

Children AIDS

2015 STATISTICAL UPDATE

What we know

At the turn of the century, and the beginning of the Millennium Development Goals, an HIV diagnosis was equivalent to a death sentence for most children and their families in low-income countries. But now, an early diagnosis paired with treatment and care can ensure long healthy lives, regardless of location, and can help prevent transmission of HIV to others.

Since 2000, thirty million new infections were prevented, nearly eight million deaths averted, and fifteen million people living with HIV are now receiving treatment.[†]

 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

The lives of mothers and children have been saved

Today a majority of pregnant women living with HIV in low- and middle-income countries are receiving treatment to remain healthy and to prevent HIV transmission to their babies – averting 1.3 million new infections among children since 2000.^{†,‡} As impressive as progress has been, it is not universal. Twenty-five children (0–14 years old) still acquire HIV every hour.^Δ

Children are becoming adolescents without the testing, treatment and care they need

AIDS is the leading cause of death for adolescents (10–19) in Africa, and the second globally.^β The majority of these deaths are among adolescents who acquired HIV as babies and survived to their teenage years, either without knowing their HIV status or having slipped out of care.

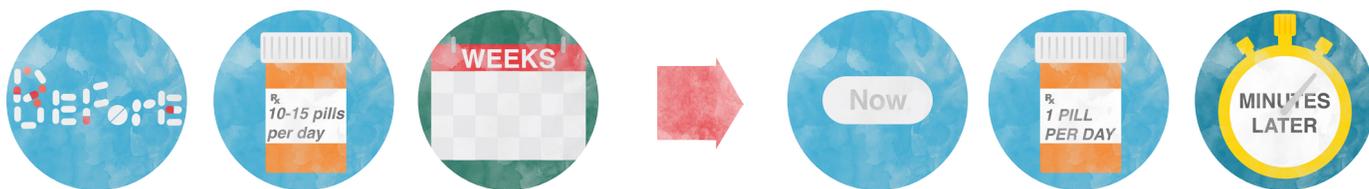
Prevention can be life-saving

The majority of adolescents – especially those most at risk of new infection, including girls, young men who have sex with men, those who are transgender, inject drugs or are sexually exploited – lack access to proven prevention interventions.

We have never been better equipped, but we must improve

With each passing year, science provides us with new tools, and experience on the ground informs our approach, making ending AIDS by 2030 a real possibility. By reflecting, we gain clarity. By innovating, we improve results.

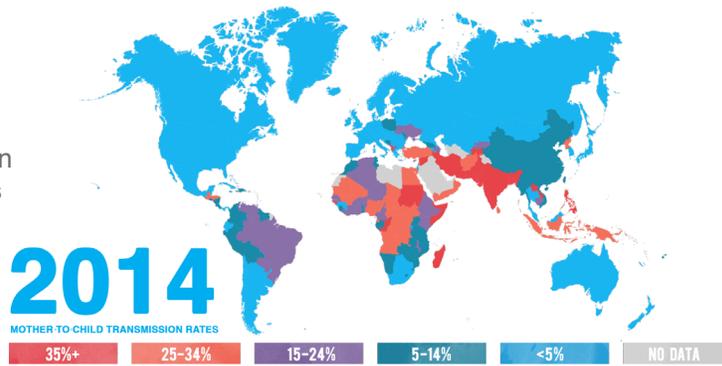
Now we enter the era of the Sustainable Development Goals – a springboard to ending AIDS. With simplified, more efficient and cost-effective methods, many of the hurdles are behind us. Frontloading investments – both domestic and international – into proven interventions is needed if we are to achieve an AIDS-free generation for children and adolescents.



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

CHILDREN

We are closer than ever to the elimination of new HIV infections among babies.



THAT'S
1.3 MILLION
NEW INFECTIONS
AMONG CHILDREN
AVERTED^e

2000–2014

3 in 5

pregnant & breastfeeding women living with HIV **received ART** to prevent mother-to-child transmission of HIV.[†]



60%

reduction in AIDS-related deaths among children (0–4) since 2000.[^]



The number of children on treatment is appallingly low.

LESS THAN HALF



of children are tested for HIV before they reach two months of age.[†]

Of the

2.6M

children under 15 living with HIV,[^]

1 in 3

 are on treatment.[†]

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



Ending the AIDS epidemic is dependent on social justice, which demands equity in education, employment and health for both girls and boys. We must make the conscious decision to empower young women and girls to take control of their own health choices. Michel Sidibé, UNAIDS Executive Director

ADOLESCENTS are outliers in the AIDS response.

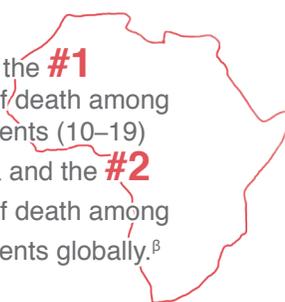
About half of adolescents (15–19) living with HIV are in just **six countries**: South Africa, Nigeria, Kenya, India, Mozambique and Tanzania.^λ



11%

of adolescents (15–19) are tested for HIV 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,

7 in 10

new infections in 15–19 year olds are among **girls**.^λ



Adolescent deaths **tripled** **tripled** **tripled** since 2000.^λ

Knowledge levels have barely increased over the past 15 years. **70%** of boys & girls (15–19) in sub-Saharan Africa do not have comprehensive HIV knowledge.[‡]



In sub-Saharan Africa,

70%

of girls (15–19) with multiple sexual partners in the last year did not use a condom the last time they had sex.[‡]

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



Almost **40%** of new HIV infections among adolescents (15–19) occurred outside sub-Saharan Africa.^λ



13.3M

children (0–17) have lost one or both parents to AIDS.^λ

Data Sources

- † UNAIDS/UNICEF/WHO Global AIDS Response Progress Reporting and UNAIDS 2014 HIV and AIDS estimates, July 2015.
- λ UNAIDS 2014 HIV and AIDS estimates, July 2015.
- β WHO, *Health for the World's Adolescents: A second chance in the second decade*, World Health Organization, Geneva, 2014.

- ◇ United Nations Population Division, 2015 World Population Projection estimates.
- ⊖ UNICEF analysis of UNAIDS 2014 HIV and AIDS estimates, July 2015.
- ‡ UNICEF global HIV and AIDS databases (September 2015) based on MICS, DHS, AIS and other nationally representative household surveys, 2010–2014.

Globally, we need solutions that:



Offer early & easy diagnosis for children

HIV advances quickly in babies, making early diagnosis the difference between life and death. Rapid early infant diagnosis is the first step to keeping babies living with HIV healthy and support their mothers.

Support women, children & adolescents to stay on treatment

We have reduced the transmission of HIV during pregnancy, such that now the majority of infections among babies are happening after birth during breastfeeding. Making HIV testing available where we already reach children just makes sense – for example, in immunization services and nutrition support centres.



Invest in proven prevention interventions

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

Educate children & keep girls in school

Staying in school, as well as quality, comprehensive sexuality education are crucial to reducing new infections. National social protection programmes help keep children in school, and also address the underlying drivers of the epidemic.



Improve data, especially for adolescents

Our interventions are only as good as the data that inform and support them. We need detailed age- and sex-disaggregated epidemiological and service utilization data from more countries, including data to assess the effectiveness of various models of service delivery for adolescents.

Targets



Strategy



Political Will



Resources



Ending AIDS

Children and adolescents (aged 0–19) make up one-third of the world's population, but they are 100 per cent of the world's future.◇ More rapidly than ever before, we must deliver results to our youngest citizens so that we can achieve an **AIDS-free generation**.

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

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