

Children, HIV and AIDS

Global snapshot

DECEMBER 2018

Data show that much celebrated progress towards ending HIV among children, adolescents and women has slowed and will continue to do so without targeted action. Significant global HIV successes have occurred in some areas, including prevention of mother-to-child transmission (PMTCT) and increased awareness of the impact of HIV on adolescents. However, where adolescents are concerned, there continues to be a need for improved and systematic ways of preventing new infections and testing for and treating HIV. And even though PMTCT responses have met success, they have struggled to maintain momentum in the strenuous 'last mile' of eliminating vertical transmission.

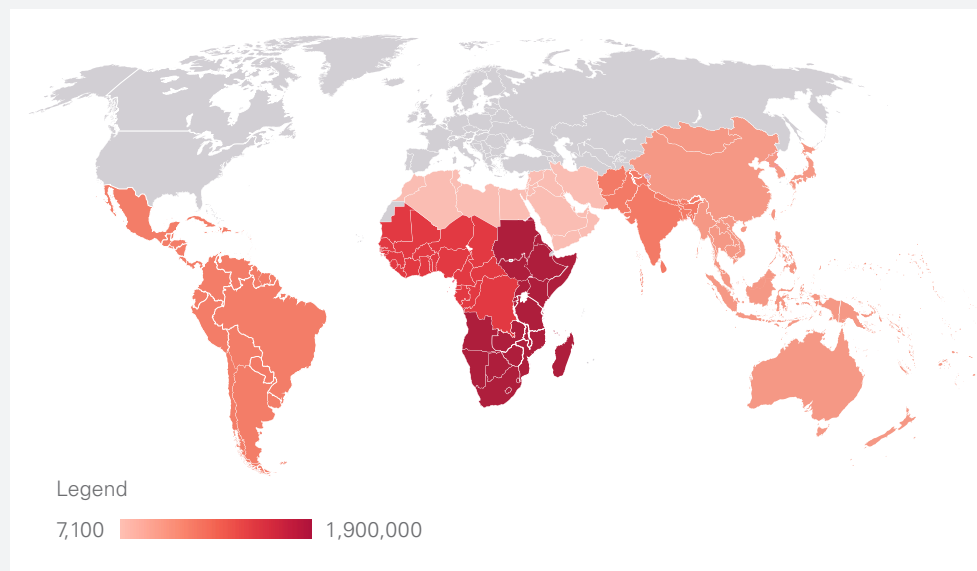
unicef 
for every child

FIGURE 1. Number of children and adolescents aged 0–19 living with HIV, by region, 2017

Country	Estimate	Lower	Upper
Eastern and Southern Africa	1.9 million	1.3 million	2.4 million
West and Central Africa	780,000	400,000	1.1 million
South Asia	130,000	86,000	190,000
Latin America and the Caribbean	100,000	69,000	150,000
East Asia and the Pacific	93,000	72,000	120,000
Middle East and North Africa	7,100	5,000	10,000
Eastern Europe and Central Asia	-	-	-
Western Europe	-	-	-
North America	-	-	-
Global	3.0 million	2.0 million	4.2 million

Data source: UNAIDS 2018 estimates.

Note: This map does not claim any official position by the United Nations. Countries are classified according to nine geographic regions defined by UNICEF. Colors are based on a continuum from lowest to highest HIV burden by geographic area. Gray indicates no data are available. Numbers of children and adolescents living with HIV in Eastern Europe and Central Asia, North America and Western Europe are not available. Countries with no data and countries outside of the geographical region are shown in grey.



Inequities in HIV treatment and prevention access and coverage between adults on the one hand and adolescents and children on the other remain. The HIV epidemic will not end without dramatic strides in treatment and prevention for all, including the most vulnerable children, adolescents and pregnant women living with HIV.

Global estimates for 2017 underscore trends that could impede sustained progress towards ending HIV as a public health threat. The need for more effective HIV services for adolescents is illustrated by a decline by only 17 per cent from 2010 to 2017 in the estimated number of new HIV infections among adolescents aged 10–19 years. Estimates indicate PMTCT improvements are also slowing down. After rising steeply from 51 per cent in 2010 to 77 per cent in 2013, the overall rate of PMTCT coverage changed very little between 2014 and 2017. A similar trend is observed regarding the annual number of new vertical HIV infections: The less than 11 per cent decline in infections from 2014 to 2017 is

much smaller than the decline of 21 per cent over the previous three-year period.

