

Fact Sheet

2017 Children and AIDS



As the number of people accessing life-saving drugs for HIV has risen, there has been an increasing sense that the end of AIDS was near. But for children and adolescents, the situation remains grave.

- ▲ *In an era where life-saving treatment exists, it is unconscionable that children and adolescents still die due to AIDS.*

CHILDREN

Children under 5 living with HIV face the highest risk of AIDS-related deaths, compared with all other age groups.¹

Children are often diagnosed and treated too late, if diagnosed at all. Less than half of the babies born to HIV-positive mothers receive an HIV test in their first two months,² and the average age that treatment begins among children with vertically acquired HIV in sub-Saharan Africa is nearly 4 years old.³

Without timely treatment, half of the children living with HIV will die by age 2.

ADOLESCENTS

Since 2000, annual AIDS-related deaths have declined for all age groups except adolescents aged 10–19, for whom the number has more than doubled (from 24,000 to 54,000).⁴

These deaths are mostly due to the increasing number of adolescents living with HIV who were vertically infected, survived into adolescence and then died because they did not receive the treatment and care that could have kept them alive and healthy.

Over 150 adolescents died of AIDS every day in 2016.

The promise of an AIDS-free generation is one that can and must be kept.

HIV is not over in any part of the world. We must respond at a different pace and scale, and be bold in implementing both innovative and proven strategies to reach the youngest and most vulnerable members of society if we are to avoid backsliding on the hard won progress to date.



Tecla, 6 months, is weighed at a routine health care visit. Her mother is living with HIV, but was able to prevent transmission of the virus to her daughter.

- ▲ *Increased maternal access to ARVs has resulted in groundbreaking progress in preventing new infections among children.*

The Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive (the Global Plan) demonstrated that with political commitment and resources, remarkable progress in addressing HIV among women and children worldwide can be achieved.

Globally, 73 per cent of pregnant and breastfeeding women living with HIV received antiretroviral treatment (ART) to prevent mother-to-child transmission of HIV and for their own health. This occurred in part because countries have rapidly transitioned to the 'test and start' approach using the simplified 'one pill once a day' fixed-dose combination treatment delivered for life (known as Option B+).

Globally, nearly 2.4 million new infections among children were averted by PMTCT programmes since 2000.⁵

In 2016, the World Health Organization (WHO) and partners announced that **Armenia, Belarus** and **Thailand** had joined **Cuba** in eliminating new HIV infections among children.⁶

▲ *More can be done to identify HIV-exposed infants and children, refer them to treatment and support them to stay on their ARVs — a real challenge for all — but especially for young children and adolescents.*

Of the 2.1 million children under the age of 15 who are living with HIV, less than half are on ART. One persistent problem is that many children remain undiagnosed. Availability and access to HIV diagnostics for children are major bottlenecks to starting treatment promptly. Another challenge is that far fewer ART options are safe, tolerable and acceptable for children than ART options for adults.

Today, an increasing number of children living with HIV who were vertically infected are entering adolescence, thanks to scale-up of ART for children. Ensuring quality care and support for adolescents is critical during this period of transition from paediatric to adult care. But keeping these children in treatment during adolescence poses great challenges. Adolescents living with HIV have the highest rates of poor adherence to ART and treatment failure.

Integration is critical to address issues of paediatric treatment. Increasingly, efforts to integrate paediatric HIV testing and treatment with other child health services are showing promise.

▲ *A dramatic increase in the adolescent population means that new HIV infections will rise unless the world acts now.*

In 2010, there were an estimated 208 million Africans between 15 and 24 years of age. That number is projected to rise to more than 460 million by 2050.

As Africa is one of the regions most heavily impacted by HIV, the number of adolescents newly infected is projected to increase in coming decades, even if the current rate of progress is maintained. If progress slows or stalls, the results could be devastating.

If the HIV incidence rate continues to decline at the same rate of reduction experienced between 2005 and 2016, new HIV infections among adolescents



“The number of lives saved thanks to the HIV and AIDS response in this century is remarkable. But for the sake of children and adolescents still affected, and for all future generations, we cannot mistake advancement for attainment.

We must do more, and do it faster than ever. That’s the only way to achieve an AIDS-free generation.”

**ANTHONY LAKE,
UNICEF EXECUTIVE DIRECTOR**

aged 15-19 are projected to increase annually to a total of 700,000 additional adolescents infected with HIV between 2017 and 2030.

▲ *Strengthening prevention programmes for adolescents is an urgent priority.*

Globally, 2.1 million adolescents aged 10–19 were living with HIV in 2016, a 30 per cent increase from 2005.⁷

Adolescent girls remain disproportionately affected. In 2016 in sub-Saharan Africa, the region most affected by HIV/AIDS, girls accounted for three out of every four new adolescent (aged 15–19) infections.⁸

There has been limited progress in reducing new HIV infections among adolescents.

Knowledge levels have barely increased over the past decade. In sub-Saharan Africa, 33 per cent of boys and 27 per cent of girls aged 15–19 have comprehensive knowledge about HIV/AIDS, and only 31 per cent of adolescent girls with multiple partners report having protected sex during their last sexual encounter.⁹

▲ *Meanwhile, funding for HIV/AIDS is declining – with potentially dire consequences for children, adolescents and mothers.*

While national governments now pay more than half the cost of HIV prevention and treatment efforts, donor government spending in low- and middle-income countries declined by more than \$1 billion (or 13%) between 2014 and 2015.¹⁰

¹ UNICEF analysis of UNAIDS 2016 estimates, July 2016.

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

³ Start Free, Stay Free, AIDS Free Framework, July 2016 p.10 http://www.unaids.org/sites/default/files/media_asset/JC2869_Be%20Free%20Booklet_A4.pdf

⁴ Source: UNICEF IAS briefing book

⁵ UNICEF analysis of UNAIDS 2017 estimates

⁶ Joint United Nations Programme on HIV/AIDS, 2016 Prevention Gap Report, UNAIDS, Geneva, July 2016.

⁷ Iorpenda, 'Have we Taken our Eye off the Ball?'

⁸ UNAIDS 2017 estimates

⁹ UNICEF analysis of DHS, MICS, and other national household surveys, 2005-2015

¹⁰ <http://files.kff.org/attachment/Financing-the-Response-to-HIV-in-Low-and-Middle-Income-Countries-International-Assistance-from-Donor-Governments-in-2015>