

CHILDREN, ADOLESCENTS AND AIDS

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“ Children should be the first to benefit from our successes in defeating HIV, and the last to suffer from our failures. ”

Anthony Lake, Executive Director,
UNICEF

The opportunity: An AIDS-free generation

As the world moves into the final year of the Millennium Development Goals (MDGs), so too does a generation of children who have grown up with HIV in their lives – and many of these children, like the MDGs, are also turning 15. When they were born, defeating AIDS in a lifetime seemed impossible, let alone within 15 years. Remarkable progress has given rise to the vision of a world in which all children can grow up free of HIV; where those who are living with HIV get the treatment and care they need; where all children can fulfil their potential without being constrained by HIV, and where they can pursue their dreams and contribute to the sustainable future of their societies. This vision is already a reality for many around the world. But we cannot stop until it is a reality for all children, everywhere.

Where we stand

The data indicate that great progress has been made in the prevention of mother-to-child transmission (PMTCT) of HIV, resulting in an acceleration in the decrease in new HIV infections among babies. Thanks to the expansion of programmes that keep women living with HIV alive and well, and improved regimens for PMTCT, there has been a greater decline in the estimated number of new HIV infections among children since 2009 than over the entire previous decade. The success of PMTCT means more children will be entering adolescence free of HIV. Support from government and partners should focus on keeping these children HIV-free through the second decade of life, and in so doing, we can achieve an AIDS-free generation.

What needs work

The data reveal that the scale-up of testing and treatment for children and adolescents living with HIV remains unacceptably slow. Children and adolescents under 15 years of age and living with HIV are still considerably less likely to receive the treatment they need compared to adults.[†] This lack of access to treatment could explain, in part, why adolescents are the only age group where AIDS-related deaths do not seem to be decreasing. But experience shows access to treatment will not be enough! Prevention efforts also need to be intensified and more targeted, especially for adolescent girls in sub-Saharan Africa, and for adolescent key populations most at risk and vulnerable to HIV.

What we can do

Addressing data gaps is vital to improving results for children and adolescents. Particularly in relation to adolescents, most countries would benefit from expanding the scope and improving the quality of data, as well as the analysis and utilization of strategic information, to inform more effective programming. Implementing evidence-based interventions, focused on the most at-risk and vulnerable populations, provides the best chance of achieving an AIDS-free generation. And the time to do this is now!

UPDATE ON THE FIRST DECADE OF A CHILD'S LIFE



Remarkable progress: increased focus and urgent attention still required

We know what to do, and we are becoming more efficient. Globally, new HIV infections among children declined by about 40 per cent between 2009 and 2013; resulting in a greater decline in new HIV infections since 2009 than in the previous ten years, and bringing the total number of new paediatric HIV infections averted by PMTCT programmes since 2005 to nearly 1.1 million. Now countries need to step up efforts more than ever to achieve the goal of a 90 per cent reduction by 2015.

Treatment is not equitable

Too many children and adolescents die because they miss out on HIV testing, treatment and care. An estimated 190,000 children (aged 0–14) died of AIDS-related causes in 2013 due to lack of treatment. This equates to more than 520 children dying of AIDS-related illnesses per day. A massive effort is required to immediately identify and reach all eligible children and adolescents with lifesaving ART in order to reach the 2015 goal.

Taking the response to the next level

To increase the pace of progress, pregnant women living with HIV need to be transitioned to the most effective treatment regimen much more rapidly – to yield health benefits for themselves, and to prevent new HIV infections among their babies. In addition, babies who acquire HIV need to be tested early, and followed over time, to ensure they have access to treatment as early as possible. The 'Double Dividend' was launched in 2013 to focus efforts on integrating HIV testing and treatment into existing maternal, newborn and child health services to reach more mothers and babies in pursuit of the dual goals of ending paediatric AIDS and improving child survival.

“Eliminating new HIV infections among children is an ambitious but achievable goal. With the support of the Every Woman Every Child movement, an AIDS-free generation can be ours. There is no better investment than the health of women and children.”

Ban Ki-moon, Secretary-General of the United Nations

1.1 million

Nearly 1.1 million new HIV infections were prevented among children (0–14 years) in low- and middle-income countries between 2005 and 2013.¹

240,000

new HIV infections occurred among children (0–14 years) in low- and middle-income countries in 2013.²

67%

of pregnant women living with HIV in low- and middle-income countries received antiretrovirals to prevent mother-to-child transmission in 2013, compared to 47 per cent in 2010.³

23%

of children (0–14 years) living with HIV in low- and middle-income countries received life-saving ART in 2013 versus

37%

 of adults.^{4†}

Data notes and sources:

1. UNAIDS, 2013 HIV and AIDS unpublished estimates, July 2014.
2. UNAIDS 2001–2013 HIV and AIDS estimates, August 2014.
3. UNAIDS, UNICEF and WHO, 2005–2013 Global AIDS Response Progress Reporting, and UNAIDS 2005–2013 HIV and AIDS estimates, August 2014.
4. UNAIDS, UNICEF and WHO 2013 Global AIDS Response Progress Reporting, and UNAIDS 2013 HIV and AIDS estimates, July 2014.

