

2021 HIV and AIDS Global Snapshot

Pregnant Women, Children and Adolescents November 2021

With a new Political Declaration adopted by the United Nations General Assembly in June 2021, this year's World AIDS Day will be observed with a renewed sense of commitment to reach the [95-95-95 targets](#), as we begin the third year of the COVID-19 pandemic and the fifth decade of the AIDS pandemic. The new targets underscore the need to fulfil the right to health and other human rights for people living with, at risk of, and affected by HIV by addressing societal and structural barriers, including economic and legal constraints, to access equitable HIV prevention, treatment and care. This renewed momentum is especially needed in a year in which the COVID-19 pandemic has led to severe setbacks for HIV programme responses.

None of the 2020 global targets for HIV treatment and prevention agreed by the General Assembly in the 2016 Political Declaration on Ending AIDS were reached, especially those for children, adolescents and pregnant mothers. Children under 15 years of age account for about 5 per cent of all people living with HIV, 10 per cent of new HIV infections and 15 per cent of all AIDS-related deaths, globally. The number of children aged 0–9 years who newly acquired HIV in 2020 was 150,000 – more than eight times higher than the 2020 target of fewer than 20,000 new infections for children in this age group. The vast majority of these children acquire HIV during infancy, at a time when children are most susceptible to HIV infection.

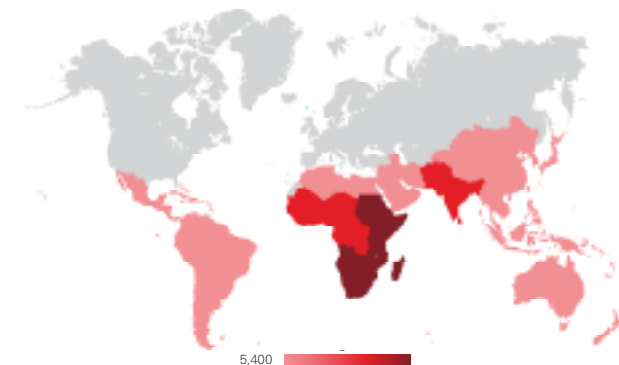
The COVID-19 pandemic has exacerbated these and other challenges, exposed inequalities and gaps in HIV services across the globe, and served as a startling reminder that pregnant women, children and adolescents living with and at risk of HIV remain among the most vulnerable of all populations that UNICEF and partners serve. Many reporting countries documented massive disruptions in the delivery of HIV prevention, testing and treatment services; limited access to maternal and child health and follow-up care; and stockouts of key commodities. As a result, HIV infant testing in high-burden countries declined by 50 to 70 per cent, with new treatment initiations for children under 14 years of age falling by 25 to 50 per cent. Moreover, the COVID-19 pandemic resulted in increased gender-based violence and mental health issues, underscoring their persisting importance in the HIV response.

Notwithstanding these challenges of two colliding pandemics, there is a silver lining that must be recognized and built on. While COVID has highlighted the stark social, economic and health inequities that exist, it has also brought a greater understanding of the need for better and more equitable and inclusive health systems and services, including COVID vaccine distribution, further affirming the message that the global AIDS community has been voicing over the past four decades.



In 2020, of the estimated 38.0 million people living with HIV worldwide, an estimated 2.78 million were children and adolescents aged 0–19 years. In the same year, 300,000 children and adolescents were newly infected with HIV and 120,000 children and adolescents died of AIDS-related causes.

Figure 1: Number of children and adolescents aged 0-19 years living with HIV, by region, 2020



Region	Estimate	Lower	Upper
Eastern and Southern Africa	1.85 million	1.24 million	2.33 million
West and Central Africa	600,000	440,000	800,000
South Asia	120,000	71,000	170,000
East Asia and the Pacific	93,000	66,000	130,000
Latin America and the Caribbean	62,000	42,000	90,000
Middle East and North Africa	5,400	4,300	8,600
Eastern Europe and Central Asia	-	-	-
Western Europe	-	-	-
North America	-	-	-
Global	2.8 million	1.9 million	3.6 million

Data source: UNAIDS 2021 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. The numbers in brackets refer to the confidence interval.

Every day in 2020, approximately 850 children aged 0–19 years became newly infected with HIV and approximately 330 children aged 0–19 years died from AIDS-related causes, mostly because of inadequate access to high-quality HIV prevention, care and treatment services.

A decade of steady decline in annual new HIV infections, but far from achieving the targets for children and adolescents

For children and adolescents living with HIV, the burden of disease still sits squarely in sub-Saharan Africa, which is home to 88 per cent of all children and adolescents aged 0-19 years with HIV (Figure 2).

Figure 2: Global situation of children and adolescents with HIV and AIDS, 2020

Global	Estimate	Lower	Upper
Number of children living with HIV	2,780,000	1,890,000	3,590,000
Children aged 0–9 years	1,030,000	730,000	1,290,000
Adolescents aged 10–19 years	1,750,000	1,160,000	2,300,000
Number of new HIV infections	300,000	150,000	550,000
Children aged 0–9 years	150,000	100,000	240,000
Adolescents aged 10–19 years	150,000	43,000	310,000
Number of AIDS-related deaths	120,000	82,000	180,000
Children aged 0–9 years	86,000	59,000	140,000
Adolescents aged 10–19 years	32,000	23,000	46,000
Number of children under the age of 18 years who lost one or both parents to AIDS-related causes	15,400,000	10,600,000	20,900,000

