

# Unmet targets for children and adolescents: the urgency is now

**Anna Yakusik**  
*Data for Impact, UNAIDS*

**PATA 2024 Opening Prime Session:**  
Healthcare Provider Champions in the Global Alliance to End AIDS in Children by 2030

*04 November 2024*



We extend our gratitude to all country teams for their unwavering dedication to data collection and their steadfast commitment to advancing our shared mission of Ending AIDS in Children.

Special thanks to the UNAIDS team, especially our esteemed leaders:

- Dr. Tim Rwabuhemba Musinguzi
- Dr. Paula Auberson-Munderi
- Dr. Fodé Simaga
- Dr. Mary Mahy
- DXD Dr. Angeli Achrekar

In collaboration with the Global Alliance on Ending AIDS in Children, we harness the collective strength and expertise of all partners to maximize our impact.



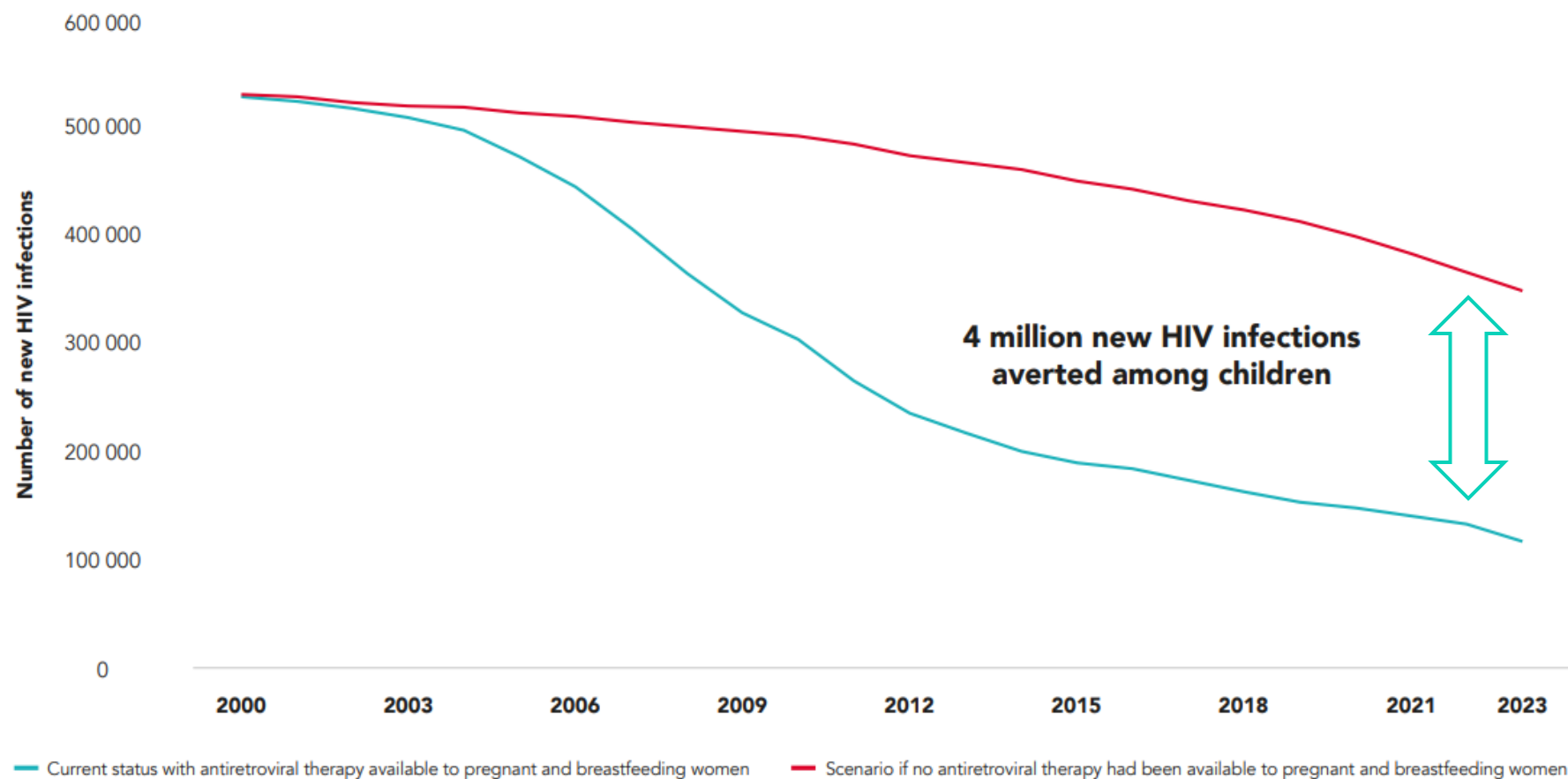
## Acknowledgments

The mothers' stories are frequently ones of resilience and inspiration.  
Let's take a step back in time.



The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Population Services International (PSI) announced the creation of HealthX Partners Incorporated

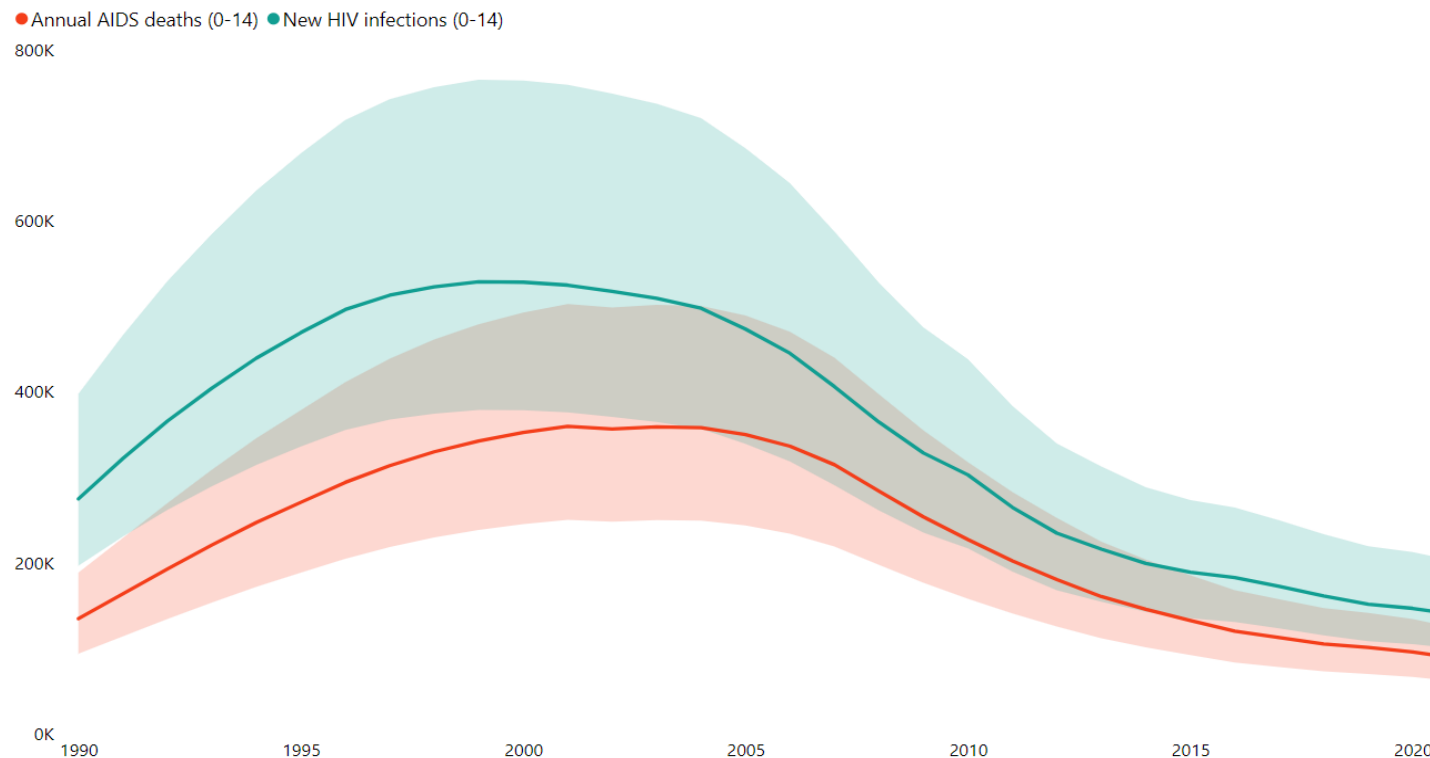




Source: UNAIDS special analysis of epidemiological estimates, 2024.



