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Children, HIV and AIDS

Global snapshot

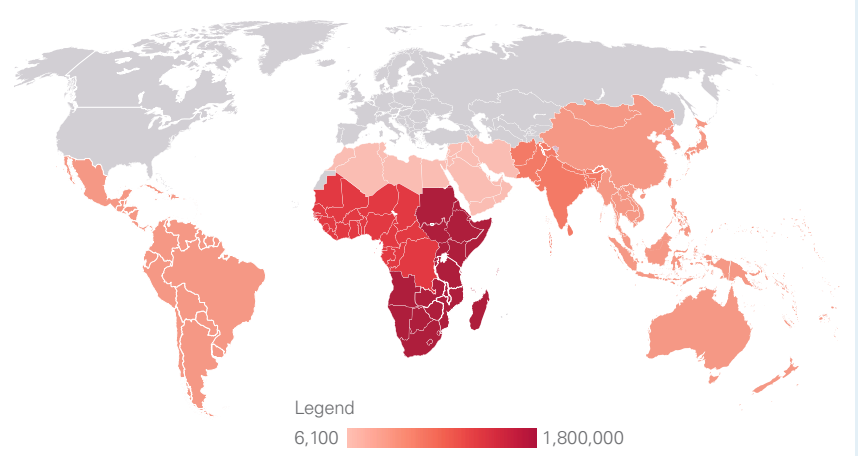
DECEMBER 2019

Like many complex challenges, the global HIV epidemic looks different from different perspectives and contexts. There has been strong success in prevention of mother-to-child transmission (PMTCT) but progress has stalled, and large numbers of children continue to be infected with HIV. Prevention efforts among adolescent girls and young women – who remain highly vulnerable in most high-prevalence settings – also have shown improved results, but the rate of this positive change is far too slow to substantially reduce their overall risk and vulnerability. HIV treatment results are even less impressive than prevention ones for both children and adolescents overall, as can be seen in the weak momentum in increasing access to and uptake of antiretroviral therapy (ART) among them.

Significant variations in progress are evident across regions and countries. An infant born to a mother with HIV in Eastern and Southern Africa, for example, is more than twice as likely to be tested for HIV within two months of birth than one born in West and Central Africa or South Asia, and fewer than half of all children aged 0–14 living with HIV are receiving ART in Latin America and the Caribbean compared to more than 9 out of 10 children in South Asia.

These wide variations in progress mean that none of the key 2020 'super-fast-track' global targets for HIV responses among children and adolescents will be met. Yet it is important to recognize that the rate of progress is not the same across the targets. A recurring, urgent priority should be to better understand the barriers that continue to hinder greater progress and to introduce catalytic and innovative programming and approaches to move faster toward the changes needed.

FIGURE 1. Number of children and adolescents aged 0–19 living with HIV, by region, 2018



Region	Estimate	Lower	Upper
Eastern and Southern Africa	1,800,000	1,300,000	2,400,000
West and Central Africa	640,000	440,000	900,000
South Asia	100,000	77,000	160,000
East Asia and the Pacific	97,000	71,000	130,000
Latin America and the Caribbean	76,000	58,000	100,000
Middle East and North Africa	6,100	4,400	10,000
Eastern Europe and Central Asia	-	-	-
Western Europe	-	-	-
North America	-	-	-
Global	**2,800,000**	**2,000,000**	**3,800,000**

Data source: UNAIDS 2019 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. Numbers of children and adolescents living with HIV in Eastern Europe and Central Asia, North America and Western Europe are not available. Lower and upper estimates refer to the confidence interval.