Source: UNAIDS 2021 estimates

Note: Numbers may not add up due to rounding off

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

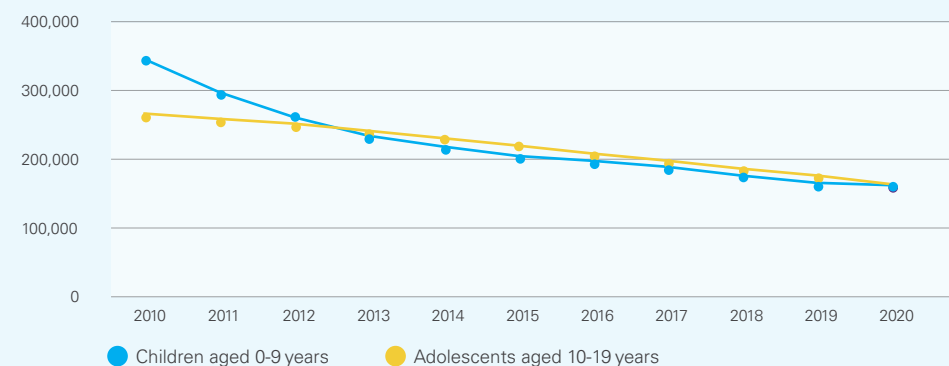
PMTCT coverage: Percentage of pregnant women living with HIV who received lifelong ART to prevent mother-to-child transmission of HIV

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 2020, around 150,000 younger children (aged 0–9 years) were newly infected with HIV, primarily due to vertical transmission of HIV from mother to child. This is a steep decline of 53 per cent since 2010. By contrast, for adolescents aged 10–19 years, the number of new HIV infections has declined at a slower rate of about 38 per cent since 2010 (Figure 3).

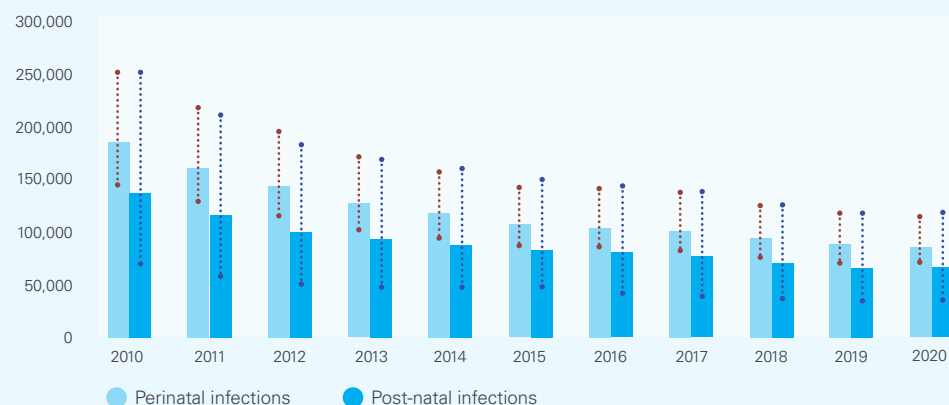
Figure 3: Number of annual new HIV infections among children aged 0–9 years and adolescents aged 10–19 years, 2010–2020



Source: UNAIDS 2021 estimates

In 2020, just under half of all cases of vertical HIV transmissions occurred during the breastfeeding / postnatal period (Figure 4).

Figure 4: Annual number of new HIV infections among children aged 0–14 years, by period of transmission, 2010–2020

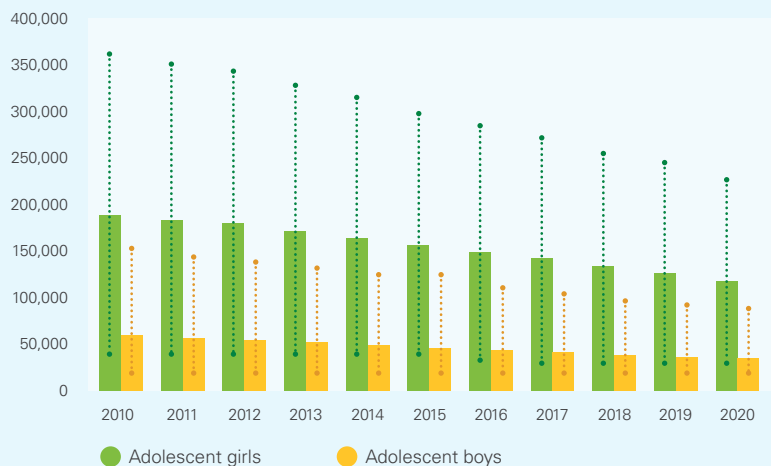


Data source: UNAIDS 2021 estimates.

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.

While 77 per cent of new HIV infections among adolescents occur in girls, new HIV infections have declined more for girls than boys in the last ten years (Figure 5).

Figure 5: Annual number of new HIV infections among adolescents aged 10–19 years, by sex, 2010–2020

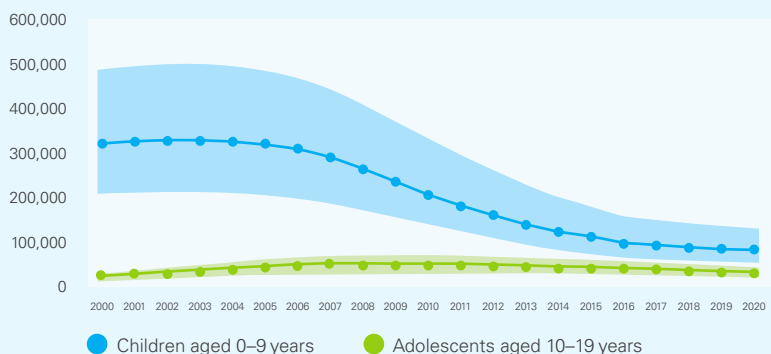


Data source: UNAIDS 2021 estimates.

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.

Deaths among children have dropped by 58 per cent between 2010 and 2020 while those among adolescents have dropped by 36 per cent in the same time period (Figure 6).

Figure 6: Number of AIDS-related deaths among children aged 0–9 years and adolescents aged 10–19 years, 2000–2020

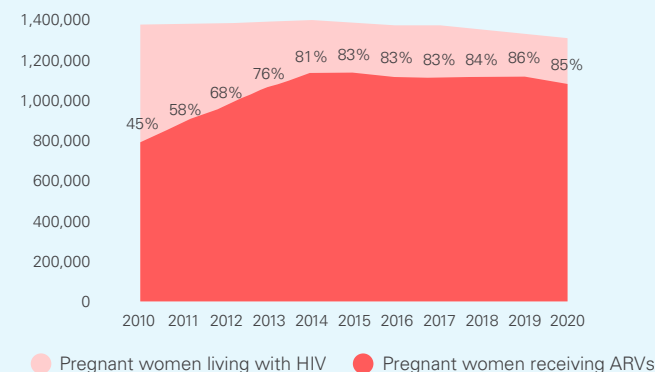


Data source: UNAIDS 2021 estimates.