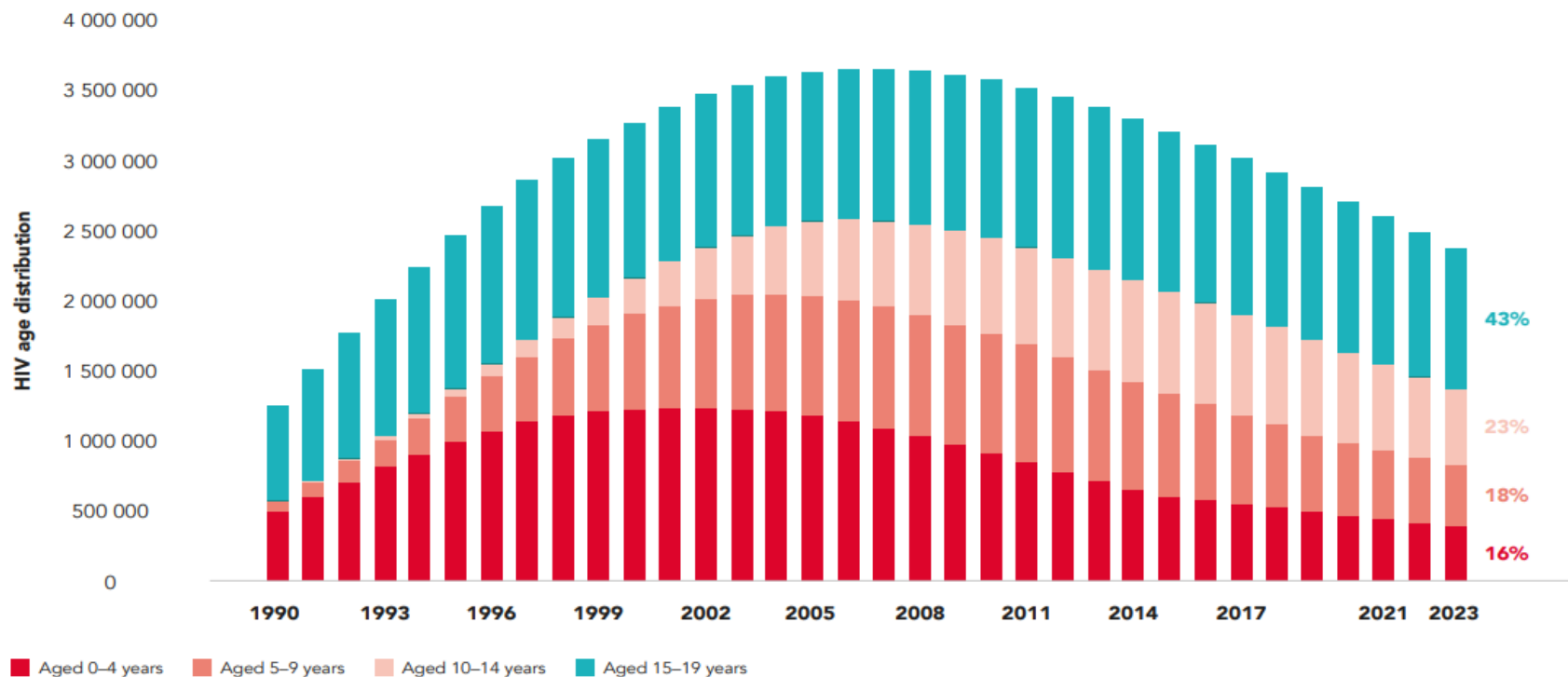
It's been decades since the global community started working to prevent HIV transmission from mother to child. Important progress is being made towards ending AIDS in children globally. Since 2000, vertical transmission programs have averted around 4 million infections in children aged 0–14.



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



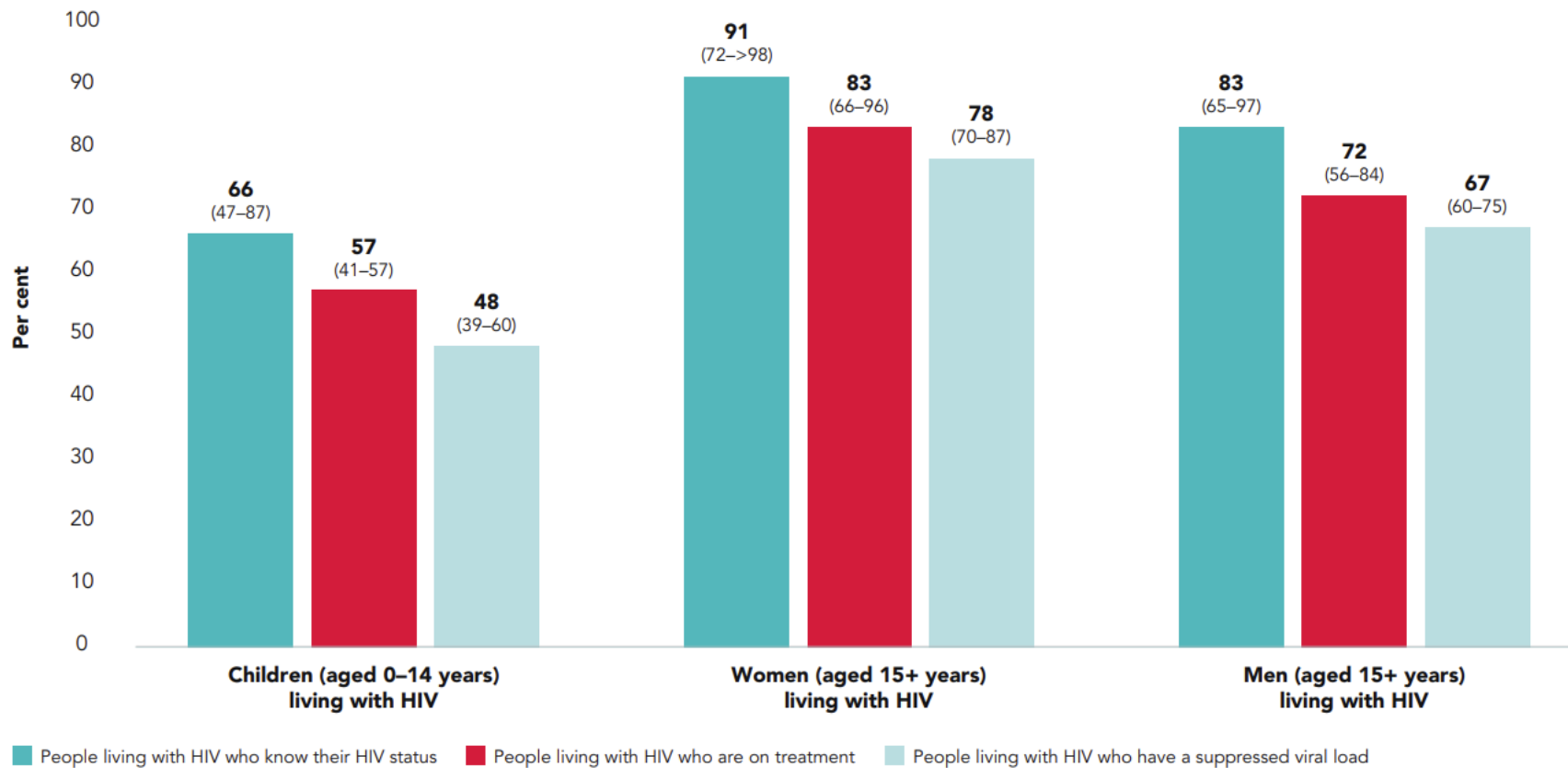
**New HIV infections and AIDS-related deaths among children (0–14 years old) have been on decline. Still, around 120,000 babies were infected last year globally.**



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org>).



