV in Nairobi have reported to ICW that health workers have forcibly sterilized them because they are living with HIV.

In Kenya, we have laws that criminalize HIV infection. If you know your HIV status before your partner, they can actually say you infected him and our laws criminalize that.

It works both ways that men can also face the same issue, but most of the time it is women who find out their status before the men, especially when they are pregnant. That is a hindrance to women getting tested.

We may think people have information but they don't, so there is need to continue to provide rigorous information around HIV prevention, stigma and access to health services without human rights violations.

I thrive in being part of the solution because I have walked my journey and I love being able to assist others whose journey is similar or even worse than mine.

We all have a right to a healthy and happy live. Everyone deserves that.







## Lorraine Mashishi, South Africa

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My name is Lorraine Mashishi and I am living with HIV. In 1994, my two-week-old baby was admitted to hospital. I was a new mother and this was supposed to be a happy time for me; instead it turned out to be heartbreaking and confusing.

He was admitted for three weeks, and then discharged after the doctor gave me a note. You know how doctors write. I had no idea what was on that note.

I took my son home and just two weeks later he was crying and struggling to breathe again. Naturally, I went back to the hospital. This time the doctor asked me why I came back. He said, "Why did you bring this child back here? What must I do with a baby that has AIDS?"

That is how I found out about my HIV status. I wondered how I got the virus. Weeks later my baby died.

Back in the day, I used to compete in beauty pageants. There was this guy that I knew. He was dating one of my friends. Whenever I would bump into him he would tell me that he liked me. I was surprised, because he pretended to be in love with my friend.

One night I was on my way home from the competition, he saw me walking in the streets alone and he offered me a lift. I got into his car. Instead of taking me home, he decided to take me to his place. When we got to his place he started ripping my clothes off.

He raped me.

The next morning I went to the police station and opened a rape charge against him.

After a few weeks the docket disappeared and the case was dismissed.

I had to get on with life and heal from the emotional trauma. But my HIV diagnosis years later made me go back to that horrible experience. I was confused because I wasn't entirely sure how I got infected with HIV. I informed the father of my child about my HIV status and he said it was his fault. He had known that he was living with HIV even before he started a relationship with me.

When he told me this, you know, I could not even be angry because I felt that I had my own issues to deal with. Plus I still loved him.

He passed away in 2001, just after he started taking antiretroviral drugs after living for so long when treatment was not yet available in South Africa.

I felt so lonely when he passed away because I believed that he was my soulmate. Time went by and I stopped caring for myself because I was convinced that I was also going to die soon. I told my mother that I was dying of AIDS. She supported me all the way. Helped me pray and prepare for what was coming. But I was afraid of telling my stepfather.

I was afraid that it would jeopardize the relationship he has with my mother. When I told my neighbours about my condition, they supported me and offered their help.

One night I was at home with my stepfather. I was extremely weak. I couldn't eat or sleep. So I had to tell him the truth about why I looked so sick.

He never said a word to me. I thought he was going to kick me out of his house.

The next morning he woke up very early and left the house without telling anyone. He came back home later in the evening and said to me, "Tomorrow morning, you and I are going to the clinic."

We woke up early the next morning and he carried me on his back to the clinic. The nurse did a few tests and put me on treatment. My stepfather saved my life.

Life goes on. Now I am married to a man who truly loves me for who I am.

A friend linked us up.

We have a son, Siphesihle. His name means beautiful gift. That's exactly what he is.

His father and I planned to have him and I made sure that I adhered to my medication so that the virus in my blood was undetectable.

This feels like a fairytale sometimes. I have the sweetest husband and my miracle is my little boy.

My HIV-free son.







## COMMENTARY

While we celebrate our successes, we must not forget the enormous challenges we still face

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### Madame Tobeka Madiba-Zuma

I am pleased at the inclusion of South Africa in this important project that explores the human face of prevention of mother-to-child transmission of HIV (PMTCT) in eastern and southern Africa.

In South Africa, we have good reason to be proud of our efforts. Mother-to-child HIV transmission rates have dropped dramatically over the last decade. South Africa is close to below 2% transmission of HIV at six weeks and we have the potential to be the first African country to eliminate mother-to-child transmission if we continue to accelerate our efforts.

While we celebrate our successes, we must not forget the enormous challenges we still face, not only as a country, but as a region.

New HIV infections among young women and girls between the ages of 15 and 24 are far too high. In 2013, UNAIDS estimated that there were 230 000 new infections in young women in this age group across the eastern and southern Africa region. Young women and girls are being left behind by our current HIV response.

We therefore urgently need to redouble our HIV prevention efforts for young women and girls. We must not forget that PMTCT is not only prevention of HIV transmission between a mother who is already HIV-positive and her unborn baby. It also encompasses prevention of HIV and unintended pregnancy among young women by encouraging delay of sexual debut and offering a range of contraceptive methods to prevent pregnancy and condoms to prevent HIV infection. It means offering a range of care and support to mothers, children and their families so that they do not become lost

to follow up.

We need to investigate with renewed vigour innovative approaches such as conditional cash transfers that keep girls in school and offer them additional care if they do not have a proper family structure.

Let's explore every avenue at our disposal to find multiple solutions for young women and girls that they find useful and acceptable.

We know that HIV cannot be addressed in isolation. Women's sexual and reproductive health is closely linked and we need to address issues like HIV-positive women's increased vulnerability to cervical and breast cancer.