Great gains have been made since 2010 to ensure that pregnant women are on lifelong ART to prevent vertical transmission

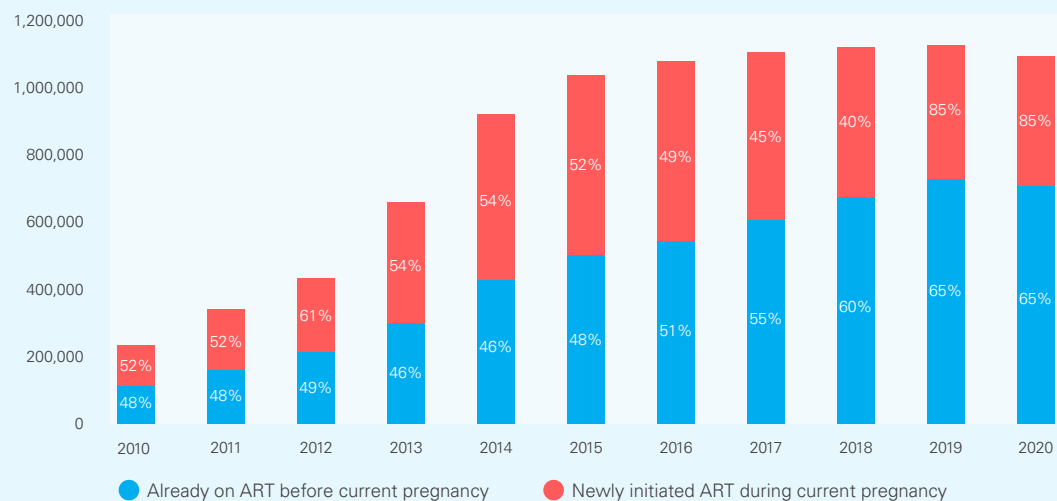
In 2020, an estimated 85 per cent of pregnant women living with HIV globally received antiretroviral HIV treatment (ART) for prevention of vertical transmission of HIV (mother-to-child transmission) and to keep them alive and well, up from 17 per cent in 2010 (Figure 7).

Figure 7: Number of pregnant women living with HIV and number receiving ART for the prevention of mother-to-child transmission, 2010–2020



About 2 in 3 of the 85 per cent pregnant women on ART were already on ART prior starting antenatal care for the pregnancy in 2020 (Figure 8).

Figure 8: Pregnant women already on ART for prevention of mother-to-child-transmission (PMTCT) before current pregnancy compared to those that started ART for PMTCT during current pregnancy, 2010–2020



Data source: UNAIDS 2021 estimates.

But, despite this success in previous years, more recently, the rate of progress has stalled. ART coverage for pregnant women living with HIV increased by 38 percentage points between 2010 to 2015 and only 2 percentage points from 2016 to 2020.

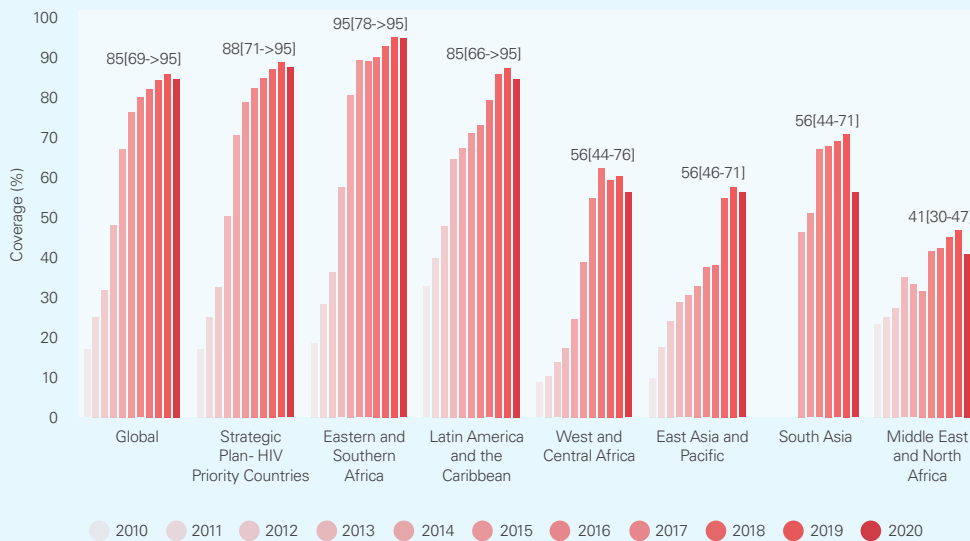
Regional variations exist in access to antiretroviral HIV treatment for pregnant and breastfeeding women

In 2020, access to ART for pregnant women ranged from a high of 95 per cent in Eastern and Southern Africa to a low of 41 per cent in the Middle East and North Africa. In West and Central Africa, the second most impacted region, ART coverage among pregnant women was only 56 per cent (Figure 9).

High coverage in Eastern and Southern Africa shows that political will, leadership and donor commitment can overcome stalled progress. Acceleration of treatment uptake among all pregnant and breastfeeding women living with HIV remains key to achieving elimination of new infections among children and ensuring the health and survival of pregnant women and new mothers.

ART coverage among pregnant women dropped drastically in South Asia in 2020, from 71 in 2019 per cent to 56 per cent, likely as a direct result of COVID-19 prevention and control measures that left many unable to access care (Figure 9).