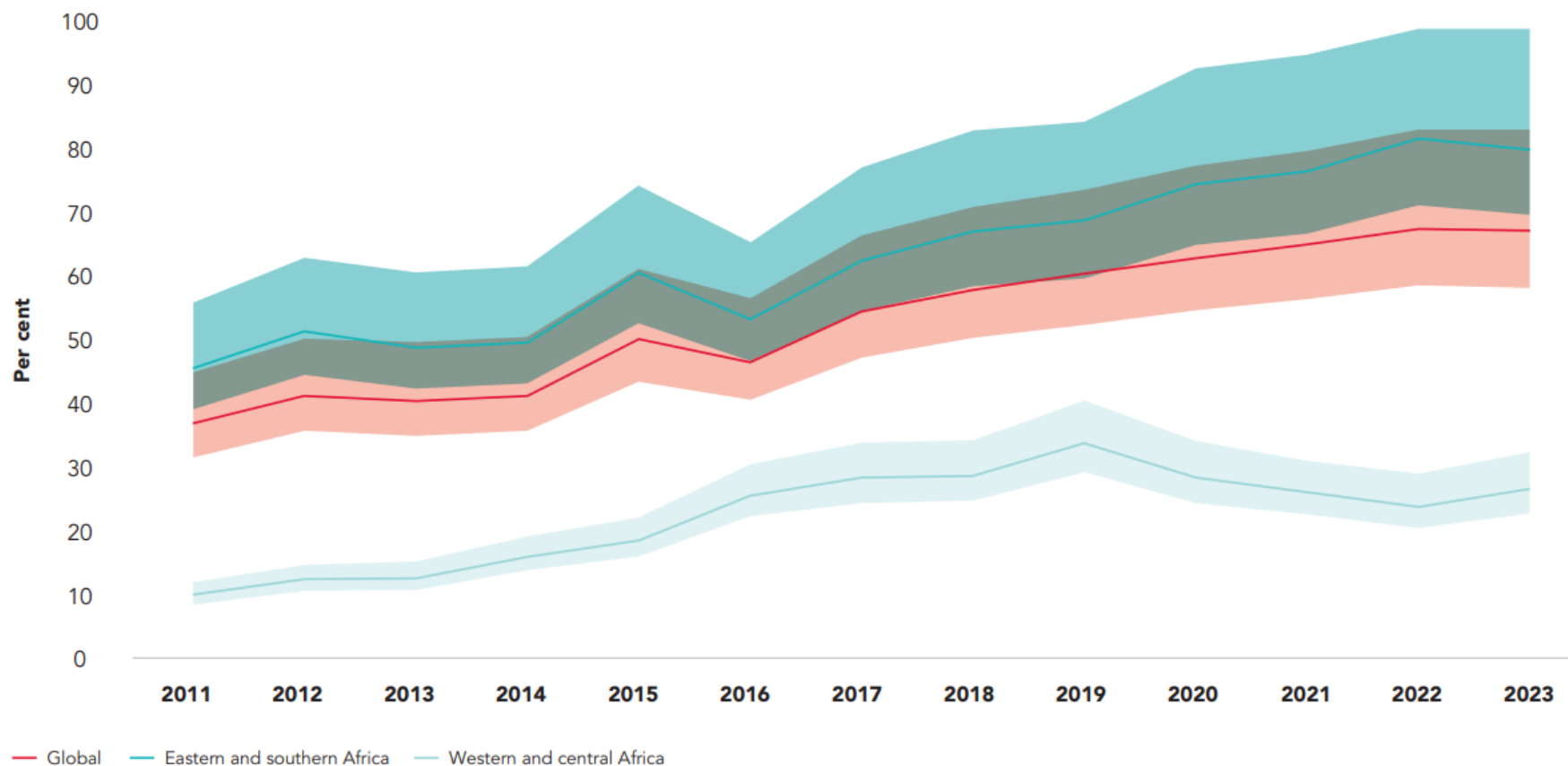
**In 2023, approximately 1.4 million children (ages 0-14) and 1.0 million older adolescents (ages 15-19) worldwide were living with HIV. Only about 57% of these children and 64% of older adolescents were receiving antiretroviral therapy that year.**



Source: Further analysis of UNAIDS epidemiological estimates, 2024.



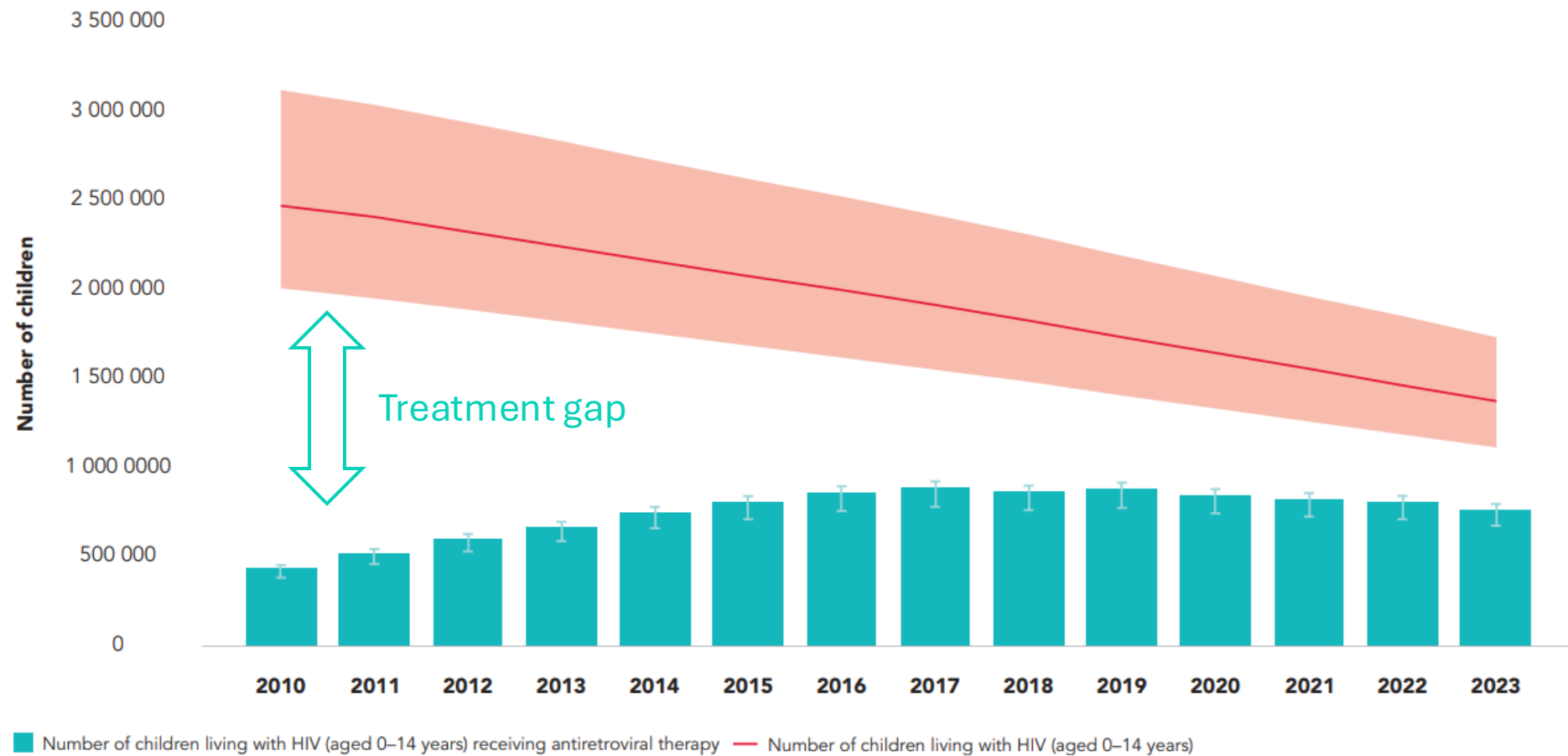
**Children aged 0–14 years living with HIV remain considerably less likely than adults to be diagnosed and receive treatment. In 2023, only 66% of children with HIV were aware of their status, compared to 91% of adult women and 83% of adult men aged 15 and older living with HIV.**