Ongoing advocacy to put women's sexual and reproductive health rights high on the political agenda is needed.

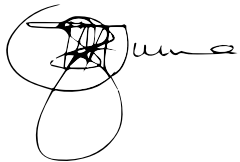
In 2014, we managed to break the price of the human papillomavirus (HPV) vaccine and as a result the vaccine is now available to young women in the public health sector of low- and middle-income countries, including South Africa. We need more of these initiatives to secure the futures of our young women and girls.

Koketso and Lorraine from South Africa and the other women from all over the region whose stories feature in this book show that PMTCT does work.

They show us that an AIDS-free generation is possible. They show us that HIV does not define who you are and that the women of this continent are beautiful, strong and proud.

They will teach their boys that vulnerability does not equate with weakness, and to love and respect women. They will teach their young girls to hold their heads up high and aspire for a better life, where self-love guides everything that we do.

As mothers, this is what we all want for our children. I am inspired by their stories, as I am sure all who read them will be too.



**Madame Tobeka Madiba-Zuma**  
*First Lady of the Republic of South Africa*

“ While we celebrate our successes, we must not forget the enormous challenges we still face, not only as a country, but as a region. ”







## Koketso Mokhethoa, South Africa

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My name is Koketso Mokhethoa. I am 24 years old and I was born with HIV. As a child I was in and out of hospital for ten years. I learned about my HIV status when I was 13 years old. My mother passed away in 1995 and my father soon followed, in 1999.

Despite being born with HIV I was raped and assaulted by men when I was a teenager. I never once imagined that my first sexual experience would be rape, but sadly that is my reality.

I was visiting my boyfriend with a friend. When we arrived at his place, we found that he was not in the house. Instead, a few of his friends were there.

They told us they would take us both to him, but they took us to house I didn't know. They knocked, beat and raped us.

I couldn't focus on anything after that because I was traumatized by the fact that I was living with HIV from an early age and I was raped.

To make things worse, the rapists were never charged. We never got any kind of justice for our mental and physical suffering.

For most parts of my life I hated men because of the rape incident. When I looked in the mirror I hated myself for being HIV-positive.

I was not a victim of stigma because my status was never revealed to a lot of people. However, I had an enemy that was living within me.

That enemy inside my head was winning the battle, because it dragged me to undermine myself. It made me not to love myself and gave me the energy to hate everyone else around me.

I was ready to die. Until Tyron came into my life to give me the love and hope I needed to live. He became my support system.

I lied to him about my HIV status until I couldn't continue with the lie. I told him the truth about myself and he chose not to believe me.

He held me by the hand and said, "You look so beautiful. HIV only happens among people who are skinny and unappealing. It is impossible for you to have it."

I looked him deep in the eyes and never uttered a word. I had to prove to him that any individual could carry this disease, so I invited him to one of the support groups that I had recently joined. He just sat there and never said a word.

I was worried that I could lose him because I loved him and he was so good to me. Even when the truth sunk he stood by me.

He told me that sooner or later he would love to start a family with me. I told him that I couldn't have babies because that is what I was told by doctors over and over again.

One day we attended the support group together again. After the session I went to the doctor for a check-up and the doctor said, "Your CD4 count is high and your viral load was undetectable. At this moment you can try for a baby. It is risky but highly possible for you to get good results."







We took our chance. I fell pregnant and continued to adhere to my medication. Nine months later, I gave birth to a baby girl who is free from HIV.

Keabetswe is the reason why the past year—since she was born—has been the best year of my whole life.

I hope my story becomes an inspiration for many women living with HIV and for the world.

I now work as an HIV counsellor at the Helen Joseph Hospital in Johannesburg and I am an ambassador for the South African National AIDS Council.

I always advise woman to go for HIV testing and know their status. I say to them, "Know your status so that you can get help before the virus becomes too powerful to treat."

If you live positively with HIV, you can experience joy and life just as you have always dreamed it.

## COMMENTARY

### Every woman and child counts

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#### Ms. Dorcas Makgato

The stories that are contained in this publication offer a glimpse into the everyday lives of women living with HIV. Hope and joy are common thread for these mothers that have been able to bear children while HIV-positive. The smiles on the children's faces attest to the fact that

we are all doing the right thing by providing prevention of mother-to-child transmission of HIV (PMTCT) services to all pregnant women living with HIV. It protects the dignity and reproductive rights of women in their community by normalizing HIV. Such hope needs to be sustained and realized by every woman living with HIV regardless of her social economic status.

As a country, we have reached over 90% coverage for the uptake of PMTCT services, with less than a 3% transmission rate from mother-to-child. This is made possible largely by domestic resource allocation and political commitment to ensure that not only are babies born free of HIV but their mother receive lifelong antiretroviral treatment so that they too can remain alive long enough to see their children grow up.

I challenge all of us as African Union Ministers of Health to stand up and be counted as champions for the elimination of mother-to-child transmission of HIV through adequate resource allocation for increased quality PMTCT service delivery in the continent. We can make a difference if we have a vision and act.

As you go through this publication I believe you will agree with me that every woman and child counts. Of course we also need to appreciate the men who have supported these women to enroll into PMTCT programmes. I call on all men to be more involved so as to improve service uptake and demystify HIV in their communities.

I hope you will be inspired as I was, to take action in your sphere of influence to ensure that children born with HIV and their mothers dying of AIDS become history.

Let us keep the hope alive!

A handwritten signature in black ink, consisting of a stylized 'D' followed by a flourish.