The consequences of both these trends could be felt the most in sub-Saharan Africa, home to 87 per cent of the world’s 3 million children and adolescents aged 0–19 years living with HIV in 2017. The sustainability of the future HIV response rests on keeping these children and adolescents in care and virally suppressed as they age into adulthood. Priority should be placed on services and interventions that reach girls and members of key populations.

While there has been progress on coverage of maternal antiretroviral treatment for pregnant women living with HIV, the sustainability of PMTCT services, where there has been over 90 per cent coverage, is critical. Efforts to retain women living with HIV in care after they give birth include regularly testing them and their children, continuing into the breastfeeding period.

Even children not living with HIV continue to be affected by the epidemic

12.2 million children

aged 0–17 in Eastern and Southern Africa **have lost one or both parents** due to AIDS-related causes



14.8 million children

aged 0–14 were exposed to HIV because their mothers were living with the virus, but **they remain uninfected**



These two statistics suggest the lasting effect HIV epidemics can have on child populations. Even if uninfected, children can experience adverse outcomes due to HIV/AIDS. They still need care and support.

KEY FACTS:

Children, HIV and AIDS, 2017

Epidemiology	Estimate	Lower	Upper
Number of children and adolescents living with HIV	3.0 million	2.0 million	4.2 million
Children aged 0–9	1.2 million	880,000	1.6 million
Adolescents aged 10–19	1.8 million	1.1 million	2.5 million
Number of new HIV infections, children and adolescents	430,000	260,000	620,000
Children aged 0–9	180,000	110,000	260,000
Adolescents aged 10–19	250,000	75,000	490,000
Adolescent girls	170,000	40,000	310,000
Adolescent boys	86,000	16,000	230,000
New HIV infections per 1,000 adolescents aged 15–19	0.43	0.13	0.84
Adolescent girls	0.59	0.14	1.11
Adolescent boys	0.29	0.05	0.76
Number of AIDS-related deaths, children and adolescents	130,000	73,000	200,000
Children aged 0–9	91,000	53,000	140,000
Adolescents aged 10–19	38,000	21,000	63,000
Number of pregnant women living with HIV	1.4 million	1.1 million	1.7 million
Mother-to-child transmission rate of HIV, final	12.7	10.2	15.0
Perinatal	6.7	5.1	8.2
Post-natal	6.0	4.5	7.3
HIV response	Estimate	Lower	Upper
PMTCT coverage (ART) (%)	80	61	>95
Early infant diagnosis (%)	51	41	67
ART coverage, children aged 0–14 (%)	52	33	70

Note: Due to rounding, estimates may not add up to the total. All perinatal and post-natal paediatric infections are assumed to occur before age five. All sexually transmitted HIV infections are assumed to occur after age 14; the numbers of sexually transmitted infections occurring before age 15 are negligible.

Indicator definitions:

Mother-to-child transmission (MTCT) rate: Number of new HIV infections among children under five per 100 pregnant women living with HIV in the last year

New HIV infections per 1,000 adolescents: Number of new HIV infections among adolescents age 15–19 per 1,000 adolescents

PMTCT coverage: Percentage of pregnant women living with HIV who received lifelong ART to prevent mother-to-child transmission of HIV

Early infant diagnosis: Percentage of infants born to HIV-positive mothers who were tested for HIV within two months of birth

ART coverage among children 0–14: Percentage of children age 0–14 living with HIV who are receiving antiretroviral treatment

HIV prevention and treatment are closely linked, of course, because effective treatment has substantial preventive effects. But for children, their mothers and adolescents, a critical concern is lack of knowledge about their HIV status. The benefits of treatment are only possible after an HIV diagnosis. Improved responses rely on increased awareness of HIV risk and vulnerability, especially among adolescents, and on better access to and use of HIV testing opportunities.

