

Children AIDS

July 2016

We cannot mistake progress for success

Since 2000, nearly 9 million deaths have been averted, and 17 million people living with HIV are now receiving treatment.[†] However, HIV is not over in any part of the world. We must persist if we are to avoid backsliding on the hard won progress to date.



The world has delivered on halting and reversing the AIDS epidemic. Now we must commit to ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

Ban Ki-moon,
United Nations Secretary-General

Still, in 2016:

Most people living with HIV do not know their status.

Diagnosis is especially critical for children as HIV advances to AIDS very quickly in infancy. Early diagnosis in the first weeks of life and immediate initiation of treatment can be the difference between life and death. But our work does not stop there. Regular health services must be more proactive in finding cases.

The proportion of children receiving treatment remains appallingly low.

There has been a dramatic increase of access to treatment for children (0-14) living with HIV from virtually none in 2000 to half in 2015. But we must work even faster to reach all children who need treatment.[†]

AIDS is the #1 cause of death for adolescents in Africa, #2 globally.

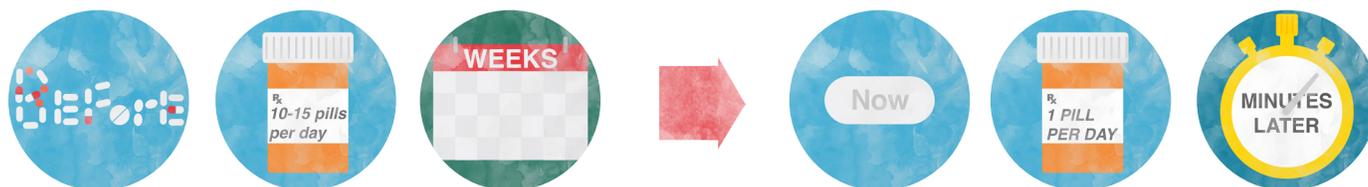
The majority of these deaths are among adolescents (10-19) who acquired HIV as babies and survive to their teenage years, either without knowing their HIV status or having slipped out of care. Targeted testing is critical for identifying adolescents living with HIV and providing the services they need early enough to keep them healthy.

Adolescent girls remain disproportionately affected by HIV and AIDS.

Adolescent girls, particularly in sub-Saharan Africa, face higher risks of HIV infection. Low social status, household poverty, food insecurity, and poor quality education all limit opportunities for girls, while pervasive sexual and gender-based violence render them extremely vulnerable to HIV.

Increases in new HIV infections persist in many countries around the world.

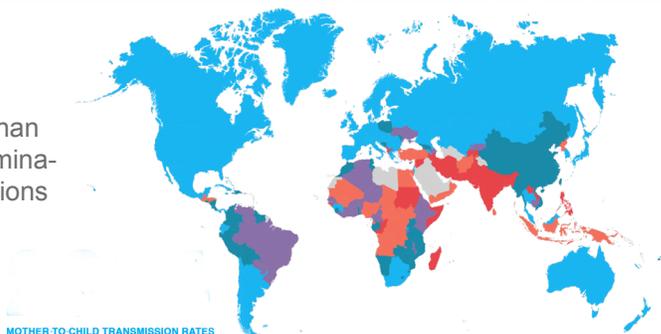
Discrimination, poverty, inequalities and harsh policies and laws continue to prevent adolescents from seeking and receiving HIV testing, health care, life-saving commodities and support to remain HIV-free.



Fewer babies are born with HIV & fewer babies are dying AIDS-related deaths.

CHILDREN

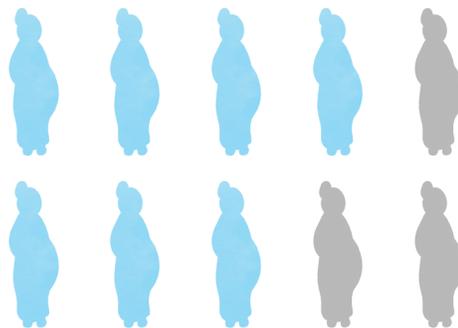
While we are closer than ever before to the elimination of new HIV infections among infants, much remains to be done.