**Ms. Dorcas Makgato**  
*Minister of Health, Botswana*



“ I challenge all of us as African Union Ministers of Health to stand and be counted as champions for the elimination of mother to child transmission of HIV through adequate resource allocation for increased quality PMTCT service delivery in the continent. We can make a difference if we believe and act. ”







## Abiyot Godana, Ethiopia

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My name is Abiyot Godana. I am a wife and a mother to two children – a boy and a girl.

In 1997, I applied for a job that required me to get tested for HIV. That's how I found out about my status. My husband and I were newly married and he tested HIV-negative.

To be honest, the way I was treated at the health centre where I found out about my HIV status was terrible. At that time people were very scared of HIV because they did not have much awareness.

They told me that I was not going to be able to have children. That is the part that frightened me the most as there was no treatment in those years. I was so distressed that I fell ill and was bedridden for two years. I lost hope.

My dear husband stood by my side the entire time.

He supports me in every way, even with household chores. He firmly believes that I am the most important person in this family. He took me to the clinic when he heard that there was antiretroviral treatment available for people living with HIV.

Despite the stigma and fear, I encouraged my extended family to get tested for HIV.

My parents tested negative, but they were treated wrongly by the community because of my status. The stigma was so bad that people wouldn't even let my nephews and nieces play with their children.

Now, the community has changed so much and I think it is because I was never reserved about my HIV status. I showed them that I work and live just like everybody else. I sell chips at my stall on the side of the road so I interact with a lot of people because of that.

Over the years, my clients and the people I meet on the street have been a huge part of the support that I needed as a woman living with HIV. They even help me raise funds for poor families, people that have been affected and evicted from their homes because of their HIV status.

In 2003, I found out that I was pregnant and enrolled in the prevention of mother-to-child transmission of HIV services at the Black Lion Hospital. That's where I delivered my son.

Unlike my experience at the first health centre, I felt so well taken care of at this clinic. I was so happy when they told me that my son Mikias was free from HIV.

Giving birth to my daughter Mokedelawit was easier because I had absolute faith that she would be born HIV-free. She was.

My stall is my platform.

I tell women that it is so important to get tested and know their HIV status. If they're pregnant I tell them to give birth at a clinic or hospital, not at home. I feel strongly that I do this because they need to know that it is possible to have an HIV-free baby if they deliver at a health facility.







My hope is that everyone, especially women, can learn from my experience. I hope they know that it is possible to love with HIV. To know that it is possible to live a normal life. That it is possible to work and earn a living.

The very basic lesson I learned in my life is that everyone must know about their HIV status before anything else. Once that's done, you can still live a normal life; still have children free from HIV.

If I were ever to fall sick, I find comfort in knowing that my family will be there to help and nurse me back to health.

When I see my children, I am eager to live longer. I am excited, happy.

I look forward to a bright and hopeful future. Knowing they are HIV-free makes me feel like I am free of the virus.

It's possible to have children who are healthy and HIV-free. My family is the proof.







## Fanaye Hailu, Ethiopia

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After my father passed away, my mother had to raise nine children on her own. There was never enough of anything in our house. I hated going to school because I didn't have the right clothes and stationery. Most times, I didn't have food.

I slept with men for money to provide for myself. I was young, so negotiating condom use was sometimes difficult, more so when I was overpowered by customers. That's how I contracted HIV. I knew about HIV, so I always got tested.

I was 17 years old when my result came back positive.

Even though I knew about my risky behaviour, I was still quite shocked by the results. I was so young and thought that this meant that I would never live a normal life. Information is key, that's what every announcement in the media said about HIV in Ethiopia. I educated myself and learned that it was possible for me to take care of my health and live a longer life.

I took very good care of myself until antiretroviral treatment was available. Treatment made me so healthy that at some point the virus in my body was undetectable. I never thought I would find a good person to have a relationship with, but I did. It made me feel beautiful and confident regardless of my HIV status. We were happy to spend the rest of our lives together. I stopped sex work because of my love and respect for my husband.

My wedding was not just a wedding. It wasn't just about music and dancing. It was about being happy while living healthily with HIV. People living with HIV attended

and recited poems. They shared their stories. My wedding educated people about HIV and was broadcast throughout the country. One of the reasons I was never stigmatized was because I publicized my wedding. People wanted to see a woman living with HIV get married. We had donations flowing so that we could have our wedding. It was clear that I had to create awareness in my community and play my part in ending stigma. I knew that stigma was a result of people just not understanding enough about HIV.

The first man in Ethiopia to come out about his status was publicly ridiculed and stigmatized. That's what encouraged me to talk about my status. For that reason, even the President of Ethiopia attended my wedding. My daughter, Betty, was born HIV-free. She is now eight years old.

I adhered to my treatment throughout my pregnancy. I just knew she would be a special child.

Eight years into her life I am still extra careful around her. Yes, I am an overprotective mother. Who isn't? Sometimes if my nose bleeds or if I just cut myself while cooking, I make sure Betty doesn't come too close to me before I clean myself up.

I founded an organization to help women living with HIV. Having someone to talk to makes all the difference in life. My focus is to help these women to have HIV-negative babies. Why should I rejoice alone?

Every mother, every pregnant woman must get tested for HIV. It can save the life of the mother and her baby.

I am proud because I have Betty. She is so beautiful and such a brilliant student. And I am proud because I talk to my community and support them. I help to save their lives. We can only have an AIDS-free generation if we all get tested and adhere to treatment.