FIGURE 2. Annual number of new HIV infections among children aged 0–9, by period of transmission, 2010–2017

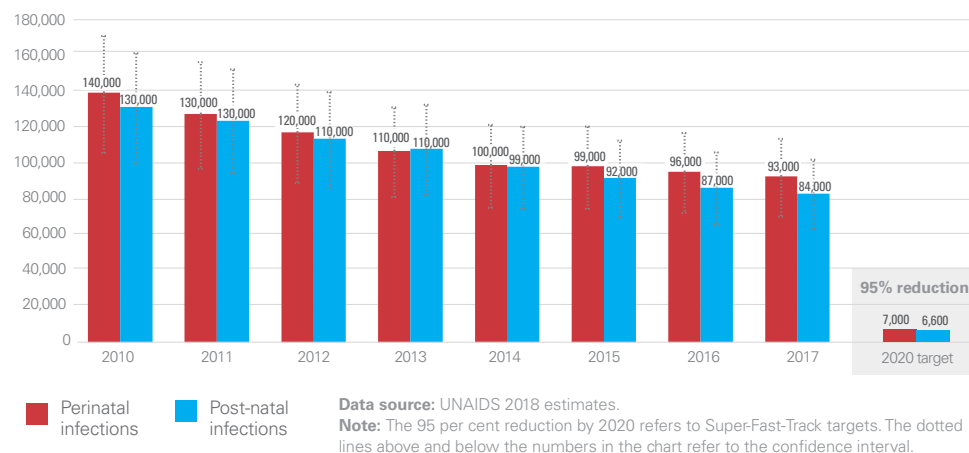
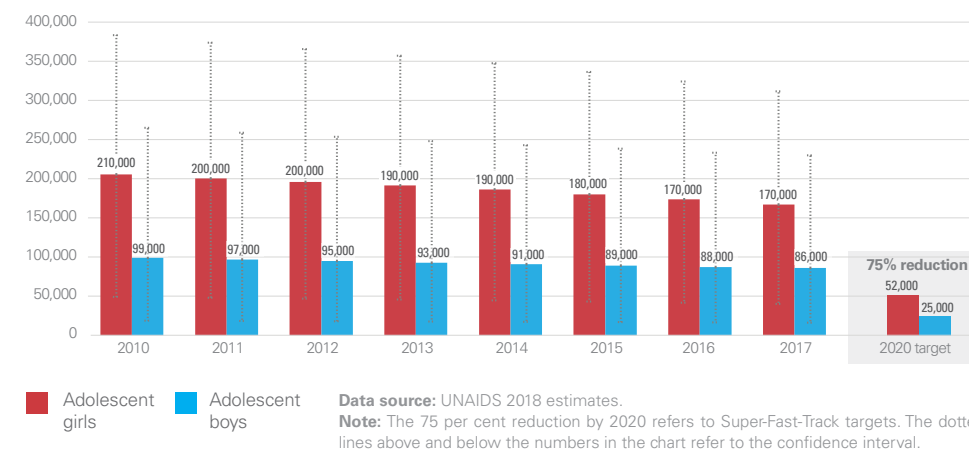


FIGURE 3. Annual number of new HIV infections among adolescents aged 10–19, by sex, 2010–2017



In 2017

250,000 new HIV infections occurred among adolescents aged 10–19

Two in three

of these adolescents were girls



About **1.4 million babies** were born to mothers living with HIV in 2017



Only half of these babies

were tested within their first two months of life

ART coverage for children aged 0–14 years has increased

from 22 per cent in 2010 to 52 per cent in 2017



Sub-Saharan Africa was home to

87 per cent

of all 3 million children and adolescents aged 0–19 years living with HIV in 2017