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



**While HIV testing coverage for infants (referred to as EID or Early Infant Diagnosis on this slide) has significantly improved, missed or delayed HIV diagnoses in infants and young children—especially following the end of breastfeeding—remain key factors behind low treatment rates in children and the disproportionately high number of AIDS-related deaths in infants and under 5 age group.**

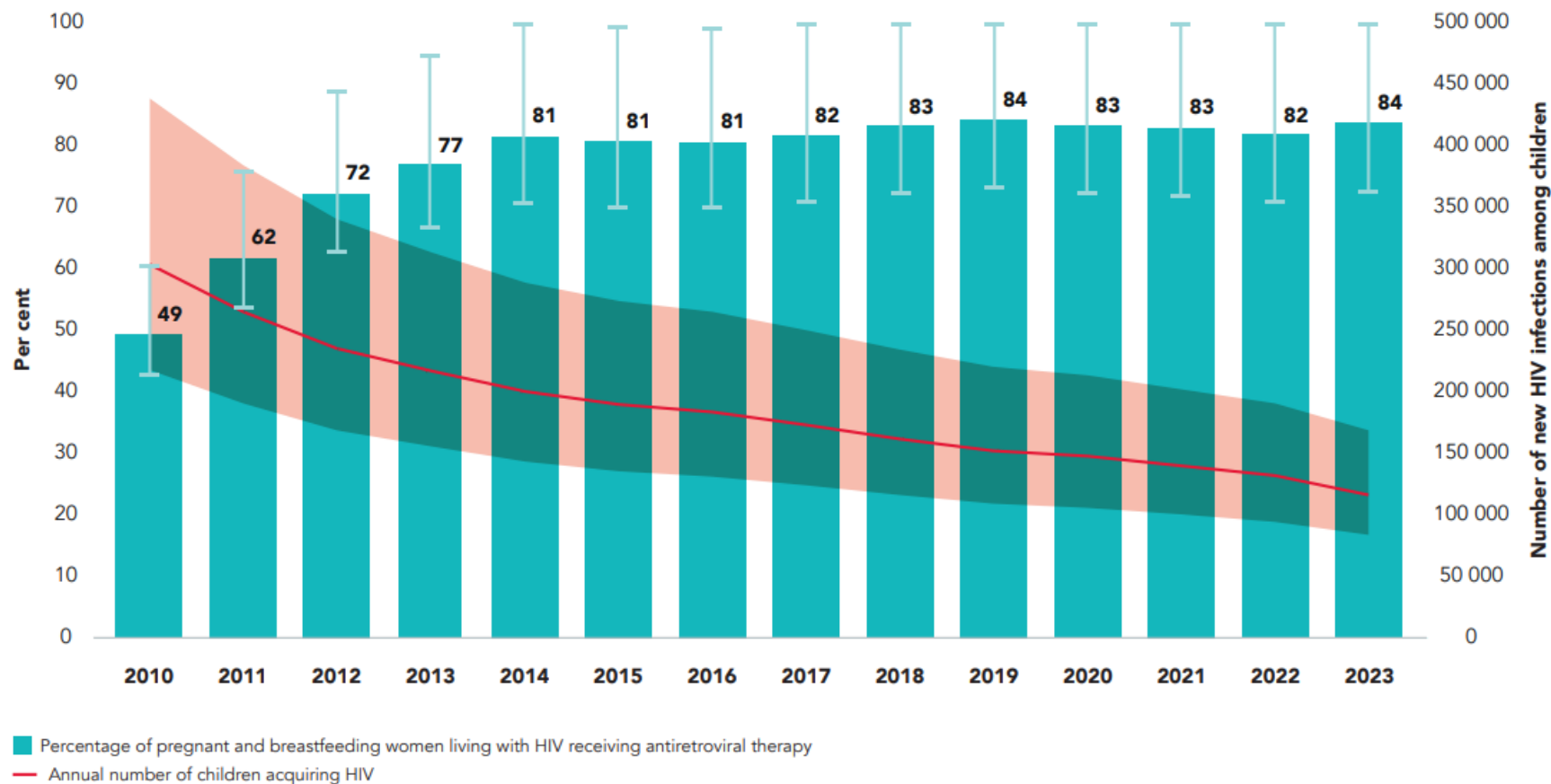


■ Number of children living with HIV (aged 0-14 years) receiving antiretroviral therapy — Number of children living with HIV (aged 0-14 years)

Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



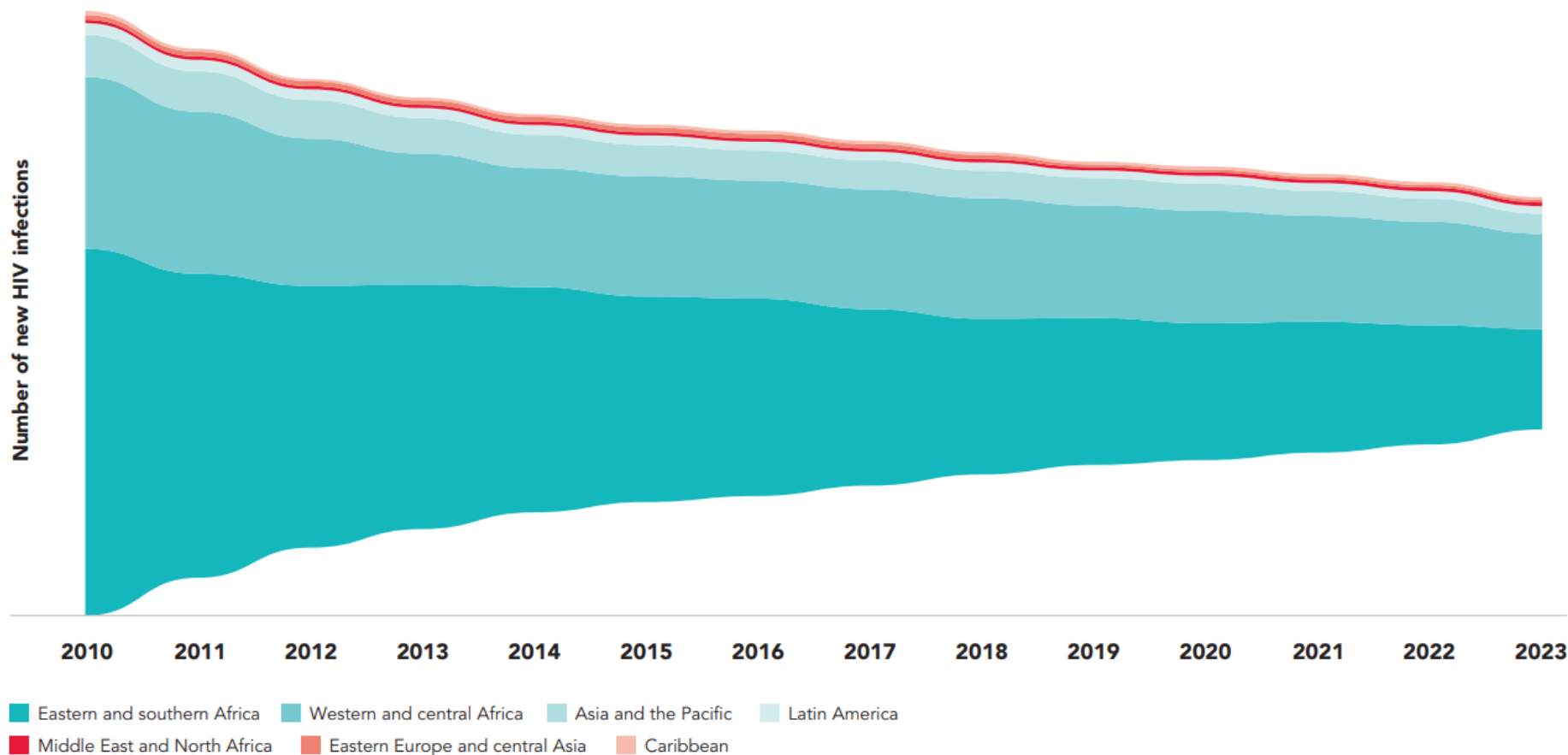
**Although treatment uptake in children has been increasing and the absolute treatment gap among children has decreased over time, the current population-level coverage still leaves approximately 590,000 children without immediate access to treatment and viral suppression.**