My daughter's name is Bethlehem Abraham. She is eight years old, born free from HIV and I am her mother, living with HIV.

## COMMENTARY

### Our passion, our resolve: an AIDS-free generation in Ethiopia

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#### Dr Kebede Worku

It is a great honour for me to offer a commentary to this important book entitled *Faces of an AIDS-free Generation* in eastern and southern Africa. I would like to thank the women who have been willing to share their life stories. Their experiences and actions should be an inspiration and example to all of us in our journey to an AIDS-free generation.

AIDS has stolen the lives of our brothers and sisters, orphaned thousands of our children and snatched the hopes of our babies. But thanks to the wholehearted participation of communities, government, civil societies and partners, the path to an AIDS-free generation in Ethiopia is now within our grasp.

Since 2000, new HIV infection in Ethiopia has been reduced by 90%. Even better news is that for the very first time, Ethiopia achieved a 57% reduction in new HIV infections among children between 2009 and 2013. The coverage of prevention of mother-to-child transmission of HIV (PMTCT) services has dramatically increased from less than 10% to 60% in the last four years alone. The number of health facilities providing PMTCT services with option B+ has reached 2 500 in 2014, which accounts for around 80% of the total number of health facilities in the country.

This is a significant milestone in our journey to an AIDS-free generation. The Government of Ethiopia is committed to sustain these hard-won gains and to address the remaining inequities and gaps in the HIV response.

Together we can end AIDS and achieve an AIDS-free generation in Ethiopia!

**Kebede Worku, MD, MPH**

*State Minister of Health, Federal Democratic Republic of Ethiopia*

“ AIDS has stolen the lives of our brothers and sisters, orphaned thousands of our children and snatched the hopes of our babies. But thanks to the wholehearted participation of communities, government, civil societies and partners, the path to an AIDS- free generation in Ethiopia is now within our grasp. ”







## Margaret Nalwoga, Uganda

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My father passed away when I was six years old. My mother died when I was 13. My grandmother raised me.

She never told me that I was born with HIV.

Whenever I would fall sick, I always would spend time in the hospital. I asked my grandmother why my illnesses were taken more seriously than other children's. "You have a fever like any other child from the village," she said.

When I was 14, I overheard a doctor tell my grandmother to take extra care for me because I have HIV.

I know for sure, that was the day I began losing hope.

I experienced stigma right from home. I only realized it was stigma after I overheard that discussion about my HIV status. It finally made sense why people would treat me so differently at home. I had my own dish when everyone else used different ones.

My own family that I lived with went around telling people that I was living with HIV.

Everyone found out about my status.

At the age of 20, on a visit to the clinic to fetch my treatment, one of the nurses told me there were HIV support groups.

I joined a group and began to gain my self-esteem. It was such a great relief when I realized that there were other young women who felt what I felt—other women who had been misunderstood and stigmatized in their own homes and communities.

There were even women that were married and some were in new relationships.

It was in the clinic's support groups that I learned to be a healthy and ambitious young woman, and not just a woman living with HIV.

It was clear to me then that a bright future for me was still possible.

A few years later I met a wonderful guy and we fell in love. I couldn't tell him about my HIV status because I thought he would stop loving me.

I pretended to be HIV-negative, until he started noticing strange things about me. For instance, he would see me walking out the house very early in the morning. That's when I was going to fetch my medication from the clinic. You have to go early because the lines are so long.

Then he asked me why I did that and where I was going. I told him I was going to visit my relatives.

He didn't believe me. He asked around. People told him that I am living with HIV. He confronted me about it one day and I denied it.

One day he visited me at home and introduced himself as my boyfriend. My grandmother told him about my status. She told him to stay away from me because she said I had no future. She told him I was going to kill him. Those words felt like knives in my heart.

I was already pregnant by then. I was so scared.

I even thought of aborting the baby because I imagined it would live a life of misery and sickness just like I did.

My boyfriend stayed with me despite what my grandmother told him. He and I went to the clinic for a check-up and the doctor told us that it is possible to have an HIV-free child.

The news from the doctor gave me hope so I decided to continue with the pregnancy.

However, my boyfriend told me that he didn't want to get sick, so he abandoned me at this most important time of my life. He refused to get tested for HIV.

Sometimes I wonder if things might have been better if I was honest and told him about my status myself early in our relationship. It would have been better than him hearing about it from other people.

When my daughter was born I was still very afraid. I thought that the doctor could possibly have lied to me.

Then she arrived. I named her Lisa.

I took her for the first test and she tested HIV-negative. When she went for the second test, the results came out negative again. I'm telling you, I was the happiest woman alive. We only have one more test to go, but I have faith that she will stay HIV-free.

She is such a happy baby and she is the jewel of my life.

I want other women to learn from my story.

I am still young, there is a lot that I want to achieve and I know that I can. I know that I have a long life ahead of me and I will see Lisa go to school, get married and have her own children.

In life we go through different challenges. No matter what challenge you may have, faith must always come first.

My name is Margret. I am 23 years old. I have a daughter who is HIV-free and I'm living healthily with HIV.









## Florence Nakirija, Uganda

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My neighbours used to discuss my sickness and laugh at me. I even heard them speculating about the kind of funeral I would have.

But I had a very supportive husband who gave me more than I needed. I loved my husband, but I must admit that I was misled by temptation.

