



FOR EVERY CHILD, END AIDS

Seventh Stocktaking Report, 2016

CHILDREN ARE STILL DYING OF AIDS-RELATED CAUSES.

Children living with HIV (aged 0–4) face the highest risk of AIDS-related death compared to all other age groups.[^] The AIDS-response must focus on solutions for this extremely vulnerable population. Preventing new infections, but also testing and starting treatment early are the best ways to end AIDS among the youngest children. In an age when the tools and knowledge are at hand to prevent and treat HIV in children, new infections and deaths among this age group reflect a collective failure to prioritise children.

ADOLESCENT HIV INFECTION RATES ARE PROJECTED TO RISE.

Trends show that in Africa, the continent bearing much of the world's HIV-burden, the total population of 10–24-year-olds will more than double by 2060^o and thus, the estimated number of adolescents newly infected with HIV is projected to also increase even if we maintain our current rate of progress. If the incidence rate were to remain at 2015 levels instead of continuing at its current rate of decline, an increase in the estimated number of new HIV infections among adolescents (aged 15–19 years) is projected to increase to 280,000 annually by 2020, to 330,000 annually by 2025, and to 390,000 annually by 2030. The cumulative impact of this could result in as many as 740,000 additional adolescents infected with HIV between 2016 and 2030.[^]

OVERSTRETCHED SYSTEMS & RESOURCES WHILE DEMANDS FOR HIV INCREASE.

Escalating numbers of people living with HIV and increasing youth populations in need of HIV prevention services stress existing health, education and protection systems that are necessary components of the HIV response. For already overwhelmed systems, strategies for building resilience and sustainability are more important than ever before. In a time of limited resources, working with other development sectors will be critical for both addressing the funding gaps and driving a more sustainable HIV response.

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

CHILDREN

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. †



85%
Nearly
of all new
HIV infections
among
children occurred
in sub-Saharan
Africa. †

**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,[†] **HALF**
are on treatment.¹



3.8 years

Average age of initiation of
antiretroviral treatment for
children (0–14) in sub-Saharan
Africa.^e

In 2013, a
quarter million children and
pregnant women
living with HIV were affected
by emergencies.⁷



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.

Every **2 minutes** an adolescent (15–19) is newly infected with HIV.†



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.>

More than **100** adolescents (10–19) died of AIDS every day in 2015.†

In sub-Saharan Africa,

3 in 4

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



Knowledge levels have barely increased over the past 10 years. **33%** of boys & **26%** girls (15–19) in sub-Saharan Africa have comprehensive HIV knowledge.>



In sub-Saharan Africa,

1 in 3 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

- ^ UNICEF analysis of UNAIDS 2016 estimates, July 2016.
- q United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: The 2015 Revision, United Nations, 2015.
- \ 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 Start Free, Stay Free, AIDS Free Framework, July 2016.
- * UNHCR, UNICEF, UNAIDS, unpublished estimates.

CHILDREN AND 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.



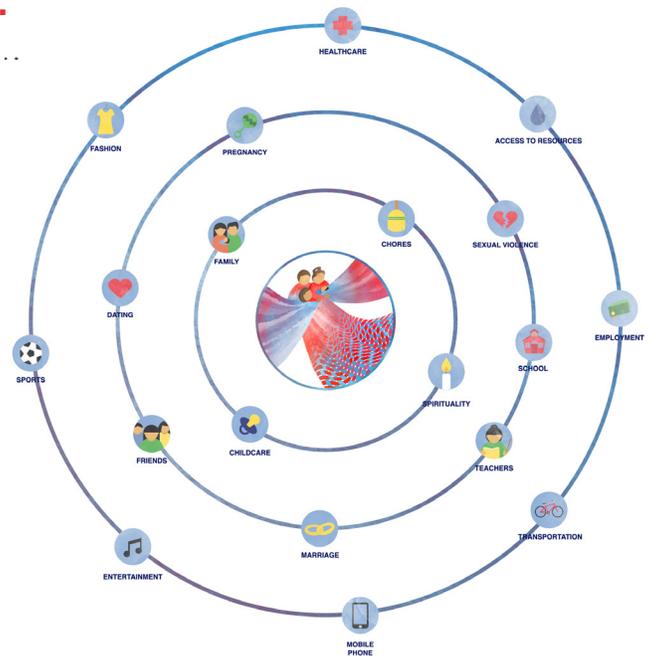
SUPPORT TO STAY IN SCHOOL

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



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