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



**Coverage of services to prevent vertical transmission has plateaued globally, with rates at 84% in 2023. The progress is far too slow, with an array of barriers.**



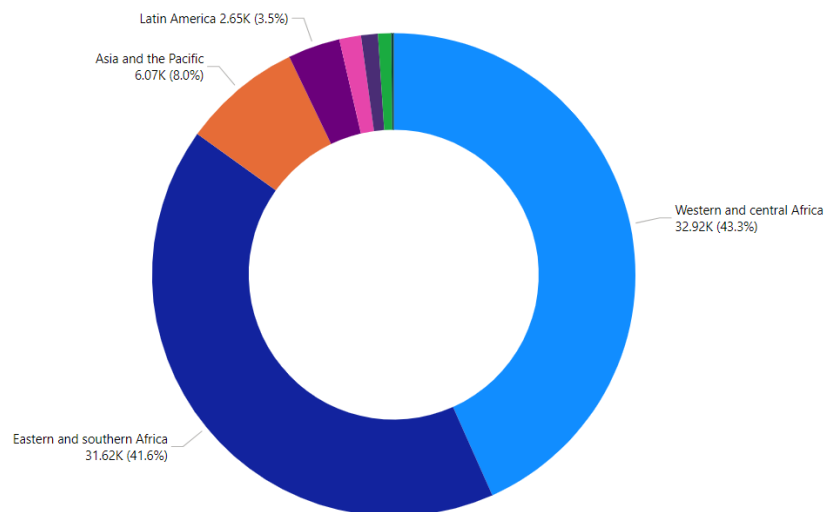
Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



**The number of children who acquired HIV in 2023 (120 000) was the fewest since the late 1980s. However, the decline in new child HIV infections has slowed in recent years. Western and central Africa now accounts for about 41% of all children acquiring HIV globally.**

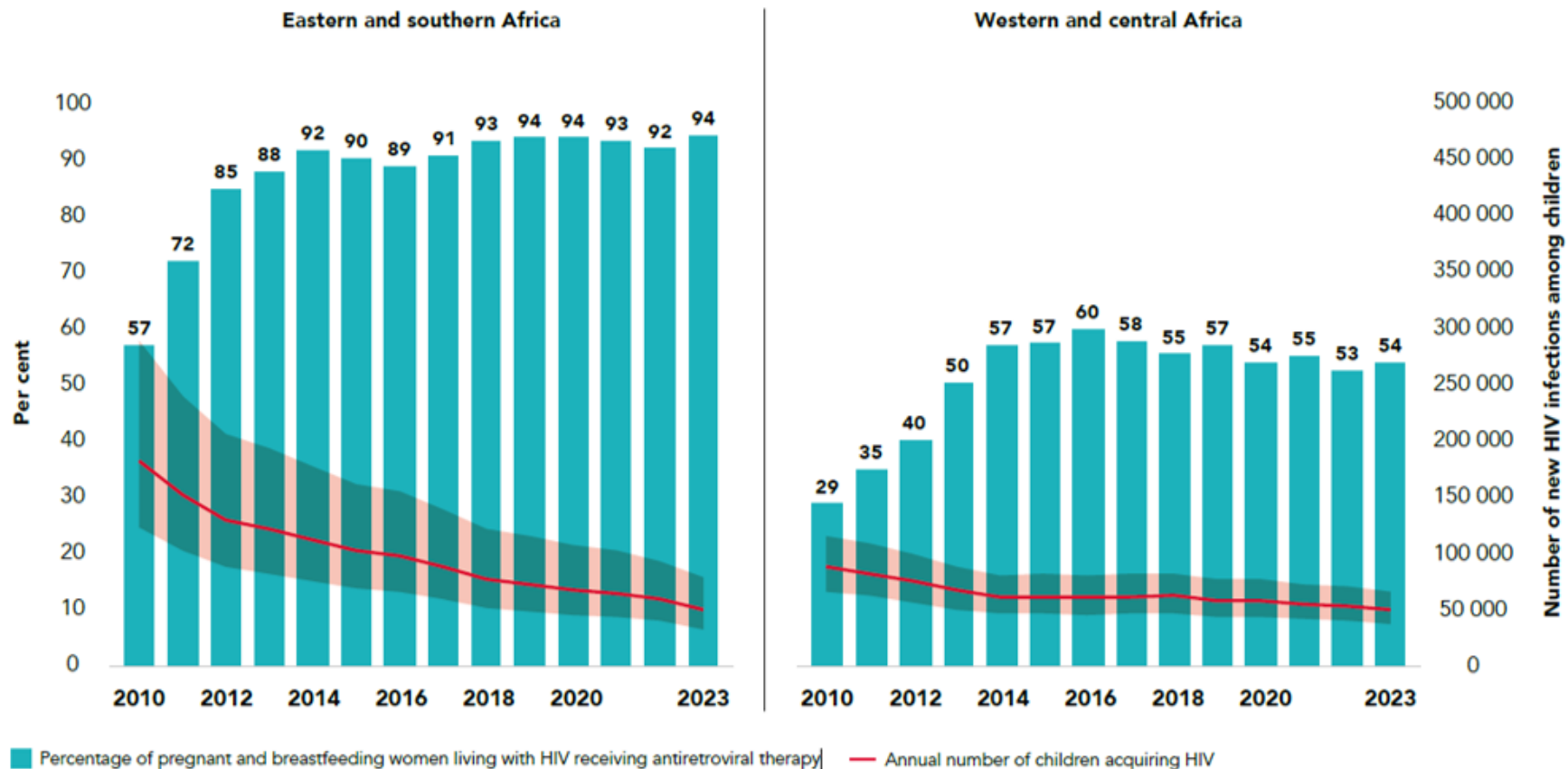
## Sub-Saharan Africa remains the region most affected by HIV in children

- Sub-Saharan Africa shows steady progress in providing life-saving HIV medication, but reaching young patients remains challenging.
- About 65,000 children died from AIDS-related causes in Sub-Saharan Africa last year, accounting for over 85% of global AIDS-related deaths in children in 2023.