I became infected with HIV when I had an affair. In Uganda we call it a 'side dish', when you have another man outside of your marriage.

My husband never did find out about my affair and unfortunately, he died a sudden death and I was left alone with my children.

Then I fell pregnant.

Three years ago, I found out that I was HIV-positive after my child was born and fell ill. I felt like God was punishing me. Not only was I HIV-positive, so was my son.

My neighbours have this perception that I infected my husband with the disease. Little did they know my husband died of something that was not related to AIDS.

He was a teacher and one day he just fell ill while at work. I was the first one he called. I even asked if he had eaten something that perhaps was the reason for his sudden illness.

It all just happened so quickly. Then my husband was rushed to hospital and he died that day. I was told it was heart attack.

I miss him so much.

Life would be easier if he was still around. I did wrong by him, but he really was the love of my life. It was the darkest period of my life.

My son and I were living with HIV and we were all alone.

I still face a lot of stigma. People who knew my behaviour tell me that I did this myself.

Keeping my son on treatment has been challenging sometimes because he is so young. There are times when I have to force him to take his medication. He is only six years old and does not understand why he has to take medicine every day.

I met another man after my husband died and I conceived my second child. I told him about my status from the beginning and he never seemed to really want to talk about how he feels.

We are not together anymore, so I guess that answers that question.

There have been negative things in my life, but I am proud that my second son, Paris, is HIV-free.

In Uganda, all women of reproductive age fear to go to hospitals. They deliver their babies in their homes in fear of the stigma they might face in hospitals if they test positive for HIV.

When I fell pregnant for the second time I thought all the odds were against me because of the first pregnancy.

Until I was introduced to the prevention of mother-to-child transmission of HIV programme, which changed my fate and helped me give birth to an HIV-free baby.

I want all Ugandan women to know that their lives and the lives of their children are more important than what people say. They have to deliver in hospitals and not in their homes.

In fact, I would not advise them to even deliver in clinics that do not strongly advise pregnant women to take an HIV test.

I gave birth in Mukono Hospital because the doctor told me that they deliver about 500 babies per month and almost all were born free of HIV. He gave me so much confidence in giving birth to my son, Paris, there.

The services and support in health facilities are helping a lot of mothers living with HIV. I am very happy to share my experience and give information to as many women as possible. It gives me great hope to know that creating awareness will eventually help us make sure that children in Africa are no longer born with HIV.

Paris just tested negative for HIV again at five months.

It makes me so happy. It feels like my redemption every time he is confirmed to be a healthy baby.











## COMMENTARY

### Women living with HIV can build better futures for themselves, their loved ones and their communities

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#### Naomi Watts

In many societies around the world, women and girls are the most vulnerable to HIV and AIDS. We now, more than ever, need to make change happen to ensure that women

everywhere are empowered to protect themselves and make their own decisions.

Preventing mother-to-child transmission of HIV (PMTCT) is one of the key focus areas of UNAIDS so we can make an AIDS-free generation a reality.

Significant progress has been made in delivering PMTCT services but a lot of work still needs to be done.

In my role as UNAIDS Goodwill Ambassador, I am proud to be supporting UNAIDS and their partners' work towards an AIDS-free generation.

As a woman and a mother, I relate to the incredible stories in this book, which illustrate our resilience and willpower to transform the world we live in.

These women — mothers, grandmothers, wives and girls — are true heroes. They are living proof that women living with HIV can build better futures for themselves, their loved ones and their communities if they can have access to the treatment, care and support they need.

It is our collective responsibility to push for the needed changes in laws, policies, public health programmes and practices that still enable HIV to spread and to end continuing human rights violations and gender inequalities that bear grave consequences.

Through scaled-up PMTCT programming, we can protect future generations from HIV and create a better world for all.

We can all contribute — we must all contribute — so that together we can reach our goal of an AIDS-free generation.

**Naomi Watts**

*UNAIDS International Goodwill Ambassador*



“ It is our collective responsibility to push for the needed changes in laws, policies, public health programs and practices that still enable HIV to spread and to end continuing human-rights violations and gender inequalities that bear grave consequences. ”







## Esther Mwale Goma, Zambia

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I am 37 years old and I have been married for 16 years with four children. My firstborn son is HIV-free. My second son is living with HIV, while my youngest two girls are HIV-free.

I have been living with HIV for the past 10 years.

I contracted HIV through a blood transfusion after giving birth to my first child—I had lost a lot of blood during delivery.

It was difficult just to accept the truth because I didn't even understand where the virus came from.

When I found out my HIV status I thought I would die the next day. I struggled quite a lot after the diagnosis because I thought it wasn't fair.

My husband doesn't speak about his status publicly so I too cannot confirm whether or not he is living with HIV.

I feel that I am a very fortunate woman because he still stayed by my side throughout. He believes that marriage is forever.

I fell pregnant with my second son 11 years ago. There were no services available for me to make sure that I can protect my baby from HIV. My son was born with HIV.

It hurt so much and it put a lot of pressure on my marriage, because I stopped wanting to have any more children. I couldn't forgive myself for what I had done to my own son.

I definitely did experience stigma. Self-stigma.

It wasn't easy for me to cope with both my son and myself living with HIV. I thought we were both just headed for the grave. Can you imagine how frightening it is to hold and nurse a baby that you think is going to die?

My husband found out about a support group called Coalition of Zambian Women Living with HIV/AIDS (COZWHA). I joined the support group and there I was involved in a lot of their activities that taught me how to adhere to medication and correctly use condoms. I learned a lot.