Figure 9: Percentage of pregnant women living with HIV receiving effective ART for prevention of MTCT of HIV, by region, 2010-2020



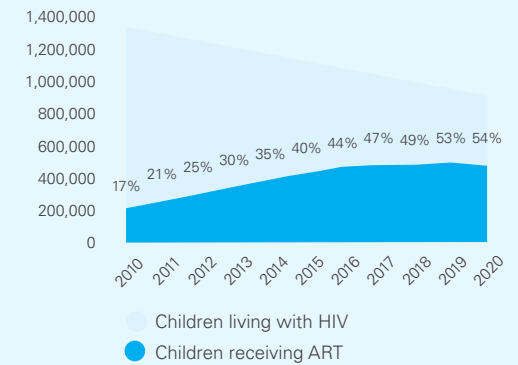
Source: Global AIDS Monitoring and UNAIDS 2021 estimates
 Note: Data are not available for Eastern Europe and Central Asia, North America, and Western Europe. Effective ART excludes single-dose nevirapine.

Slightly more than half of children under 15 years of age living with HIV are on antiretroviral HIV treatment

In 2020, an estimated 924,000 children (of the 1.72 million children aged 0–14 living with HIV) were receiving ART globally, which is an up from approximately 417,000 in 2010 (Figure 10).

Evidence indicates that many children living with HIV are not starting ART during infancy. Most children entering treatment programmes are older, with only 20 per cent of all children (aged 0–14) on ART being under the age of 5 years in 2020 (Figure 11). There are many reasons for this including the persisting challenge of making a diagnosis in infancy and getting results back to the service provider in a timely manner.

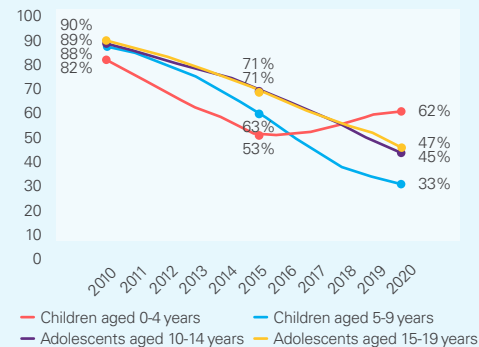
Figure 10: Number of children aged 0–14 years living with HIV and number receiving ART, 2010–2020



Data source: UNAIDS 2021 estimates.

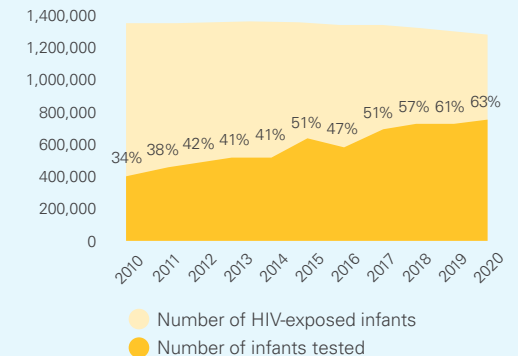
In 2020, an estimated 63 per cent of infants exposed to HIV globally were tested for the virus within two months of birth, as recommended by the World Health Organization (WHO). Over the past 10 years (2010–2020), the number of children tested for HIV within two months of birth has increased by 29 percentage point (Figure 12).

Figure 11: Per cent of children and adolescents living with HIV not on ART, by age group, 2010–2020



Data source: UNAIDS 2021 estimates.

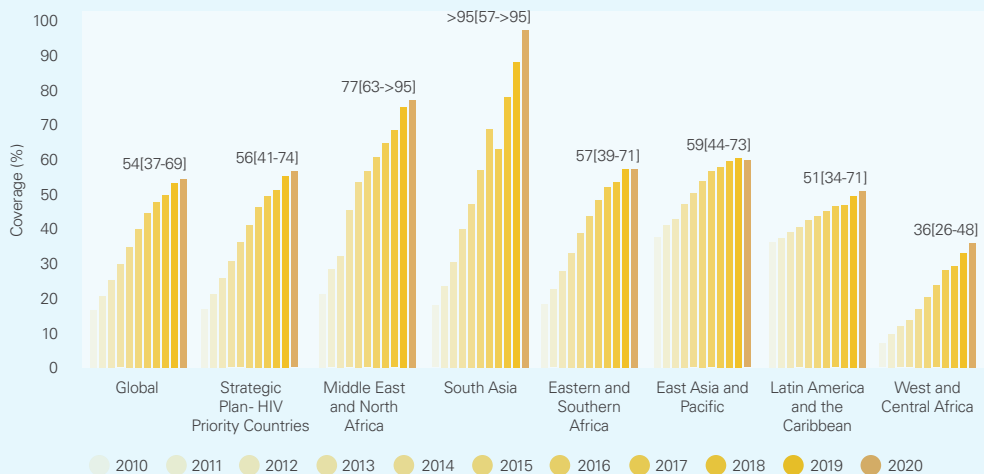
Figure 12: Number of HIV-exposed infants and number tested for HIV within two months of birth, 2010–2020



Data source: UNAIDS 2021 estimates.

Across the globe, coverage of ART in children under 15 years varied widely, ranging from under 10 per cent in some countries to over 95 per cent in others. Regionally, coverage of ART for children ranged from a low of 36 per cent, on average, in West and Central Africa to over 95 per cent in South Asia (Figure 13).

Figure 13: Percentage of children aged 0–14 years living with HIV receiving antiretroviral HIV treatment by region 2010–2020



Source: Global AIDS Monitoring and UNAIDS 2021 estimates
 Note: Data not available for Eastern Europe and Central Asia, North America, and Western Europe.