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



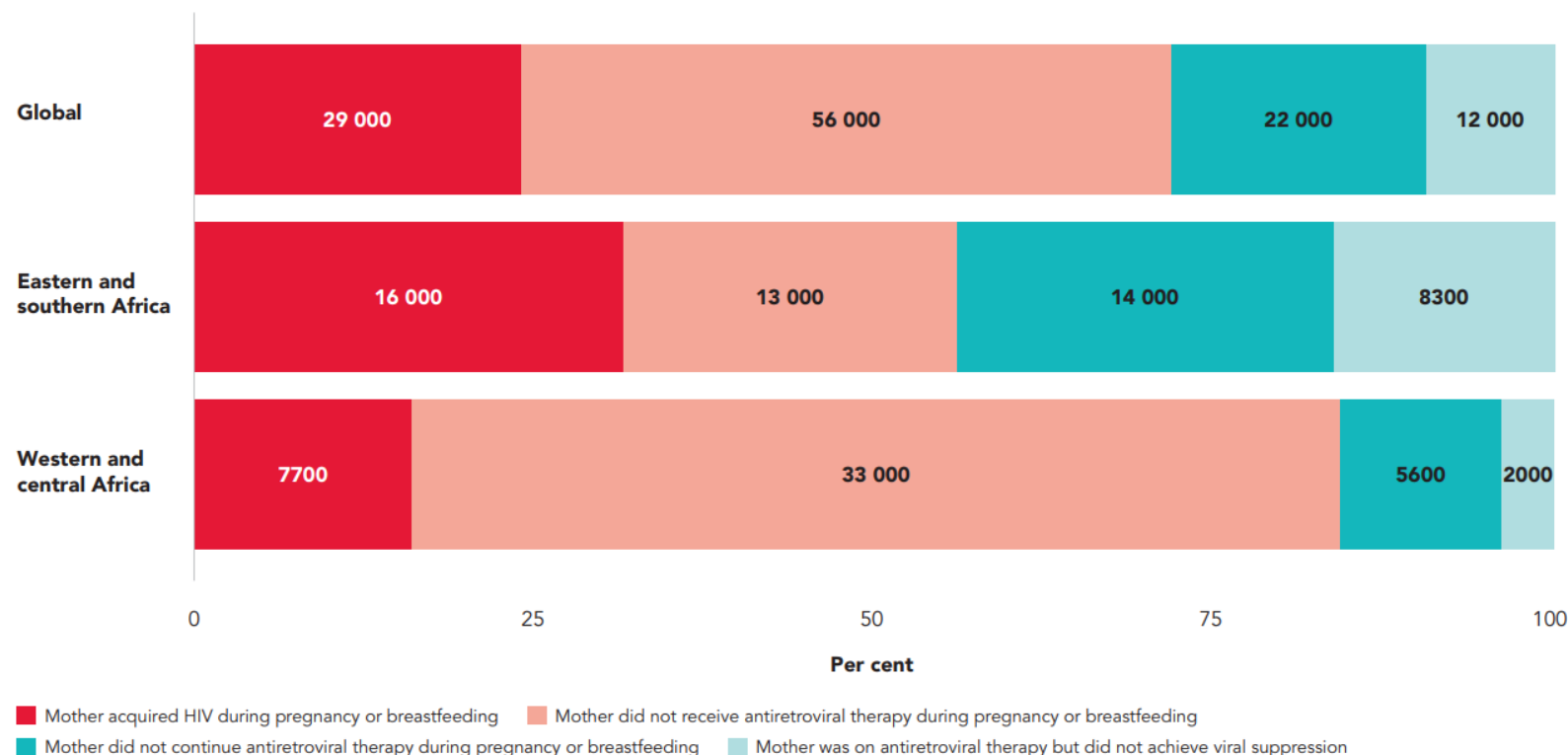


Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



Coverage of services to prevent vertical transmission in Western and central Africa has been lower, with rates at 54% on average in 2023.

# The underlying causes of vertical transmission in 2023, globally and in Sub-Saharan Africa



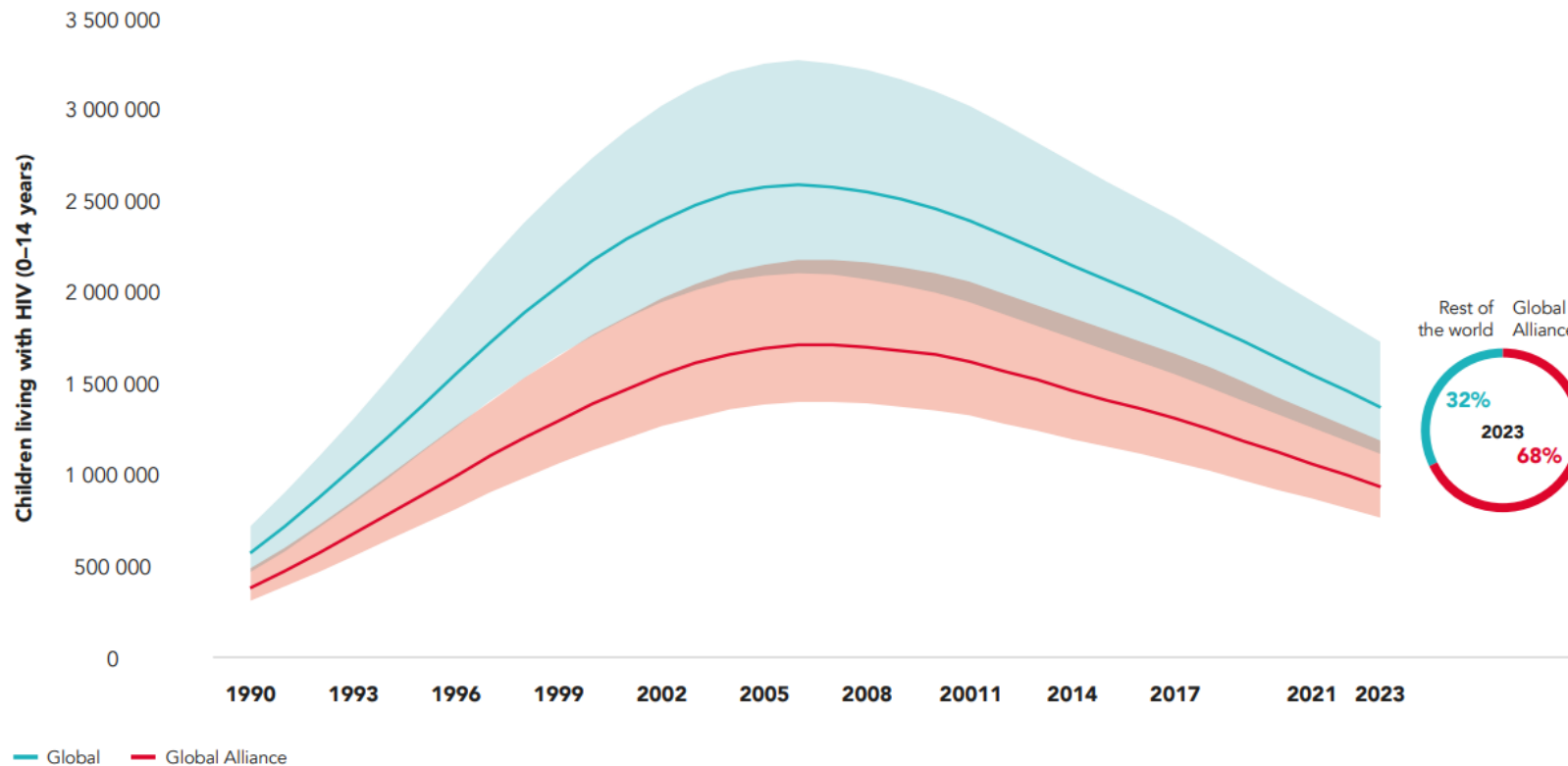
Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

HIV transmission from mother to child (vertical transmission) can occur at multiple stages:

- **In utero (during pregnancy):** The virus can cross the placenta from the mother to the fetus.
- **During childbirth (intrapartum):** The child may be exposed to the virus in the mother's blood or vaginal fluids during delivery.
- **Through breastfeeding (postpartum):** The virus can be transmitted through breast milk.



**Preventing vertical HIV transmission requires a comprehensive approach to maternal health and well-being. This includes preconception counseling and care to prepare for a healthy pregnancy; quality universal antenatal care and appropriate HIV management and monitoring during pregnancy; safe delivery practices to minimize the risk of perinatal transmission; comprehensive postpartum support, including breastfeeding guidance, to reduce the risk of postnatal transmission; and ongoing follow-up care for both mother and child, including after cessation of breastfeeding.**



UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org>).

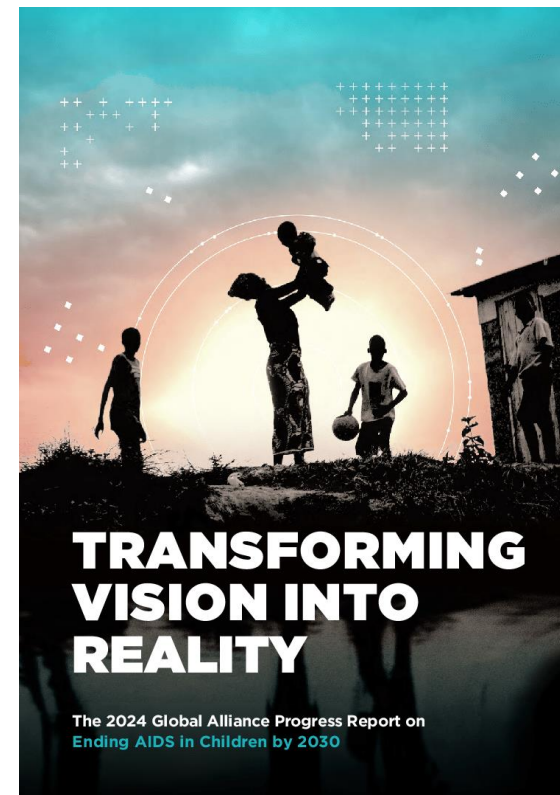
- **The Global Alliance to End AIDS in Children** (Global Alliance), launched in July 2022, works with women living with HIV and their families, national governments and partners to mobilize leadership, funding and action to end AIDS in children as a public health threat by 2030.
- **The Global Alliance supports efforts to end AIDS in children across 12 countries (phase 1)**, which together account for 68% of all children living with HIV, 66% of new HIV infections and 64% of AIDS-related deaths among children in 2023.