My husband and I used condoms all the time and became more settled into our lives again. I was eventually put on antiretroviral treatment and my health got a lot better.

In 2007, we decided to have another child.

That was after I went for a checkup to see whether my CD4 count was at the right level to try for a baby. We conceived Sasha. I adhered to my treatment and she was born HIV-free.

It felt so good, plus she was my first girl and to know that she was HIV-free made her even more special.

Now that I knew it was possible to have HIV-free children, my husband and I wanted to create just one more princess for the family and that is how we got our youngest daughter, Natasha.

My daughters make me smile all the time. I had them while I am living with HIV, but they are HIV-free. It makes me so proud.

The impact of support groups is sometimes undermined and women get scared to talk about their status because they haven't made peace with themselves. I know because I was terrified before I joined the support group.

But taking that brave step towards talking to other women living with HIV will definitely help to heal your emotions and also learn about managing your health.

When you have someone to talk to you will realize that living with HIV is not the end of the world.

You still can do everything that you have always done and always wanted to do as long as you adhere to your medication.

You can go on to live a healthy, meaningful and fulfilling life.







## Memory Phiri, Zambia

I come from a family of five, three boys and two girls. My father died when I was about seven and my mother died when I was about nine.

Everything just turned upside down when they passed away.

My siblings were sent to different homes. The only one I had left was my then 14-year-old sister, who was married off at that age.

One day, I was walking back home with her from a day out when we met this taxi driver. He offered to give us a ride and he dropped my sister off first.

Before taking me to my aunt's house, the taxi driver raped me on the way.

I started screaming and crying so he didn't even take me to where I was going. He just dropped me off and left me in the middle of nowhere.

I was only nine years old.

I was given a medical check-up when I was 12 years old and my HIV test came out positive.

I faced stigma even in school. One day I went to the bathroom and when I opened the door I found someone wrote on the wall: "Memory has AIDS".

I was shocked. I cried. I didn't know what to do or how to react.

I broke the news to everyone. I told the girls what happened to me and by then I was 13 years old. I told them everything. I told them my story. All those girls who

were discriminating against me came to apologize. Then we became friends.

When I was 16, other girls would have boyfriends. For me it was hard because of the experience I went through. I always saw men as monsters. I never knew that there could be a good man out there.

The first time Gabriel proposed a relationship, I just had to tell him. I told him, "I may look healthy and cute, but the truth is this: I live with HIV."

His answer shocked me. He said: "You told me your status that means I can even trust you with big issues."

He is HIV-free. Our two children are also HIV-free.

I had a normal birth and after giving birth I was given various options for feeding my baby. I chose not to breastfeed my children. I believed that when I gave my children bottle milk, I knew I was giving them life.

I took medication as a child so I know exactly what it means to be a child taking medication. It is not an easy thing.

That's why it was so important for me to make sure that my children are HIV-free.

I have come such a long way. From a young girl who was raped to now a mother of two HIV-free children and the wife to Gabriel who is really my rock.

Other women that hear my story must know that all the things that most women yearn for, like a family, are possible, even when you are living with HIV.







# FACTS

## Prevention of mother-to-child transmission of HIV in eastern and southern Africa

### Overview

The 2011 Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS committed the international community to work towards the elimination of mother-to-child transmission of HIV by 2015.

Launched at this meeting, the Global Plan towards the elimination of new HIV Infections among children by 2015 and keeping their mothers alive sparked renewed commitments from countries to reducing the number of 1) children born with HIV by 90%; 2) women living with HIV dying of pregnancy-related causes by 50%; and 3) AIDS-related paediatric deaths by 50% by 2015. The Global Plan contains globally agreed milestones for scaling-up prevention of mother-to-child transmission of HIV (PMTCT) programmes within four prongs<sup>1</sup>, towards elimination of new child HIV infections by 2015.

An estimated 90% of all new HIV infections among children occur in 22 countries and 14 of these countries are in the eastern and southern African region. In recent years, PMTCT programmes have been scaled up rapidly in the region. By the end of 2013, an estimated 78% of pregnant women living with HIV accessed PMTCT services. This scale-up has resulted in a 50% decline in the number of new HIV infections among children – from an estimated 240 000 in 2009 to 120 000 in 2013. However, more efforts are needed to reach the Global Plan elimination targets by 2015:

- **Scale up PMTCT services to make pregnancy and breastfeeding safer for women living with HIV:** more than 90% of new HIV infections among children occur when women are inadequately supported during pregnancy and breastfeeding. With the right treatment, care and support for pregnant women living with HIV, the risk of mother-to-child transmission of HIV can be reduced to less than 5%.
- **Expand treatment for children living with HIV to reduce AIDS-related death:** starting antiretroviral treatment before the twelfth week of life reduces AIDS-related death among children with HIV by 75%. Without treatment, 50% of babies who acquire HIV will die by their second birthday. Only 27% of children living with HIV in ESA had access to treatment in 2013. Botswana was the only country providing treatment to more than 80% of children living with HIV in 2013 while four other countries—Namibia, Rwanda, South Africa and Swaziland—have reached between 42% and 46% treatment coverage for children under the age of 15 years.
- **Eliminate gender inequalities, gender-based violence and stigma to reduce HIV infection among women:** in 2013, women in eastern and southern Africa accounted for 59% of all adults living with HIV and an estimated 230 000 young women aged between 15 and 24 years were newly infected with HIV. The risk of HIV infection among young women living in the region is almost two times higher than among young men. Gender inequality is a key driver of gender-based violence in the eastern and southern African region which increases the risk of HIV infection among women and young girls. Gender inequality and stigma also create challenges for women and girls regarding full autonomy over their own health, including exercising their sexual and reproductive health and rights and the ability to negotiate safe sex.
- **Strengthen male involvement and engagement of communities and civil society organisations, including networks of women living with HIV:** this will ensure public mobilisation, and the scale-up and sustainability of national PMTCT services. Family members and communities are central to the success of eliminating mother-to-child transmission of HIV. Working with men and extended family will increase access to services, adherence to treatment and links to ongoing care and support services for women living with HIV.
- **Build stronger partnership with the government, donor community, civil society and health care providers** to address challenges to the implementation of PMTCT services and promote the integration of HIV, sexual and reproductive health and maternal, newborn and child health services at country level.