KEY FACTS: Children and AIDS 2018

Epidemiology	Estimate	Lower	Upper
Number of children and adolescents living with HIV	2,800,000	2,000,000	3,800,000
Children aged 0–9	1,100,000	860,000	1,500,000
Adolescents aged 10–19	1,700,000	1,100,000	2,300,000
Number of new HIV infections, children and adolescents	360,000	170,000	640,000
Children aged 0–9*	160,000	110,000	260,000
Adolescents aged 10–19	190,000	59,000	380,000
Adolescent girls	140,000	29,000	280,000
Adolescent boys	50,000	8,600	120,000
New HIV infections per 1,000 adolescents aged 15–19	0.33	0.10	0.65
Adolescent girls	0.51	0.14	1.11
Adolescent boys	0.16	0.05	0.76
Number of AIDS-related deaths, children and adolescents	120,000	73,000	200,000
Children aged 0–9	84,000	53,000	140,000
Adolescents aged 10–19	33,000	21,000	63,000
Number of children aged 0–17 who lost one or both parents due to AIDS	14,900,000	11,300,000	19,100,000
Number of pregnant women living with HIV	1,300,000	980,000	1,600,000
Mother-to-child transmission rate of HIV, final	12.7	10.6	16.0
Perinatal transmission	6.8	5.4	9.5
Post-natal transmission	5.8	5.2	6.5
HIV response	**Estimate**	**Lower**	**Upper**
PMTCT coverage (ART) (%)	82.4	61.8	>95
Early infant diagnosis (%)	58.8	47.5	78.5
ART coverage, children aged 0–14 (%)**	54.2	36.7	72.9

Data source: UNAIDS 2019 estimates.
Note: Lower and upper estimates refer to the confidence interval. *Almost all new HIV infections among younger children occur among those aged 0–4, either through pregnancy, birth or breastfeeding. **Data on ART coverage are insufficient by five-year age group. Global and regional ART coverage is only reliably estimated for children aged 0–14. Where available, data are presented separately for younger children (aged 0–9) and adolescents (10–19).

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

In 2018

190,000 new HIV infections occurred among adolescents aged 10–19. Of these, 3 in 4 adolescents were girls

6 in 10 HIV-exposed babies are tested for HIV within their first two months of life. Early infant diagnosis improves their survival

In 2018

790,000 children aged 0–14 living with HIV **were not receiving treatment**

Sub-Saharan Africa was home to 9 in 10 children aged 0–19 years living with HIV in 2018

In 2012, global coverage for early infant diagnosis (EID) was 43 per cent; by 2018, the proportion had edged up only to 59 per cent. This persistent gap can be deadly in young children: Without treatment, 30 per cent of HIV-exposed infants die before their first birthday, with the majority of those deaths occurring between the ages of 2 and 4 months. Locating and testing all exposed infants is essential for them to be diagnosed and put on ART as soon as possible.

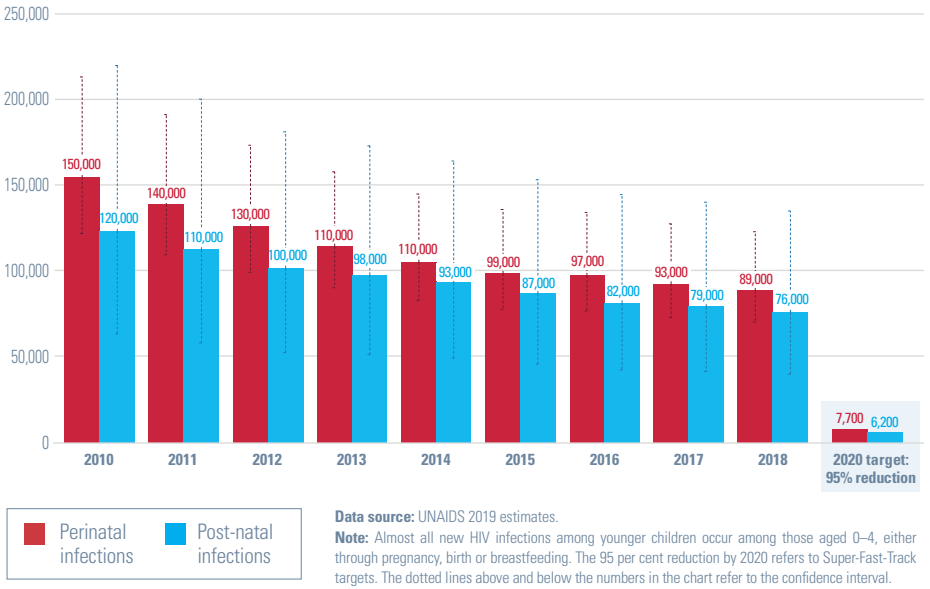
Although lack of EID access remains a significant challenge to the health and well-being of the youngest children, a steadily increasing proportion of HIV transmissions are occurring during breastfeeding. This trend points to ongoing challenges in several areas such as the continued high rates of new HIV infection among women who are breastfeeding in many high-prevalence countries; late initiation on ART (or no initiation at all) of pregnant women living with HIV; and the need to retain mothers living with HIV in treatment and care.