THAT'S
1.6 MILLION
NEW INFECTIONS
AMONG CHILDREN
AVERTED

2000-2015^e

Globally, **70%** of pregnant & breastfeeding women living with HIV **received ART** to prevent mother-to-child transmission of HIV, and for their own health.¹



70% reduction in AIDS-related deaths among children (0-4) since 2000, globally.¹



In an era where life-saving prevention and treatment exists,

1/2

Only half of HIV-exposed babies are tested for HIV by the recommended age of two months.¹



Of the

1.8M

children under 15 living with HIV,¹

HALF

are on treatment.¹



In 2013, a **quarter million children and pregnant women** living with HIV were affected by emergencies.¹



Children have the right to live a full life ... So governments, see to it that we children continue to get our rightful health care. We have a right to healthy living. See to it that our parents keep us in school healthily and alert and always ready to learn.

Elijah Zacchary Lamaiyan, 13, adolescent advocate living with HIV

ADOLESCENTS are outliers in the AIDS response.

Nearly half of adolescents (10–19) living with HIV are in just **five countries**: South Africa, Nigeria, Kenya, India and Tanzania.[†]



29

new infections among adolescents (15–19) **every hour.**[†]

13% of adolescent girls

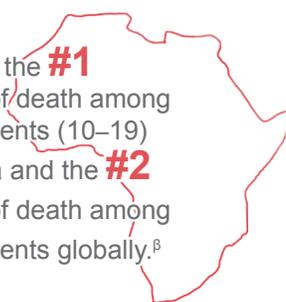


9% of adolescent boys



(15–19) have tested for HIV and received their results in the last 12 months, in sub-Saharan Africa.[>]

AIDS is the **#1** cause of death among adolescents (10–19) in Africa and the **#2** cause of death among adolescents globally.^β



In sub-Saharan Africa,

3 in 4

new infections in 15–19 year olds are among **girls.**[†]



children and adolescents are still dying due to AIDS.

Knowledge levels have barely increased over the past 15 years. **33%** of boys & **26%** girls (15–19) in sub-Saharan Africa have comprehensive HIV knowledge.[>]



In sub-Saharan Africa,

31% of girls (15–19) with multiple sexual partners reported having protected sex.[>]

HIV remains a **global issue** when it comes to prevention among adolescents.



Almost **32%** of new HIV infections among adolescents (15–19) occurred outside sub-Saharan Africa.[†]



13.4M

children (0–17) have lost one or both parents to AIDS.[†]

Data Sources

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

† UNAIDS 2016 estimates.

β WHO, Health for the World's Adolescents: A second chance in the second decade, World Health Organization, Geneva, 2014.

> UNICEF global HIV and AIDS databases (June 2016) based on MICS, DHS, AIS and other nationally representative household surveys, 2010-2015.

e UNICEF analysis of UNAIDS 2016 estimates.

* UNHCR, UNICEF, UNAIDS, unpublished estimates.

Children & Adolescents need:



Early & easy diagnosis

Knowing one's status is the first step to keeping children and adolescents with HIV alive and healthy. Rapid early infant diagnosis and timely HIV testing among adolescents are both critical to averting more deaths.

Life-saving treatment

Treatment is for life. Children, adolescents and their mothers need support to both initiate and remain on treatment, including peer/community support and nutrition interventions.



Resources for prevention

High-impact HIV prevention interventions like male and female condoms, harm reduction, voluntary medical male circumcision, and pre- and post-exposure prophylaxis must be made available to the most at-risk adolescents, wherever they live.

Support to stay in school

Staying in school, as well as quality, comprehensive sexuality education are crucial to reducing new infections, especially among girls.



Social protection

National social protection programmes help keep children in school. HIV-sensitive social protection programmes also address the underlying drivers of the epidemic, reducing the vulnerability of children and adolescents to HIV and AIDS.

A healthy life and empowered community is made possible by many components that intersect to form a tightly woven fabric that is maintained and adapted over time.

The key threads in the AIDS-response for children and adolescents are:

DATA

We must support robust evidence informed decision making, that addresses the needs of the most vulnerable and marginalized populations.

INNOVATION

Technology is moving faster than ever before and we need to make sure that all children and adolescents have access to new ways of thinking and doing to achieve better results in HIV.

PARTNERSHIP

Working together strengthens communities, evidence, and ultimately the response for children, adolescents and their families.



The number of lives saved thanks to the HIV and AIDS response in this century is remarkable. But for the sake of the 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