<sup>1</sup> (i) Primary prevention of HIV infection in women of reproductive age (ii) Providing appropriate counseling and support and contraceptives to women living with HIV (iii) Providing testing and counseling to pregnant women and access to antiretrovirals for prophylaxis/treatment to prevent transmission to babies and (iv) HIV treatment care and support for women, children living with HIV and their families (including testing for HIV exposed infants and linkages to life-saving treatments).

<sup>2</sup> Angola, Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Uganda, Tanzania, Zambia and Zimbabwe



## 2013 HIV epidemic status in eastern and southern Africa

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**980 000**

Number of pregnant women living with HIV in need of PMTCT services

**120 000**

New HIV infections among children aged between 0—14

**9 700 000**

Number of women (15+) living with HIV

**2 000 000**

Number of children living with HIV

**230 000**

Number of new HIV infections among young women aged between 15—24

**543 000**

Number of children receiving treatment

**78%**

Coverage of PMTCT among pregnant women living with HIV

**27%**

Coverage of antiretroviral treatment among children living with HIV

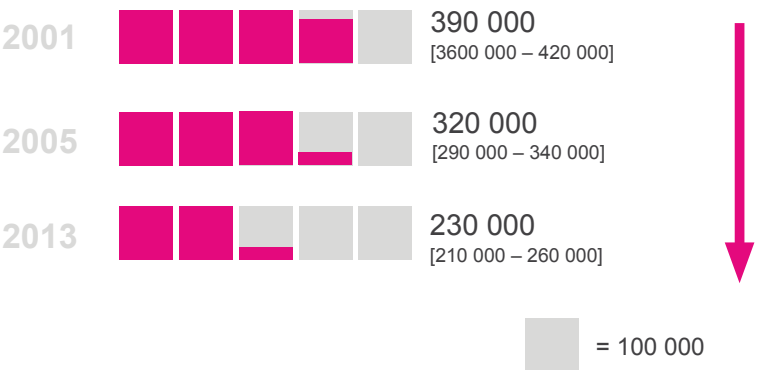
**3.7%**

HIV prevalence among young women aged 15—24

Source: UNAIDS 2013 estimates

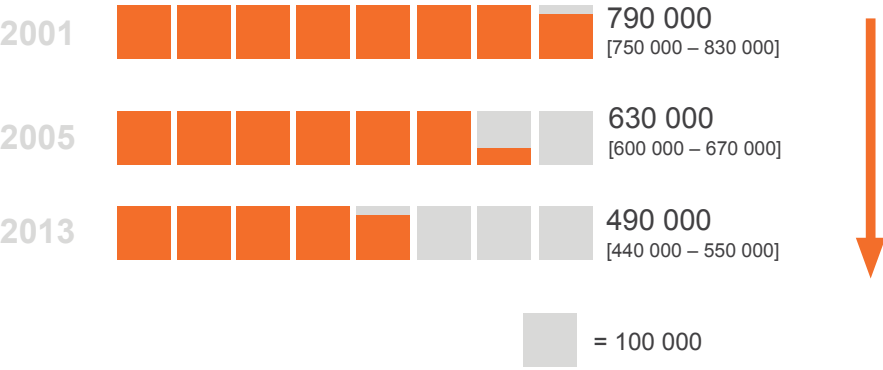
New HIV infections among women and children