**The global push to eliminate vertical transmission in countries most affected by HIV among children: the Global Alliance**

## The 2024 Global Alliance Progress Report

- The 2024 Global Alliance Progress Report showcases key advancements and ongoing challenges in addressing HIV in children and adolescents, globally and across 12 Global Alliance countries (phase 1).
- Launched during AIDS 2024 in Munich, this is the first dedicated pediatric report since 2021 and the launch of the Global Alliance on Ending AIDS in Children.
- The report underscores that while ending AIDS in children is possible, the current pace of progress is insufficient.



## Urgent action is needed to accelerate the decline of HIV/AIDS among children and adolescents, globally and across 12 Global Alliance countries

- **Positive, yet insufficient, declines in pediatric and adolescent new HIV infections and mortality.**
- **Vertical transmission** is the central driver of new HIV infections in children. An ample approach to **maternal health** is crucial, spanning preconception, pregnancy, childbirth, and postpartum care, including breastfeeding.
- **Addressing adolescent HIV requires a multidimensional approach, recognizing the distinct groups:** those with vertically acquired infections from earlier in life, and those who have acquired HIV through horizontal transmission.

PROGRESS IN REDUCING NEW HIV INFECTIONS AND AIDS-RELATED DEATHS		2015	2021	2023	PERCENTAGE CHANGE FROM 2021 TO 2023
<b>New HIV infections</b>					
Children (0–14 years old)	Global	190 000 [140 000–270 000]	140 000 [100 000–200 000]	120 000 [83 000–170 000]	–17%
	Global Alliance	120 000 [89 000–180 000]	94 000 [68 000–130 000]	77 000 [55 000–110 000]	–18%
<b>AIDS-related deaths</b>					
Children (0–14 years old)	Global	130 000 [93 000–190 000]	89 000 [62 000–120 000]	76 000 [53 000–110 000]	–14%
	Global Alliance	85 000 [60 000–120 000]	57 000 [40 000–78 000]	49 000 [34 000–66 000]	–15%
<b>New HIV infections</b>					
Adolescents (15–19 years old)	Global	200 000 [58 000–350 000]	150 000 [43 000–260 000]	140 000 [39 000–240 000]	–11%
	Global Alliance	130 000 [24 000–220 000]	92 000 [17 000–160 000]	77 000 [14 000–130 000]	–16%
<b>AIDS-related deaths</b>					
Adolescents (15–19 years old)	Global	18 000 [13 000–24 000]	16 000 [11 000–21 000]	14 000 [10 000–19 000]	–9%
	Global Alliance	12 000 [8800–15 000]	11 000 [8100–14 000]	10 000 [7400–13 000]	–8%

Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org>).

## The data reveals both progress towards 2025 Global Targets and significant challenges, both - globally and across 12 Global Alliance countries

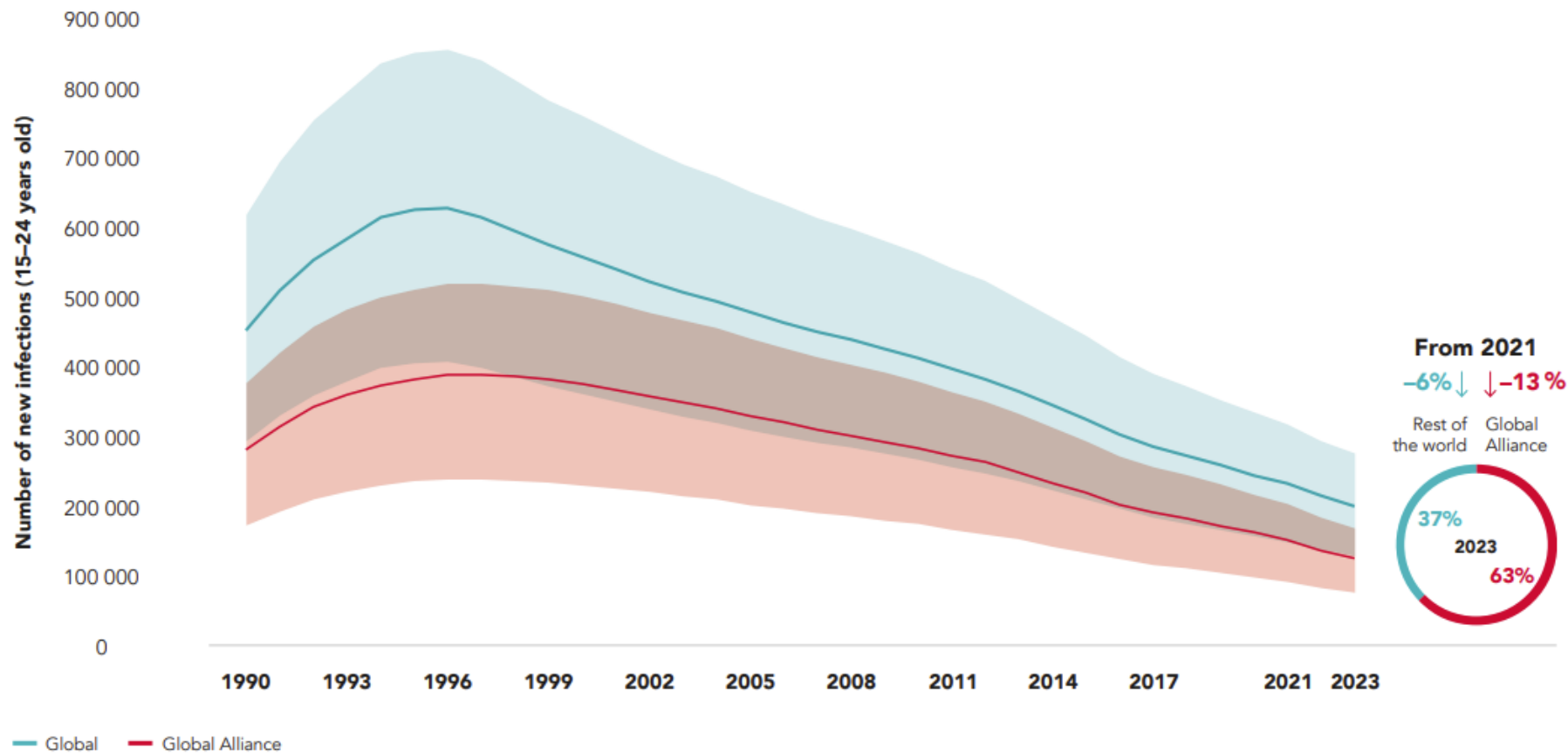
- Significant progress has been made in antiretroviral therapy coverage for pregnant and breastfeeding women, reaching 84% globally in 2023, though the universal 100% target remains unmet.
- Achievements in HIV treatment coverage\* toward the 90% target are slow, with children and older adolescents showing particularly low access at 57% and 64% at population level, respectively.
- Viral load suppression\* is improving but not yet at the 86% target for 2025, indicating continued challenges in pediatric HIV management.
- New HIV infections among adolescent girls and young women exceed targets significantly. The global AIDS targets aim to reduce to less than 50,000 by 2025 the number of new HIV infections among adolescent girls and young women (15–24 years old) - a priority population for HIV prevention generally and specifically for preventing vertical HIV transmission.

