UNICEF Key Messages and Call to Action
2022 World AIDS Day
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1. Children and adolescents experience some of the worst outcomes in the HIV response. They have less access to treatment and bear a disproportionate share of new HIV infections and AIDS-related deaths.

2. Adolescent key populations and girls in sub-Saharan Africa are at higher risk of HIV. Girls account for three quarters of all new HIV infections in adolescents.

3. Broad gains in the global HIV response mask deep and long-lasting inequities between child and adult outcomes.
Significant differences in political commitment and resource allocation between regions drive unequal responses. Compared with Eastern and Southern Africa, pregnant women and children living with HIV in West and Central Africa, East Asia and the Pacific or the Middle East and North Africa are far less likely to be on treatment.
Call to Action

Equalize for children, adolescents and pregnant and breastfeeding women living with HIV

www.unaids.org/en/2022-world-aids-day

Eliminate

1. **Eliminate vertical transmission of HIV, syphilis and hepatitis B** by going the Last Mile and integrating testing and treatment for the three diseases for pregnant and breastfeeding women everywhere.

2. **Eliminate harmful laws and policies** to ensure safety and dignity in seeking HIV services. Amending and repealing harmful laws will lead to a more conducive, non-discriminatory legal environment, including challenging ‘age of consent’ policies that restrict adolescents’ access to sexual and reproductive health information, and condoms, pre-exposure prophylaxis and self-directed testing.
Integrate and Innovate

3. **Implement innovative models of care** within facilities and communities to protect girls and women from acquiring HIV during pregnancy and breastfeeding and promote retention in care for those living with HIV. Pregnant women everywhere, especially adolescents and marginalized women should have access to female-controlled HIV prevention and high quality treatment services.

4. **Ensure roll out and scale up of game changing approaches** to improve the quality of HIV care for children and adolescents:
   - Implement multi-modal testing strategies (such as family-based testing, routine facility-based testing, self-testing and home-based testing among others)
   - Optimize antiretroviral treatment regimens to promote use of dolutegravir in pregnant women, children and adolescents.
   - Implement viral load testing for children and adolescents.
   - Integrate mental health into HIV care services especially for adolescents.

5. **Establish services for adolescent and young key populations** using tools collated by youth-led organizations in the [Adolescent and Young Key Populations Toolkit](https://www.unicef.org/).
6. **Empower adolescents to take charge of their health.** Create an environment where adolescents are protected from harmful gender roles and practices, gender-based discrimination and violence, and can access dedicated resources, so they can be their own independent agents of change.

7. **Build the capacity of health workers and community actors** to reduce stigma, enhance quality of care and provide support to women, children and adolescents at risk of and living with HIV.
Prevention of vertical transmission of HIV

- Globally, great gains have been made since 2010 to ensure that pregnant women living with HIV receive ART to prevent vertical transmission and for their own health. The 2021 global ART coverage level among them was 81 per cent in 2021, an increase of 35 percentage points since 2010. However, progress began stalling in 2015, and the 2021 level was four percentage points lower than the 85 per cent coverage rate in 2020. In 2021, about 2 in 3 pregnant women living with HIV were already on ART prior to initiation of antenatal care due to the ongoing treatment expansion in the adult population over the past decade.

- In Eastern and Southern Africa, the epicentre of the HIV epidemic, 89 per cent of pregnant women living with HIV received ART in 2021. This relatively high coverage level was largely responsible for the 60 per cent decrease in the number of new infections in children in the region between 2010 and 2021, a better result than the global reduction of 52 per cent over that period. Less positively, four regions with lower and concentrated HIV epidemics (East Asia and the Pacific, the Middle East and North Africa, South Asia, and West and Central Africa) had 60 per cent or lower ART coverage among HIV-positive pregnant women in 2021. In an extreme example of the poorer results in those regions, ART coverage among pregnant women living with HIV dropped drastically in East Asia and the Pacific between 2020 and 2021, from 55 per cent to 41 per cent, likely due to impacts of the COVID-19 pandemic.

- In 2021, Botswana became the first HIV high-burden country to be certified by the World Health Organization (WHO) for achieving an important milestone on the path to eliminating mother-to-child transmission of HIV. Twelve other high-burden countries, including Eswatini, Malawi, Namibia, South Africa and Uganda, reached the target of 95% ART coverage in pregnant women in 2021.
• Fourteen countries and territories with relatively low and concentrated epidemics are certified by WHO as having eliminated mother-to-child transmission of HIV and syphilis to date. They include Armenia (HIV only), Belarus, six Caribbean territories (Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, St. Christopher and Nevis), Cuba, Malaysia, Maldives, Moldova (syphilis only), Sri Lanka, and Thailand.