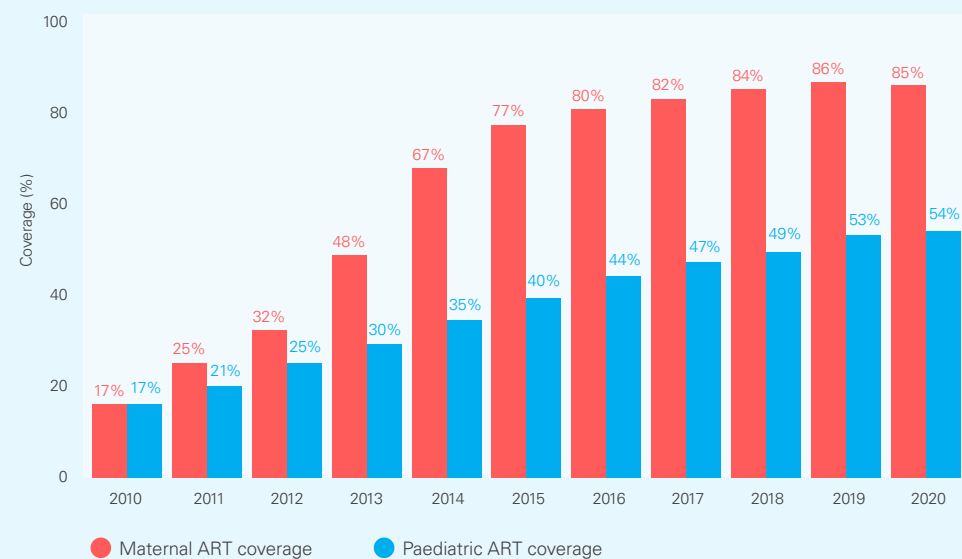
ART coverage for children in 2020 is a global failure that needs to be addressed with renewed urgency

Globally, only 54 per cent of children (aged 0–14 years) living with HIV had access to ART in 2020. While we are beginning to see an acceleration in treatment coverage of children with an increase of 13 percentage points (from 41 to 54 per cent) over the last four years, we are still off target.

Paediatric ART coverage in the last decade has persistently lagged behind the coverage for pregnant women (85 per cent in 2020), and all adults living with HIV (74 per cent in 2020) (Figure 14).

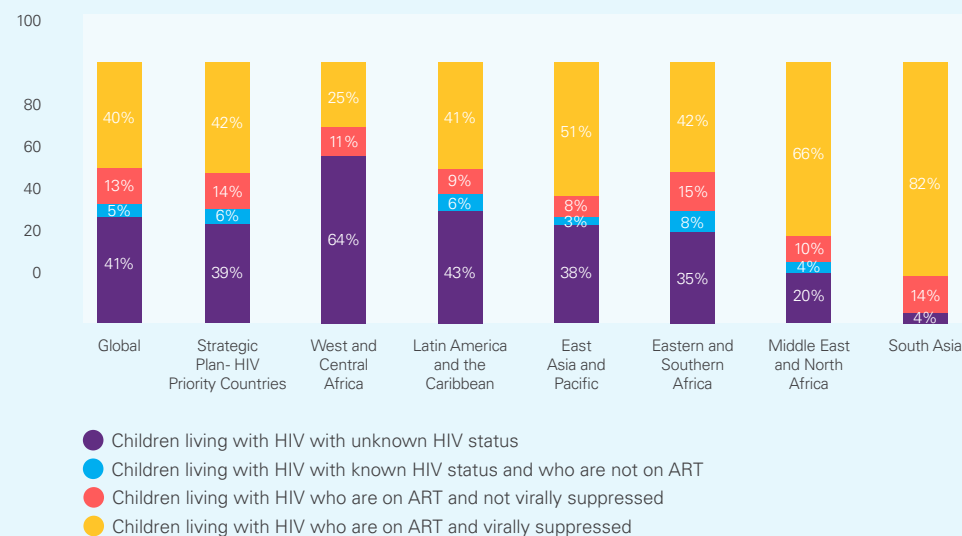
To make matters worse, the HIV status of 41 per cent of children globally remained unknown. Unsurprisingly, this proportion was highest in West and Central Africa, the region with the lowest treatment coverage in children. By contrast, in South Asia, which has the highest treatment coverage in children, only 4 per cent of children had an unknown HIV status (Figure 15).

Figure 14: Percentage of children aged 0–14 living with HIV and pregnant women living with HIV receiving ART, 2010–2020



Data source: Global AIDS Monitoring and UNAIDS 2021 estimates
 Note: Maternal antiretroviral treatment (ART) includes only Option B+ regimens

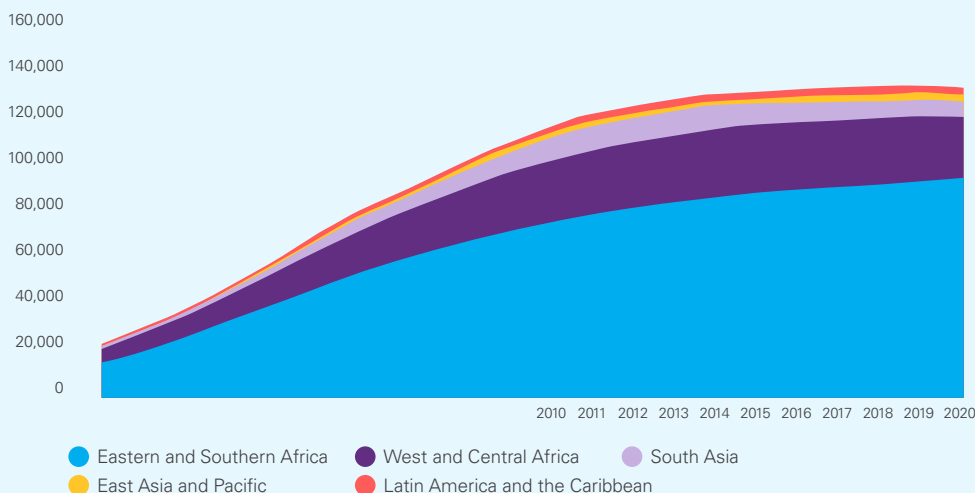
Figure 15: Knowledge of status, coverage of ART and viral load suppression among all children aged 0–14 years living with HIV, by region, 2020



Data source: UNAIDS 2021 estimates.

Increasingly, children on ART are 'aging out' and surviving into adolescence. In 2020, 136,000 children living with HIV globally reached the age of 15 years (Figure 16). These adolescents need access to tailored services to facilitate their transition to adult treatment programmes. Nowhere is this more important than in sub-Saharan Africa, where 90 per cent of surviving adolescents live, with 70 per cent in Eastern and Southern Africa and 20 per cent in West and Central Africa.