Furthermore, improving the health and future of children infected with HIV also requires immediate uptake of ART after they have been diagnosed. Although paediatric ART access has increased nearly three-fold since 2010, coverage globally was only 54 per cent in 2018. That proportion was lower than coverage among adults (62 per cent) and substantially worse than the proportion among pregnant women living with HIV (82 per cent). The difference in improvements in maternal and paediatric ART coverage is especially stark: In 2018, coverage in pregnant women living with HIV was five times higher than observed in 2010, but paediatric coverage was less than three times higher over the same period.

Longstanding concerns about the impact of prevention efforts among adolescents have not eased in recent years. Progress has occurred, but it has been slow and varied. The annual number of new HIV infections among adolescents worldwide has fallen by about one quarter since 2010, far too slow to be anywhere near the 75 per cent reduction target for 2020. And although new HIV infections have declined more among adolescent girls than boys and the adult population, girls still comprised 74 per cent of all new infections among those aged 10–19 in 2018. That share was even higher, at about 81 per cent, across sub-Saharan Africa, the part of the world with the greatest number of high-prevalence countries.

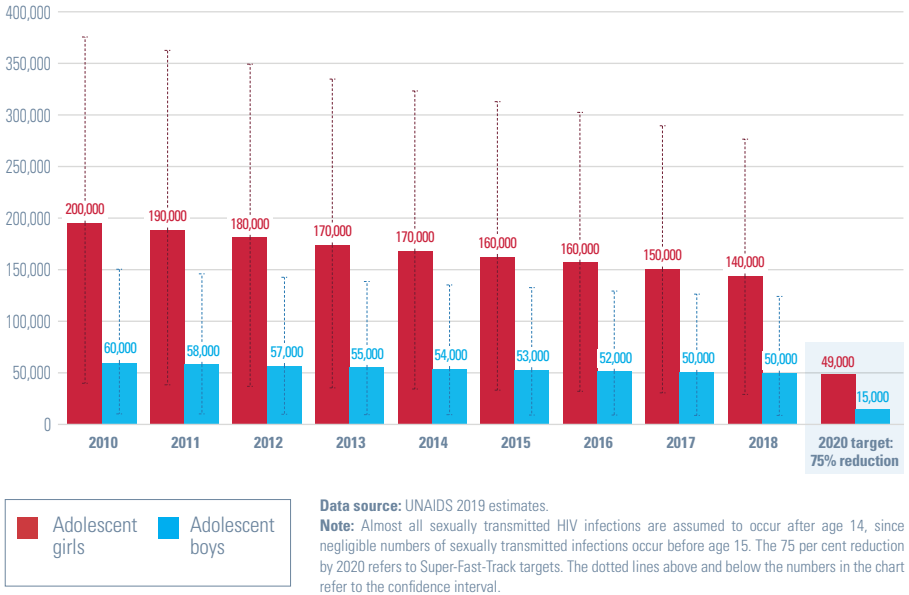
The situation in 2018 is not completely dire, however, as the data show many optimistic signs and trends. Learning from what has worked, when combined with adequate commitment and resources, offers promise for hastening progress and better serving children and adolescents living with and at risk for HIV. Substantial benefits are also likely from increased adoption and use of new technologies and approaches, such as point-of-care (POC) diagnostic technologies, HIV self-testing and long-lasting injectables of antiretroviral drugs.

