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CHILDREN AND AIDS: Statistical Update



The current state of the AIDS response is not sufficient to end AIDS in children and adolescents.

Though progress has been made in preventing HIV infection in children, a UNICEF analysis of UNAIDS data suggests that without accelerated action, the 2020 super-fast-track targets for eliminating HIV transmission in children, reducing new infections in adolescent girls and young women, and for increasing HIV treatment in children and adolescents living with HIV will not be met.

Super-Fast-Track Targets

Eliminate mother-to-child transmission of HIV by reducing the number of children newly infected to less than 40,000 per year by 2018 and 20,000 by 2020

Reduce the number of new HIV infections among adolescents and young women to fewer than 100,000 per year by 2020

Provide 1.4 million children (0-14) and 1 million adolescents (15-19) with HIV treatment by 2020

WOMEN AND CHILDREN FAST FACTS



1.4M PREGNANT
WOMEN LIVING WITH HIV

120,000
AIDS-RELATED
DEATHS

OF CHILDREN (0–14) IN 2016



160,000 NEW CHILDHOOD HIV
INFECTIONS (0–14) IN 2016



SUB-SAHARAN AFRICA
ACCOUNTS FOR ABOUT
9 in 10 OF WOMEN AND
CHILDREN LIVING WITH HIV

Progress is possible

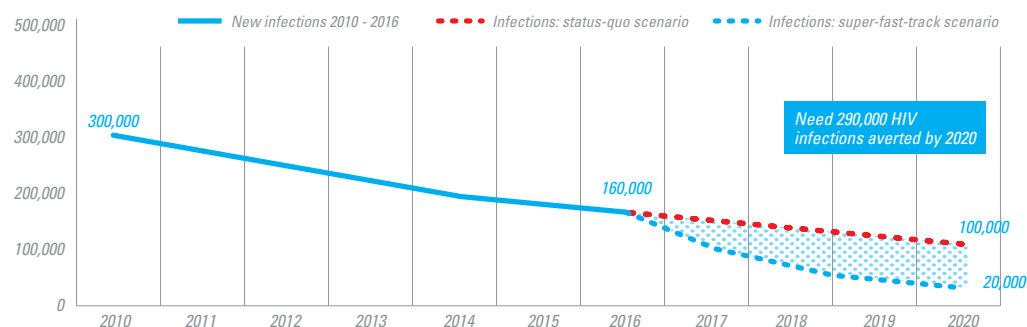
The scale-up of prevention of mother-to-child transmission (PMTCT) of HIV services is one of the greatest public health achievements in recent times. Services are increasingly integrated, new ways of delivering those services have been introduced, and antiretroviral treatment to improve maternal health and prevent mother-to-child transmission was accessed by three quarters of all pregnant women living with HIV in 2016. Since 2000, some 2 million new infections in children have been averted – the vast majority of these (1.6 million) since 2010. In 2016, Armenia, Belarus and Thailand joined Cuba in receiving World Health Organization validation for elimination of mother-to-child transmission of HIV. In 2017, this was expanded to a number of Caribbean countries and territories. Many other countries are similarly on track to achieve this goal within a few years.¹

But the global pace of progress is slowing. UNICEF projects that if the reduction in new paediatric HIV infections continues at the same rate, there will be 100,000 new infections among children in 2020 alone, in relation to the 20,000 super-fast-track target (Figure 1).

A breakdown of regions helps to pinpoint where to focus. Of the regions with available data, Eastern and Southern Africa, home to 50 per cent of new HIV infections in children (aged 0–14 years), had the highest proportion of pregnant women receiving effective antiretrovirals for PMTCT – 88 per cent; whereas PMTCT coverage in West and Central Africa is just 49 per cent, accounting for 38 per cent of new infections in children and 25 per cent of all children living with HIV.

FIGURE 1

Trends and projections in the number of new HIV infections among children (aged 0–14) toward the super-fast-track 2020 target[†]



UNICEF analysis of UNAIDS 2017 estimates

Most children lack testing and treatment

While paediatric HIV prevention is a real success story, paediatric HIV testing and treatment is lagging.

In 2016, only 43 per cent of HIV-exposed infants were tested within the recommended first two months of life. Similarly, only 43 per cent of the 2.1 million children living with HIV around the world received antiretroviral therapy (ART). Without timely treatment, mortality in children with HIV is very high. There were 120,000 children who died of AIDS-related causes in 2016.

In order to end AIDS in children, the remaining 57 per cent of children (1.2 million) who are not on treatment need to be identified and started on lifelong treatment as a matter of urgency. Novel targeted approaches such as HIV testing in hospitalized children and in nutrition centres and using point-of-care virologic tests which can provide results 'while you wait' may help to identify these children and enable rapid initiation of treatment.

43%

OF CHILDREN
LIVING WITH HIV
ARE RECEIVING ART



18 CHILDREN
ARE INFECTED WITH
HIV EVERY HOUR

1. More than 90 per cent of pregnant women in Botswana, Namibia, South Africa, Swaziland, Uganda and Zimbabwe received effective antiretrovirals for PMTCT.

[†] This chart assumes the super-fast-track target of achieving only 20,000 new infections among children aged 0–14 years globally by 2020. Projections have been calculated by calculating the average annual rate of reduction from 2010–2016 and applying that rate through 2020. Projection trends towards each target assume an average annual rate of increase from 2016 to 2020.