Figure 16: Number of children living with HIV reaching aged 15 by region, year and region, 2000–2020



Source: UNAIDS 2021 estimates
 Note: Data not available for Eastern Europe and Central Asia, North America, and Western Europe.

Last year, 400,000 young people between the ages of 10 and 24 years were newly infected with HIV. Of these, 150,000 were adolescents between the ages of 10 and 19 years (Figure 17), and 77 per cent were adolescent girls and the vast majority (90 per cent) were from sub-Saharan Africa.

Figure 17: Global summary of HIV epidemic among adolescents aged 10–19 years, 2020

Global	Adolescents aged 10–19 years	Girls aged 10–19 years	Boys aged 10–19 years
Estimated number of adolescents living with HIV	1,750,000 (1,160,000- 2,300,000)	1,000,000 (590,000- 1,370,000)	750,000 (550,000- 960,000)
Estimated number of adolescents newly infected with HIV	150,000 (43,000- 310,000)	120,000 (23,000- 230,000)	35,000 (6,200-92,000)
Estimated number of adolescents dying of AIDS-related causes	32,000 (23,000- 46,000)	16,000 (11,000- 24,000)	16,000 (12,000- 23,000)

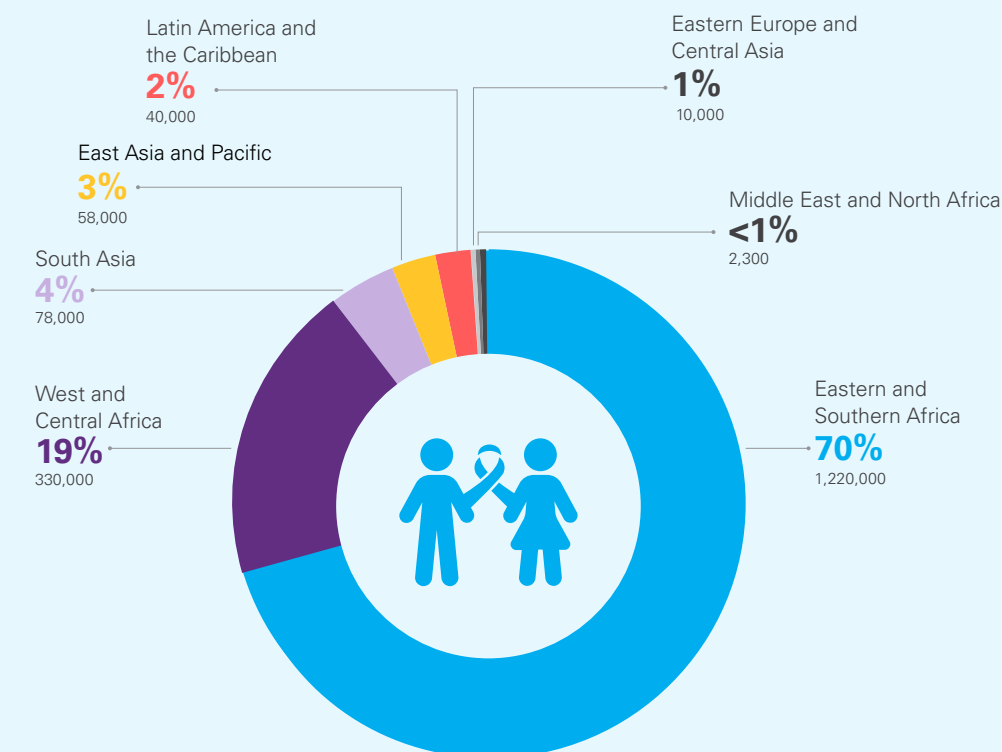
Source: UNAIDS 2021 estimates.
 Note: Values may not sum to total due to rounding

Adolescents represent a growing share of people living with HIV worldwide with limited access to prevention services

At the end of 2020, an estimated 1.75 million adolescents between the ages of 10 and 19 years were living with HIV worldwide, of these 70 per cent were girls. 90 per cent of all adolescents living with HIV are in Africa. Outside of Africa, the highest numbers are in East Asia and the Pacific (5 per cent), South Asia (4 per cent) and Latin America and the Caribbean (2 per cent) (Figure 18).

In Eastern and Southern Africa, annual new HIV infections among adolescents were decreased by 41 per cent since 2010, while in the Middle East and North Africa, infections were increased by 4 per cent over the same period.

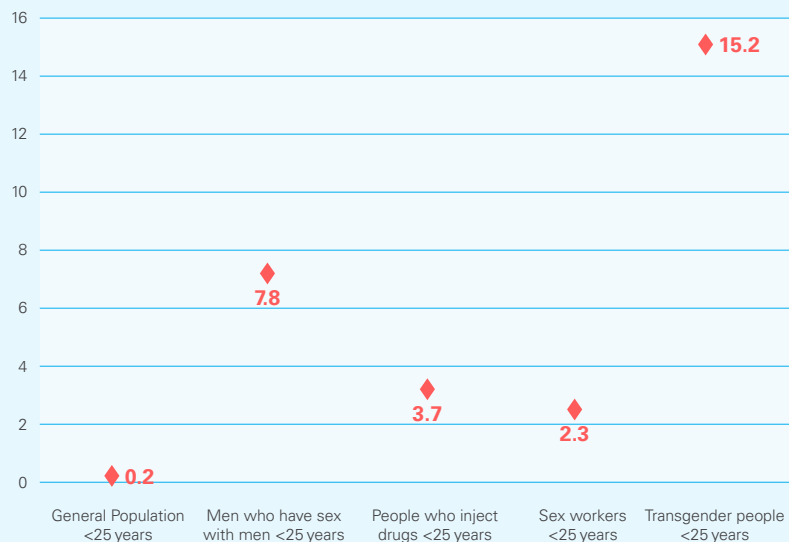
Figure 18: Estimated number and percentage of adolescents aged 10–19 years living with HIV, by region, 2020



Source: UNAIDS 2021 estimates.