FIGURE 2. Annual number of new HIV infections among children aged 0–9, by period of transmission, 2010–2018



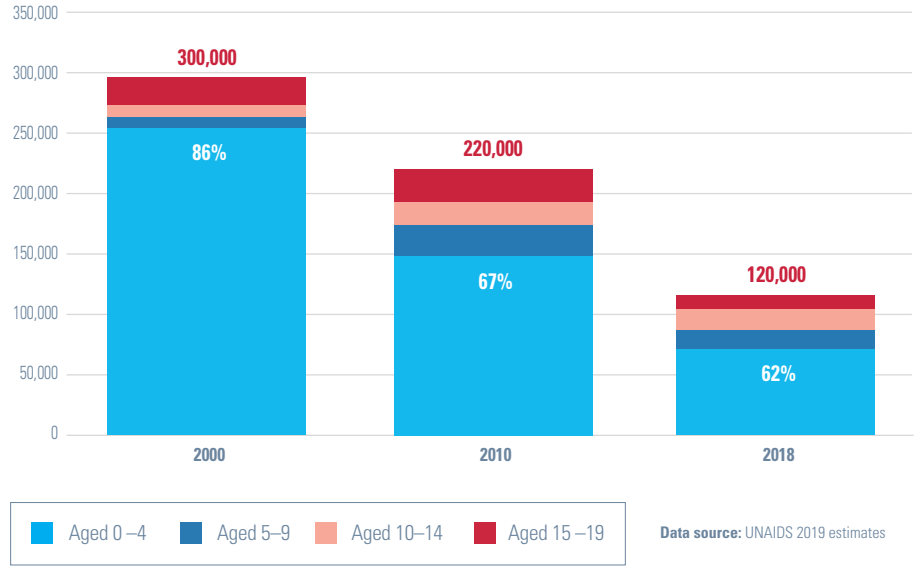
Data source: UNAIDS 2019 estimates.
Note: Almost all new HIV infections among younger children occur among those aged 0–4, either through pregnancy, birth or breastfeeding. The 95 per cent reduction by 2020 refers to Super-Fast-Track targets. The dotted lines above and below the numbers in the chart refer to the confidence interval.

FIGURE 3. Annual number of new HIV infections among adolescents aged 10–19, by sex, 2010–2018



Data source: UNAIDS 2019 estimates.
Note: Almost all sexually transmitted HIV infections are assumed to occur after age 14, since negligible numbers of sexually transmitted infections occur before age 15. The 75 per cent reduction by 2020 refers to Super-Fast-Track targets. The dotted lines above and below the numbers in the chart refer to the confidence interval.

FIGURE 4. Annual number of AIDS-related deaths among children aged 0–19, by five-year age group, 2000, 2010 and 2018



Data source: UNAIDS 2019 estimates

FIGURE 5. Percentage of children aged 0–14 living with HIV and pregnant women living with HIV receiving ART, 2010–2018

Data source: Global AIDS Monitoring and UNAIDS 2019 estimates
Note: Maternal antiretroviral treatment (ART) includes only Option B+ regimens