#1

AIDS is the #1 killer of adolescents in Africa and #2 worldwide.⁵

2.1 million

adolescents (10–19 years) were living with

HIV in 2013,⁶ more than

80%

of whom live in sub-Saharan Africa, and many of whom still do not know their HIV status.⁷

64%

of the 250,000 new HIV infections among older adolescents (15–19 years) in 2013 were among girls.⁸

1.2 billion

adolescents in the world today; the largest generation in history.⁹

5. WHO, *Health for the world's adolescents: a second chance in the second decade*, World Health Organization, Geneva, 2014.

6. UNAIDS, 2013 HIV and AIDS unpublished estimates, July 2014.

7. As above.

8. As above.

9. United Nations Population Division, 2012 World Population Projection estimates.

10. UNAIDS, 2013 HIV and AIDS unpublished estimates, July 2014.

† Definition of ART coverage indicator has changed from previous years and now refers to the percentage of all people living with HIV who are receiving ART and not only those who are living with HIV and eligible for treatment based on the most recent WHO treatment eligibility guidelines.

UPDATE ON THE SECOND DECADE OF A CHILD'S LIFE



Adolescents are being left behind

Globally, AIDS-related deaths fell by almost 40 per cent between 2005 and 2013 for all age groups except adolescents (aged 10–19 years), where our best estimates indicate that AIDS-related deaths are increasing. Gaps in available empirical data make it difficult to explain this with confidence, but there is concern that a lack of access to testing and treatment could explain, in part, why AIDS-related deaths among adolescents are not decreasing along the same trajectory as all other age groups.

Prevention efforts need to be intensified and targeted

More focused implementation of interventions that work for adolescents most at-risk and vulnerable to HIV is needed, including for adolescent girls in sub-Saharan Africa, and adolescent key populations globally. Stigma and ignorance about HIV, along with policy and legal barriers (such as age of consent or punitive laws), make accessing treatment and prevention services difficult or impossible for many adolescents. This is a particular issue for key affected populations, including adolescent males who have sex with other males, transgender women, adolescents who inject drugs and adolescents who are sexually exploited.

Stepping up the response for the unidentified and unsupported

A generation of children has grown up living with HIV and entering adolescence without continuity of treatment and care for a number of possible reasons. They may not have benefited from PMCT and therefore become 'lost to follow-up', or they may have fallen in and out of care throughout their childhood. Identifying these adolescents and giving them access to life-saving treatment before they fall ill, as well as providing them with care and support is crucial. Improving adherence to long-term medication is also critical to reducing AIDS-related deaths in adolescents. HIV prevention and treatment should be a part of broader services that are more sensitive to adolescent needs.

“ We cannot run away from adolescents. HIV is the leading cause of adolescent mortality in Africa – especially among young women. This is a moral injustice. I am calling on young people to lead the new 'All In' initiative, alongside UNICEF and UNAIDS, to end the adolescent AIDS epidemic. ”

Michel Sidibé, Executive Director, UNAIDS

'All In' to #EndAdolescentAIDS

To address the serious gaps in the AIDS response for adolescents, a global initiative entitled 'All In' to #EndAdolescentAIDS is underway. This effort has set two bold objectives by 2020: to reduce HIV infections among adolescents by at least 75 per cent, and to increase the number of adolescents living with HIV on lifesaving treatment to 80 per cent.

The focus is on supporting governments, partners and adolescents to move more efficiently towards these targets. 'All In' emphasizes reaching the most at-risk adolescents while investing in high-impact, proven interventions such as access to condoms, antiretroviral treatment, voluntary medical male circumcision in sub-Saharan Africa, harm reduction interventions for adolescents who inject drugs and investment in other supportive sectors such as education, social and child protection, while also strengthening health and community systems.

Social protection must underpin efforts to improve results over the first two decades of life

Globally, 17.7 million children (0–17 years) have lost one or both parents to AIDS.¹⁰ This number is expected to remain fairly constant over the next few years. Greater collaboration across sectors and social support services (including cash transfers) is a proven way of helping to alleviate hardship, reduce the risk of HIV infection and support long-term adherence to medication and continuity of care for children and their families. Cash transfers for adolescent girls are also proving beneficial for keeping children in school, while also reducing early marriage, pregnancy and other HIV-related risks. For adolescents, access to education, particularly comprehensive sexuality education, is critical.

The role of strategic information

AIDS-related data has accumulated relatively quickly over the course of the epidemic, but most countries would still benefit from expanding the scope and quality of their data. Improving strategic information is essential to facilitating better results, especially where data are made available in close to real time, and are utilized in planning and programming. Few countries collect data on testing and treatment, for example, or retention of adolescents in care. Addressing these data gaps is crucial to informed programming and maximizing results for children and adolescents.

Read more and download the data

For supporting data, multimedia resources and further information on children and AIDS, visit: <www.childrenandaids.org>.

Photo credits

Because HIV-related stigma persists, UNICEF takes steps to safeguard the identities of children and their mothers in accordance with their wishes and with global standards of child rights and protection. UNICEF obtains written consent from people living with the virus before identifying them as such in photographs and other media. Unless otherwise stated, people depicted in this publication, and in the accompanying materials online, should not be assumed to be living with HIV.

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“ An AIDS-free generation means a generation in which all children are born free of HIV and remain so for the first two decades of life, from birth through adolescence. It also means that children living with and affected by HIV have access to the treatment, care and support they need to remain alive and well. ”

Stocktaking Report, 2013