Among young key populations below 25 years, globally, HIV prevalence continues to increase- from 2 percentage points among sex workers to 15 percentage points among transgender people. There is a significant difference between the general young population below 25 years and those represent key populations (Figure 19).

Figure 19: Median HIV prevalence (%) among key populations below 25 years and HIV prevalence among general population below 25 years, 2020



Source: Source: UNAIDS Key Populations Atlas.

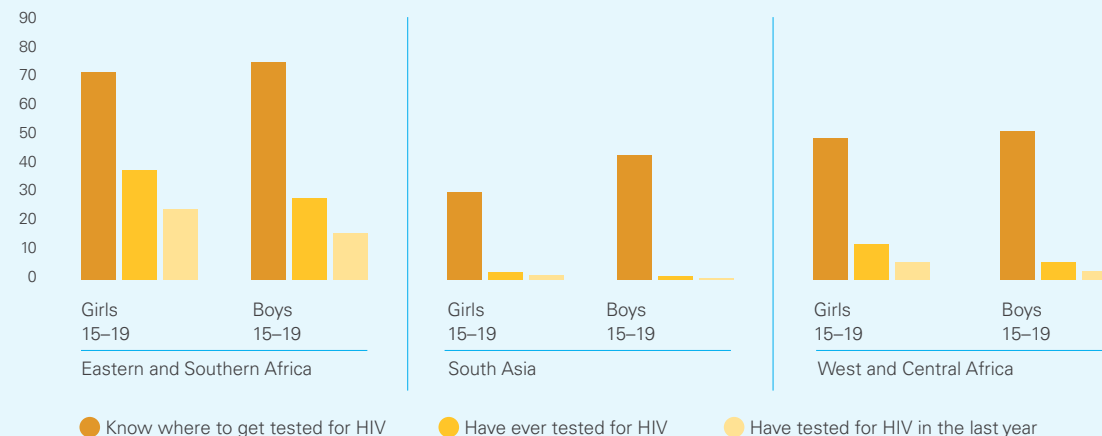
Note: Data included in this graph are nationally representative and from those countries that reported in 2020.

It is essential that adolescents possess comprehensive, correct and destigmatized knowledge of HIV transmission and risks in order to protect themselves from infection. However, rates of comprehensive knowledge remain below 50 per cent in most countries with available data.

Expanding adolescent-access to HIV testing (targeted and tailored testing strategies) continues to be a challenge, including index-linked testing, assisted partner notification, social network based testing and other novel modalities that boost the efficiency of testing programmes.

Despite the availability of tests being widely known, only 25 per cent of girls and 17 per cent of boys aged 15–19 years in Eastern and Southern Africa – the region most affected by HIV – received the result of their most recent test in 2020. Testing rates in West and Central Africa and South Asia are even lower, at only 1 per cent for boys and 2.5 per cent for girls aged 15–19 years (Figure 20).

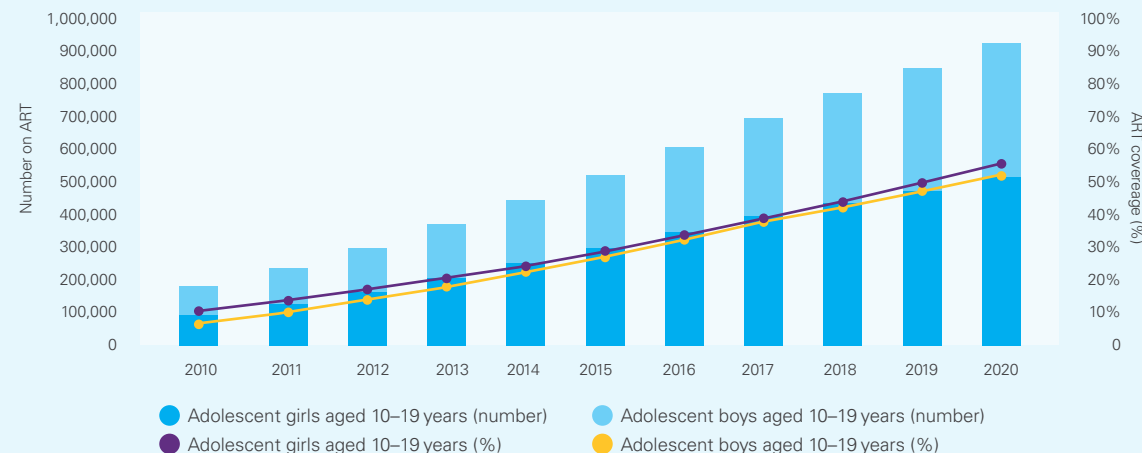
Figure 20: Per cent of adolescents aged 15–19 years who know where to get HIV testing, have been tested for HIV in the last 12 months and received the result of the last test, 2015–2020



Source: UNAIDS 2021 estimates.

Of the 1.75 million adolescents aged 10–19 years living with HIV, 54 per cent, or 940,000 adolescents, received ART in 2020, a steady increase since 2010. Despite stark gender disparities in adolescent infection rates, treatment coverage for adolescent girls (53 per cent) was nearly on par with that of boys (55 per cent) (Figure 21).