FIGURE 6. HIV intervention coverage, by region, 2018

>75% 50-75% <50%

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 (%)	
						Girls aged 15–19	Boys aged 15–19	Girls aged 15–19	Boys aged 15–19	Girls aged 15–19	Boys aged 15–19
Eastern and Southern Africa	9.4 [7.7-12.6]	2.14 [0.54-4.33]	91.5	68.8	61.2	21.9	15.8	33.2	53.6	33.0	37.6
West and Central Africa	22.6 [18.8-26.1]	0.67 [0.17-1.43]	58.8	29.3	28.4	7.1	4.5	32.6	48.6	22.2	23.6
South Asia	23.8 [19.2-31.0]	0.05 [0.02-0.07]	56.2	30.8	91.1	1.7	0.6	35.3	29.9	15.2	23.6
Latin America and the Caribbean	13.9 [11.5-16.9]	0.12 [0.05-0.24]	78.6	48.5	46.0	-	-	-	-	-	-
East Asia and the Pacific	18.5 [17.0-20.3]	0.10 [0.06-0.15]	55.0	36.9	60.8	-	-	-	-	-	-
Middle East and North Africa	22.6 [18.8-27.5]	0.03 [0.01-0.06]	53.2	35.5	73.1	-	-	-	-	-	-
Eastern Europe and Central Asia	-	-	-	-	-	-	-	-	-	-	-
Western Europe	-	-	-	-	-	-	-	-	-	-	-
North America	-	-	-	-	-	-	-	-	-	-	-
Global	**12.7 [10.6-16.0]**	**0.33 [0.10-0.65]**	**82.4**	**58.8**	**54.2**	**6.7**	**-**	**-**	**-**	**20.3**	**24.1**

- 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. The numbers in brackets refer to the confidence interval.

Source for all data: Global AIDS Monitoring 2019, UNAIDS 2019 estimates and UNICEF Global Databases of nationally representative population-based surveys 2012–2018.
For more information, visit data.unicef.org.

FIGURE 7. Number of pregnant women living with HIV and number and percentage receiving antiretrovirals (ARVs) for the prevention of mother-to-child transmission, 2010–2018

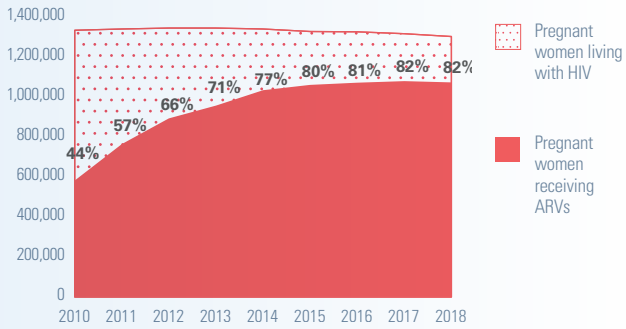


FIGURE 8. Number of HIV-exposed infants and number and percentage tested for HIV within two months of birth, 2010–2018

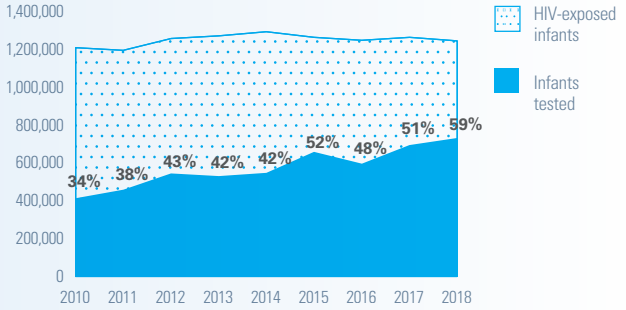
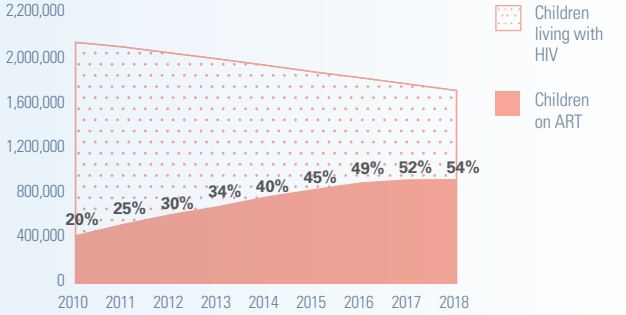


FIGURE 9. Number of children age 0–14 living with HIV and number and percentage receiving antiretroviral therapy, 2010–2018



Note: Countries reporting on infant testing represent 96 per cent of HIV-exposed infants.