FIGURE 4. HIV risk and intervention coverage, by region, 2017

Region	Mother-to-child HIV transmission rate (%)	HIV Incidence per 1,000 adolescents 15-19	PMTCT Coverage (ART) (%)	Early infant diagnosis (%)	ART Coverage among children 0-14 (%)	Tested for HIV in the last 12 months and received the result		Condom use among those with multiple partners		Comprehensive knowledge of HIV		Accepting attitudes towards people living with HIV	
						Girls 15-19	Boys 15-19	Girls 15-19	Boys 15-19	Girls 15-19	Boys 15-19	Girls 15-19	Boys 15-19
Eastern and Southern Africa	9.9 [8.0-12.1]	2.24 [0.54-4.29]	93	62	59	18.7	12.4	-	47	-	-	-	-
West and Central Africa	20.3 [15.9-23.4]	1.32 [0.29-2.74]	47	21	26	7.2	4.8	34	51	24	25	8	11
South Asia	18.4 [16.6-20.1]	0.07 [0.03-0.14]	54	20	73	1.9	0.8	35	30	16	25	27	31
Latin America and the Caribbean	11.9 [10.0-14.7]	0.35 [0.15-0.69]	73	47	54	-	-	-	-	-	-	-	-
East Asia and the Pacific	15.7 [14.3-17.3]	0.11 [0.07-0.21]	57	28	68	-	-	-	-	-	-	-	-
Middle East and North Africa	18.4 [16.7-19.7]	0.05 [0.02-0.09]	41	33	71	-	-	-	-	5	-	-	-
Eastern Europe and Central Asia	-	-	-	-	-	-	-	-	-	-	-	-	-
Western Europe	-	-	-	-	-	-	-	-	-	-	-	-	-
North America	-	-	-	-	-	-	-	-	-	-	-	-	-
Global	12.7 [10.2-15.0]	0.43 [0.13-0.84]	80	51	52	-	-	-	-	19	-	20	-

- Data are not available.

Note: Regional aggregates from survey data for HIV testing, condom use, comprehensive knowledge, and accepting attitudes are shown only if countries with available survey data represent at least 50 per cent of the relevant population in the region. While regional data are not available for Eastern Europe and Central Asia, North America or Western Europe, these regions are included in the global aggregate.

Source for all data: Global AIDS Monitoring 2018, UNAIDS 2018 estimates and UNICEF Global Databases of nationally representative population-based surveys 2010–2017. For more information, visit data.unicef.org.

FIGURE 5. Number of pregnant women living with HIV and number receiving antiretrovirals for the prevention of mother-to-child transmission, 2010–2017

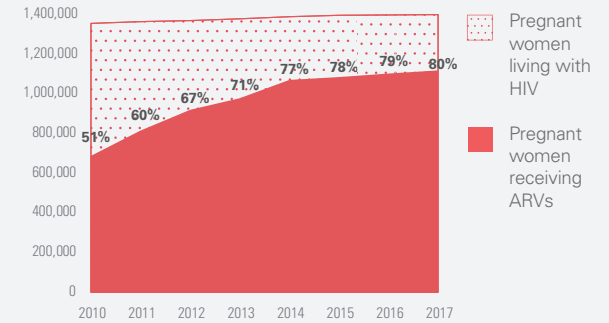


FIGURE 6. Number of HIV-exposed infants and number tested for HIV within two months of birth, 2010–2017

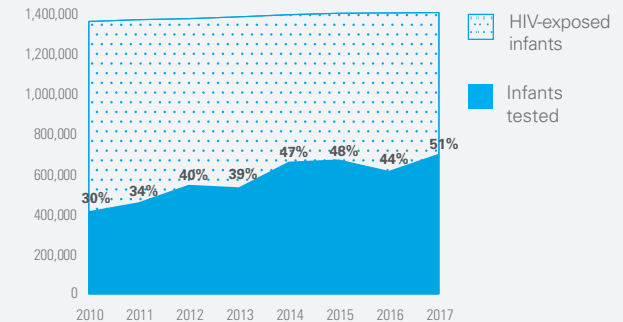
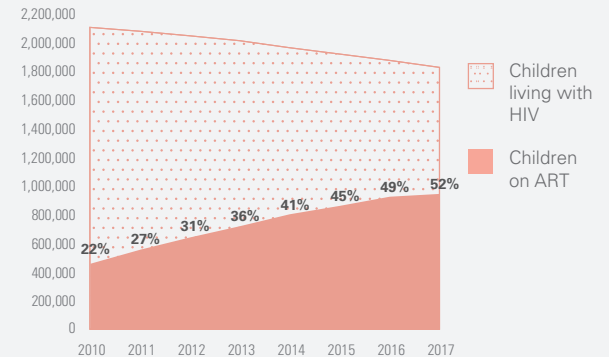


FIGURE 7. Number of children age 0–14 living with HIV and number receiving ART, 2010–2017



Data source: Global AIDS Monitoring 2018 and UNAIDS 2018 estimates.

Note: PMTCT coverage includes most effective antiretroviral regimens, excluding single-dose nevirapine. The percentages in the figures refer to coverage rates.