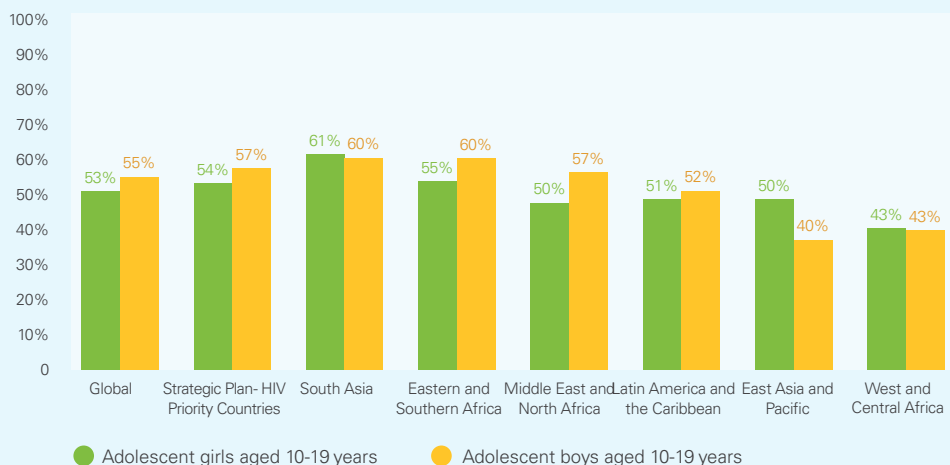
Figure 21: Number and coverage of ART among adolescents aged 10-19 years by gender, 2010-2020



Source: UNAIDS 2021 estimates.

ART coverage among adolescents aged 10–19 years varied across regions, with the lowest treatment coverage in West and Central Africa (43 per cent) and the highest in South Asia (61 per cent) (Figure 22).

Figure 22: ART coverage among adolescent boys and girls aged 10–19 years by gender, by region, 2020



Source: UNAIDS 2021 estimates

Note: Coverage data for Eastern Europe and Central Asia, North America and Western Europe are not available.

Gender inequality driving HIV disproportionately among adolescent girls

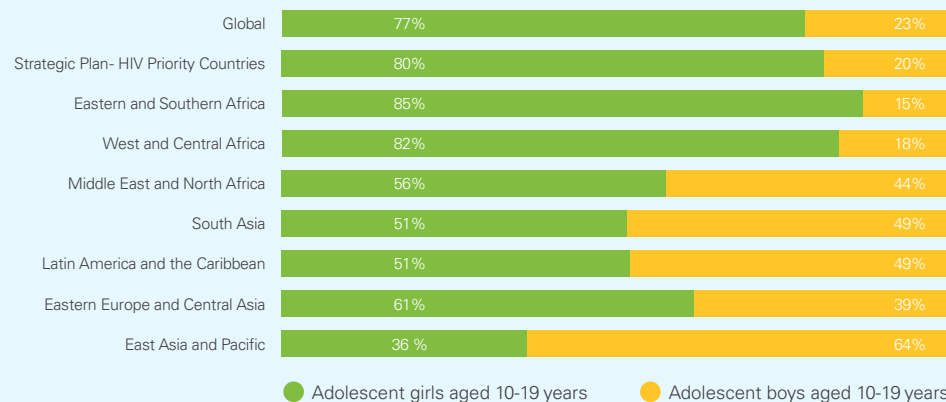
Adolescent girls accounted for over 77 per cent of all new HIV infections among adolescents in 2020.

In sub-Saharan Africa, during 2020, almost six times as many adolescent girls aged 10–19 years were newly infected with HIV than boys aged 10–19 years. This trend held true across all regions, with the exception of East Asia and the Pacific, where 64 per cent of new adolescent infections were in boys (Figure 23).

This disproportionate impact on girls reflects deeply rooted inequalities and biases in cultural, social and economic structures that reduce girls’ access to information, services and opportunities.

Promoting women’s rights to information and services related to sexual and reproductive health is essential to achieving equitable HIV-prevention outcomes.

Figure 23: Gender disparities in new HIV infections emerge in adolescents aged 10–19 years, by region, 2020



Source: UNAIDS 2021 estimates

Note: Data not available for North America and Western Europe.

In countries experiencing either generalized or concentrated epidemics, schools can be critical venues for reaching adolescents with the information and life-skills they need to avoid HIV infection. School-based comprehensive sex education is effective in promoting attitudes and practices that lead to positive health outcomes.

In addition, each incremental year of education beyond primary school generates health, social, and economic dividends. Completion of secondary school has multiple health, social and economic benefits for girls and their children, families and broader communities. These benefits ultimately reduce vulnerability to child marriage, teenage motherhood and HIV infection.

Preventing HIV among girls in countries with low prevalence, or in specific populations, is especially challenging since the spread of the virus is fuelled by compounding and intersecting vulnerabilities, especially those engaged in sex work, injecting drugs, or in prison.

Nearly half of women in low- and middle-income countries do not use the internet, creating gender data gaps and influencing the way people everywhere engage with digital tools.

It is essential to create safe spaces for girls and close the digital gap to maximize the engagement of girls. Digital programming is showing promise in enabling girls and women to receive reliable information and tailored support.

ANNEX

1. DATA SOURCES AND METHODOLOGY

1.1 Global AIDS Monitoring 2021

In order to monitor the HIV response and progress towards achieving global goals, countries submit national and subnational data on a host of indicators to the Global AIDS Monitoring (GAM) system. Annual submissions are reviewed and validated. Data consist of programmatic data for HIV prevention, testing and treatment. Other indicators require data from population-based surveys and surveys focused on key populations at risk of HIV infection.

For more information, <https://www.unaids.org/en/global-aids-monitoring>

1.2 UNAIDS Estimates and Spectrum's AIDS Impact Model

Each year, countries update their AIDS Impact Model in [Avenir Health's](#) Spectrum software to develop the latest estimates for the HIV epidemic. Supported by UNAIDS, WHO and UNICEF these estimates are used to inform programme and policy decisions for an HIV epidemic response.

1.3 Nationally representative surveys

Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), AIDS Indicator Surveys (AIS), Population-based HIV Impact Assessments (PHIA) reproductive health surveys, sexual behaviour surveys and other nationally representative surveys are currently used to collect data on HIV and AIDS.

2. USEFUL LINKS

2.1 Methods for HIV modelling are developed by the [UNAIDS Reference Group on Estimates, Modelling and Projections](#).

2.2 All available data on HIV estimates are available at aidsinfo.unaids.org

2.3 Super-Fast-Track Framework <https://free.unaids.org>

3. RESOURCES ON HIV/AIDS AND COVID-19

[Children and AIDS COVID-19 and HIV Knowledge Hub](#)