Unless otherwise stated all data are UNAIDS 2017 estimates

ADOLESCENTS FAST FACTS



2.1M ADOLESCENTS
LIVING WITH HIV

55,000
AIDS
DEATHS
AMONG ADOLESCENTS
(10–19) IN 2016



260,000 NEW HIV
ADOLESCENT INFECTIONS
in 2016



SUB-SAHARAN AFRICA
ACCOUNTS FOR 9 IN 10
OF ADOLESCENT
AIDS-RELATED DEATHS

Failing adolescents

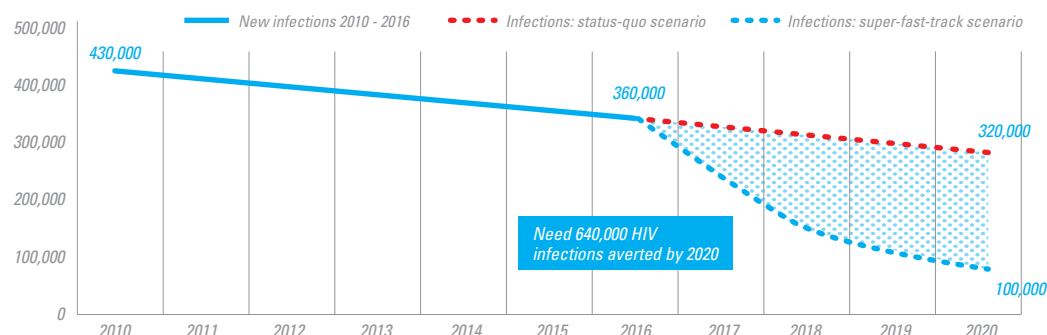
Progress in preventing new HIV infections among adolescents and improving uptake of HIV testing and treatment has been unacceptably slow. Globally, 2.1 million adolescents aged 10–19 years were living with HIV in 2016, a 30 per cent increase from 2005. Between 2010 and 2016, trends in new HIV infections among older adolescents (aged 15–19 years) ranged from a 27 per cent increase in Eastern Europe and Central Asia to a 21 per cent decline in Eastern and Southern Africa.

Since 2000, there have been 5.7 million new adolescent HIV infections. Taking into account a 'youth bulge' in Africa, the most affected region, UNICEF projections estimate that without corrective action, new adolescent infections will increase steadily in the next decade, amounting to a total of 3.5 million new adolescent infections by 2030. New adolescent HIV infections will increase 13 per cent annually by 2030. In the next two years, UNICEF projects that if new infections continue at the same trend, there will be 320,000 new HIV infections among adolescent girls and young women, in relation to the 100,000 super-fast-track target for 2020 (Figure 2).

While limited, the available data for adolescents suggest worrisome trends regarding treatment access and AIDS-related deaths. In 2016, only 41 countries reported disaggregated adolescent treatment data and, among these, median ART coverage was low, at 36 per cent.² Since 2010, AIDS-related deaths among adolescents have decreased by only 5 per cent, while AIDS-related deaths among children have been halved.

FIGURE 2

Trends and projections in the number of new HIV infections among adolescent girls and young women (aged 15–24) toward the super-fast-track 2020 target[†]



UNICEF analysis of UNAIDS 2017 estimates

Preventing new adolescent HIV infections will require bold and innovative programmes, tailored to the specific needs of the local epidemic. Programmes should focus on improved combination prevention efforts, including biomedical, behavioural and structural interventions with components such as HIV self-testing, pre-exposure prophylaxis, voluntary medical male circumcision, condoms, harm reduction and interventions to end gender-based violence.

These interventions must be prioritized for adolescent girls in sub-Saharan Africa, and the most-at-risk adolescent population groups in the rest of the world. Three in four new HIV infections in adolescents (aged 15–19 years) occur in sub-Saharan Africa, and for every five adolescent boys living with HIV, there are seven girls (aged 10–19 years). This gender disparity grows as adolescents enter young adulthood. For every 5 young men living with HIV, there are 10 young women.

NEW ADOLESCENT
HIV INFECTIONS
WILL INCREASE
ANNUALLY

+13%
BY 2030

UNICEF analysis of UNAIDS 2017 estimates

2. UNAIDS/UNICEF/WHO 2016 Global AIDS Response Reporting and UNAIDS 2017 estimates

[†] This chart assumes the super-fast-track target of achieving only 100,000 new infections among adolescent girls and young women globally by 2020. Projections have been calculated by calculating the average annual rate of reduction from 2010–2016 and applying that rate through 2020. Projection trends towards each target assume an average annual rate of increase from 2016 to 2020.

Unless otherwise stated all data are UNAIDS 2017 estimates

Looking forward



**The outlook
for hundreds
of thousands
of children and
adolescents
is bleak.**

UNICEF's analysis of the most recent data suggests that global targets set for children and adolescents will not be met by 2020. But the AIDS response has historically proven to be able to achieve, sustain and even surpass expectations. Especially when civil society, governments, communities, the private sector, the United Nations and partners have come together and boldly confronted the obstacles to saving lives and preventing new infections.

In 2016, the world committed once again to bold targets for women, children and adolescents at risk of and/or living with HIV. And today, new tools exist that could make this possible; much evidence and knowledge has been gained, and resources, though scarcer, remain available. How the world comes together through 2020 to finally address the needs of the forgotten populations of children and adolescents will be a major driver of the success in putting an end to AIDS.