• The global number of new HIV infections among children (aged 0–14) dropped by 52 per cent between 2010 and 2021. But with 160,000 new infections reported in 2021, the global target of fewer than 20,000 in that age group was not reached. A major factor in missing the target was the stalling of progress in ART access for pregnant women, which overall did not increase between 2015 and 2021 after a surge of 35 percentage points between 2010 and 2015.

• In 2021, the COVID-19 crisis continued to disrupt health systems and service delivery in many contexts, thereby contributing to ongoing challenges for young women and mothers to have their reproductive and sexual health and psychosocial support needs met. Although comprehensive data on the impacts are not yet available, UNICEF responded to this major threat to health and well-being in 2021 by supporting the establishment of efficient mental health referrals and linkages, addressing stigma, promoting understanding, and building community awareness of and support for mental health experiences in a number of countries.

Paediatric and adolescent treatment

• In 2021, only 52 per cent of the 1.68 million children aged 0–14 years living with HIV had ART access. This presents a major improvement from the 17 per cent level in 2010, but stagnation since 2016 continues.

• Global paediatric ART coverage lags far behind that of pregnant women (81 per cent) and adults (76 per cent) living with HIV and falls far short of the 2025 target of 95 per cent. While ART access among pregnant women and children living with HIV both rose by about 35 percentage points from 2010 to 2021, a huge gap still remains because the much-needed faster progress for children to catch up did not occur.

• Globally, 41 per cent of children living with HIV under age 15 had not been diagnosed, which also means they have not entered into any HIV care and treatment programming or services. In 2021, three in five infants born to pregnant women living with HIV received a virological test for HIV by their second month of age. From 2010 to 2021, the proportion of children tested for HIV within two months of birth increased from 34 per cent to 62 per cent.

• In 2021, about 1.71 million adolescents between the ages of 10 and 19 years were living with HIV worldwide and made up 5 per cent of the 36.7 million total people estimated to be living with HIV. About 1.47 million adolescents living with HIV (88 per cent of the global total) reside in sub-Saharan Africa. Outside of sub-Saharan Africa, the highest numbers of adolescents living with HIV are in Asia and Latin America.
• Globally, only 59 per cent, or 1 million, of adolescents aged 10–19 living with HIV received ART in 2021. ART coverage increased from 10 per cent to 58 per cent from 2010 to 2021 among adolescent girls, and from 13 per cent to 60 per cent among adolescent boys. In order to reach the 95-95-95 targets\(^1\) by 2025, there is an urgent need to ramp up treatment efforts among adolescents.

• The number of AIDS-related deaths among children aged 0–4 dropped by 58 per cent from 2010 to 2021 (and 75 per cent since its peak in 2002), while those among adolescents aged 10–19 dropped by 46 per cent over the same time period (but only 21 per cent since 2003). Although the decline in the number of AIDS-related deaths in children under five was greater, children in that age group continue to account for the majority of deaths (69 per cent in 2021) among children and adolescents aged 0–19 living with HIV.

Prevention of HIV among adolescents

• In 2021, an estimated 160,000 adolescents were newly infected, which corresponds to about 11 per cent of all new HIV infections globally.

• Overall, new HIV infections among adolescents dropped by two-fifths (40 per cent) over the decade ending in 2021. A further reduction of more than 60 per cent is needed to reach the 2025 global target of fewer than 100,000 new infections per year. While 75 per cent of new HIV infections among adolescents occur in girls, new HIV infections have declined more for girls than boys in the last 10 years.

• A number of new interventions for HIV prevention have the potential to be game-changers for controlling the epidemic in adolescents. These include peer-led programmes; differentiated service delivery for prevention and self-care using digital technologies; novel testing technologies such as self-testing and recency testing\(^2\); new treatment regimens, including formulations and co-formulations of antiretroviral drugs; and other options, including long-acting cabotegravir for pre-exposure prophylaxis, the dapivirine vaginal ring\(^3\), dual prevention pills and dual prevention implants.

\(^1\) 95% access to testing among all people living with HIV, 95% of those living with HIV on ART, and 95% of those on ART being virally suppressed.

\(^2\) A laboratory test that is used to classify a case of HIV infection as recent or not recent (WHO 2019).

\(^3\) An intravaginal silicone ring for HIV prevention that delivers an antiretroviral drug called dapivirine. The drug is released slowly over the course of one month directly to vaginal tissue to help protect against HIV at the site of potential infection (WHO).
For every child, End AIDS