New HIV infections among women aged between 15—24



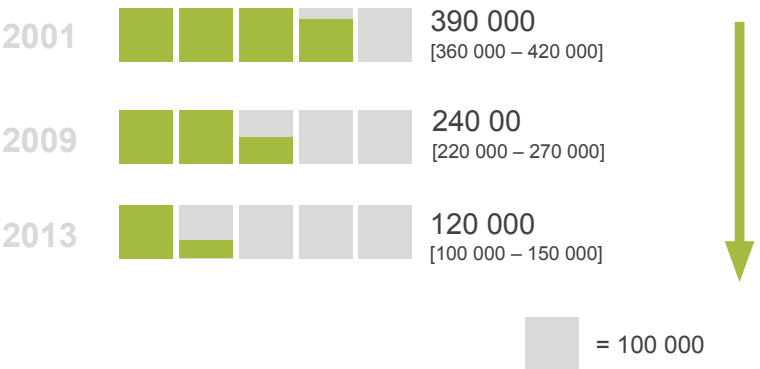
Source: UNAIDS 2013 estimates

New HIV infections among women aged between 15—49



Source: UNAIDS 2013 estimates

New HIV infections among children aged between 0—14

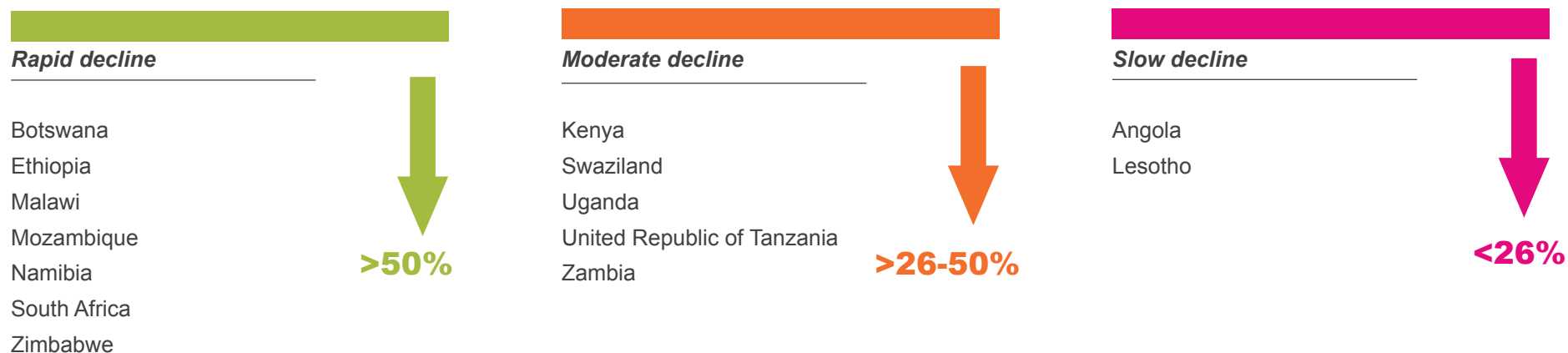


Source: UNAIDS 2013 estimates



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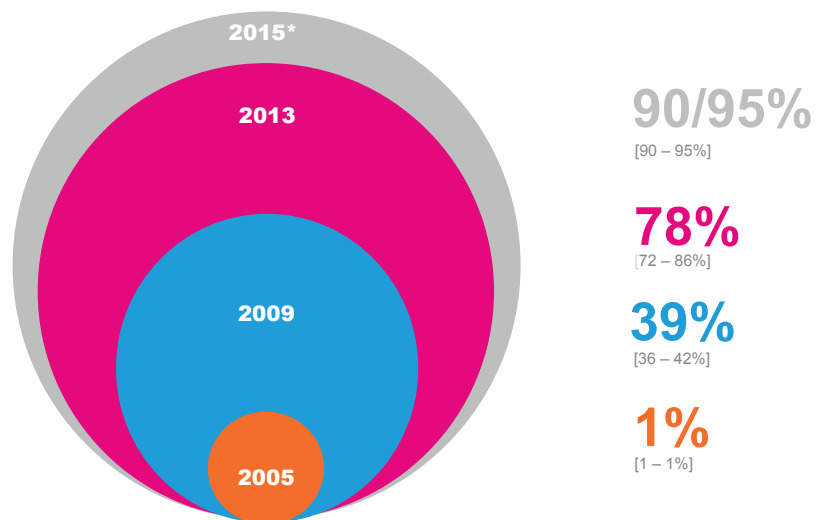
New HIV infections among children between 2009 and 2013 in 14 Global Plan priority countries in eastern and southern Africa



Source: UNAIDS 2013 estimates

## Coverage of antiretroviral medicines

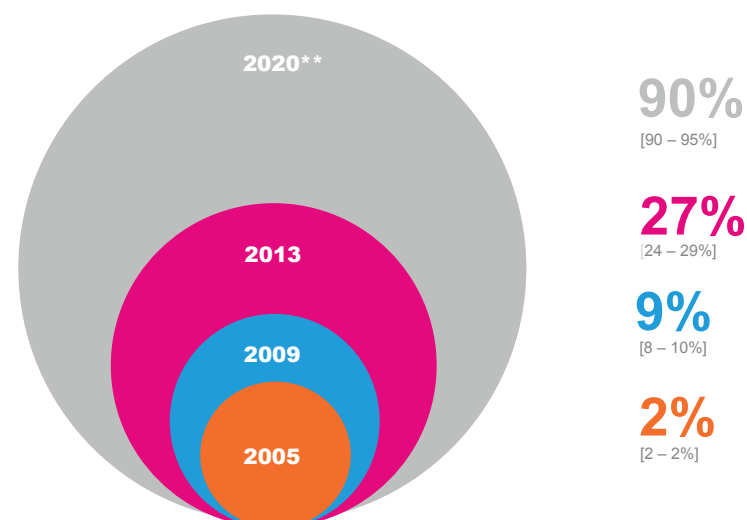
### Coverage of antiretroviral prophylaxis to prevent mother-to-child transmission of HIV



To reach the Global Plan target by 2015, priority countries in eastern and southern Africa will need at least 90-95% coverage of high-quality antiretroviral regimens to prevent HIV transmission from pregnant women living with HIV and their babies.

Source: UNAIDS 2013 estimates

### Coverage of antiretroviral treatment among children aged between 0–14



Paediatric treatment needs to be scaled-up significantly in order to reach the 90% treatment coverage target by 2020.

Source: UNAIDS 2013 estimates

\* 2015 Global Plan target

\*\* 2020 Global Plan target







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