*\*The estimated ART coverage and viral load suppression rates represent population-level estimates, calculated using estimated numbers of PLHIV in each age group. These estimates encompass both individuals diagnosed with HIV and those who remain undiagnosed.*

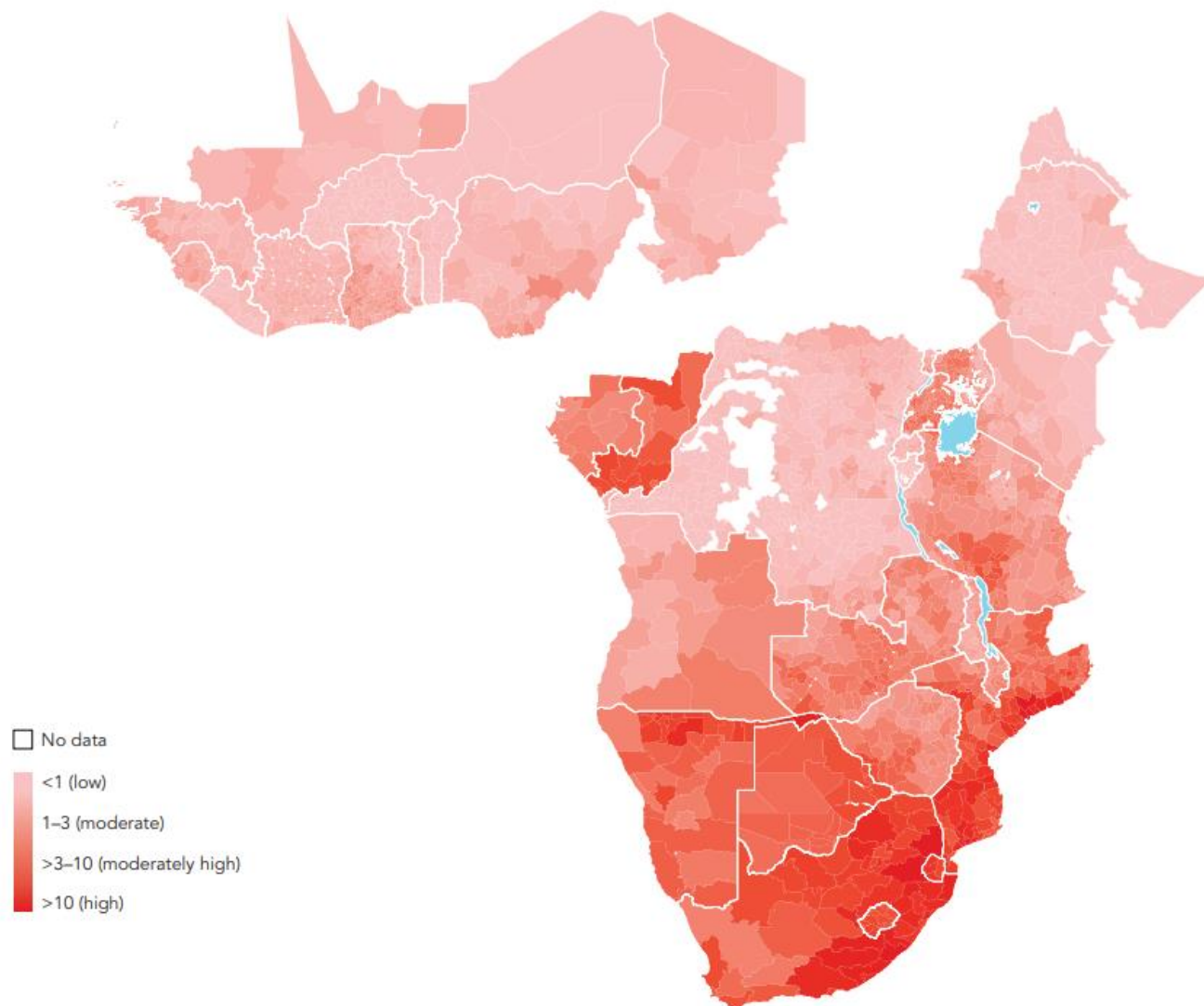
PROGRESS TOWARDS 2030 MILESTONES		2015	2021	2023	2025 TARGET
<b>Ensure that all pregnant and breastfeeding women living with HIV are receiving lifelong antiretroviral therapy</b>					
Antiretroviral therapy coverage among pregnant and breastfeeding women	Global	81% [70% to >98%]	83% [70% to >98%]	84% [70% to >98%]	<b>100%</b>
	Global Alliance	86% [70% to >98%]	85% [70% to >98%]	85% [70% to >98%]	
<b>Reduce the number of adolescent girls and young women acquiring HIV to less than 50 000 by 2025</b>					
Adolescent girls and young women (15–24 years old) newly infected with HIV	Global	330 000 [220 000–450 000]	240 000 [150 000–320 000]	210 000 [130 000–280 000]	<b>50 000</b>
	Global Alliance	220 000 [140 000–300 000]	160 000 [97 000–210 000]	130 000 [81 000–170 000]	
<b>Ensure that 90% of people living with HIV are accessing treatment</b>					
Children living with HIV (0–14 years old) receiving treatment	Global	40% [28–52%]	54% [28–52%]	57% [28–52%]	<b>90%</b>
	Global Alliance	41% [28–52%]	54% [28–52%]	57% [28–52%]	
<b>Ensure that 90% of people living with HIV are accessing treatment</b>					
Adolescents (15–19 years old) who are on treatment	Global	30%	55%	64%	<b>90%</b>
	Global Alliance	32%	58%	68%	
<b>Ensure that 75% of all children living with HIV have suppressed viral loads by 2023 and 86% by 2025</b>					
Children living with HIV (0–14 years old) who have suppressed viral loads	Global	26% [22–33%]	43% [22–33%]	48% [22–33%]	<b>86%</b>
	Global Alliance	27% [22–33%]	43% [22–33%]	48% [22–33%]	

Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org>).





**In 2023, 210,000 adolescent girls and young women worldwide acquired HIV, far surpassing the global target of 50,000.**



- ***The locations with moderately high HIV incidence among all adolescent girls and young women (aged 15–24 years) at subnational levels in sub-Saharan Africa are becoming more numerous, especially in eastern and southern Africa, and they contribute large absolute numbers of new HIV infections among girls and women.***
- ***In 2023, only 36% of locations with moderately high HIV incidence (0.3–0.99 per 100 person-years) had a dedicated prevention programme.***

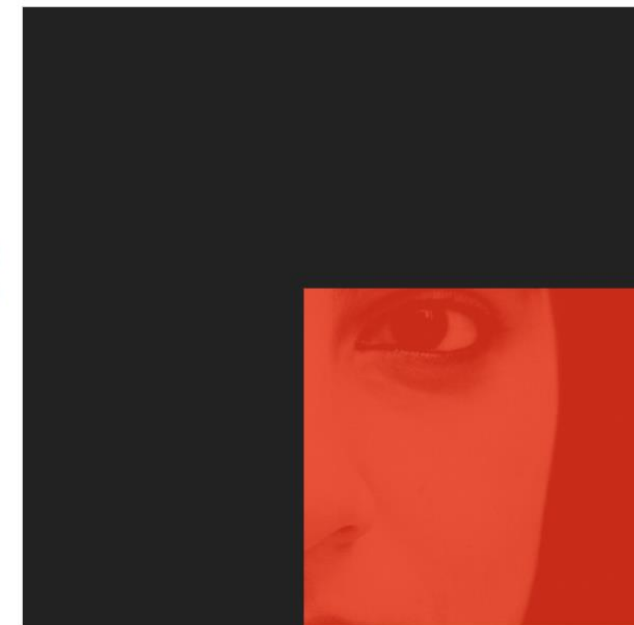
Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).  
 Note: HIV incidence estimated as new HIV infections per 1000 uninfected population.

Now, let's look at some social determinants of HIV in women. As we can see, there has been limited progress in addressing stigma and discrimination, social inequalities and violence\*.

- ***A Hidden Pandemic:*** Almost one in three women across the world have experienced some form of violence at least once in their lifetime.

\*The urgency of now: AIDS at a crossroads. Geneva: Joint United Nations Programme on HIV/AIDS; 2024. Licence: CC BY-NC-SA 3.0 IGO.

30% of women have experienced intimate partner violence or non-partner sexual violence.



<https://genderdata.worldbank.org/en/data-stories/overview-of-gender-based-violence>  
<https://www.who.int/publications-detail-redirect/9789241564625>

## Intimate partner violence (IPV) affects every country and region. IPV among women is most common in Sub-Saharan Africa and South Asia.

- IPV is a global pandemic impacting millions of women and girls annually.
- An estimated 245 million (or 10% of women ages 15 and above) have experienced IPV in the last 12 months alone.
- More than 1 in 4 women (26%) aged 15 years and older have suffered violence at the hands of their partners at least once since the age of 15.

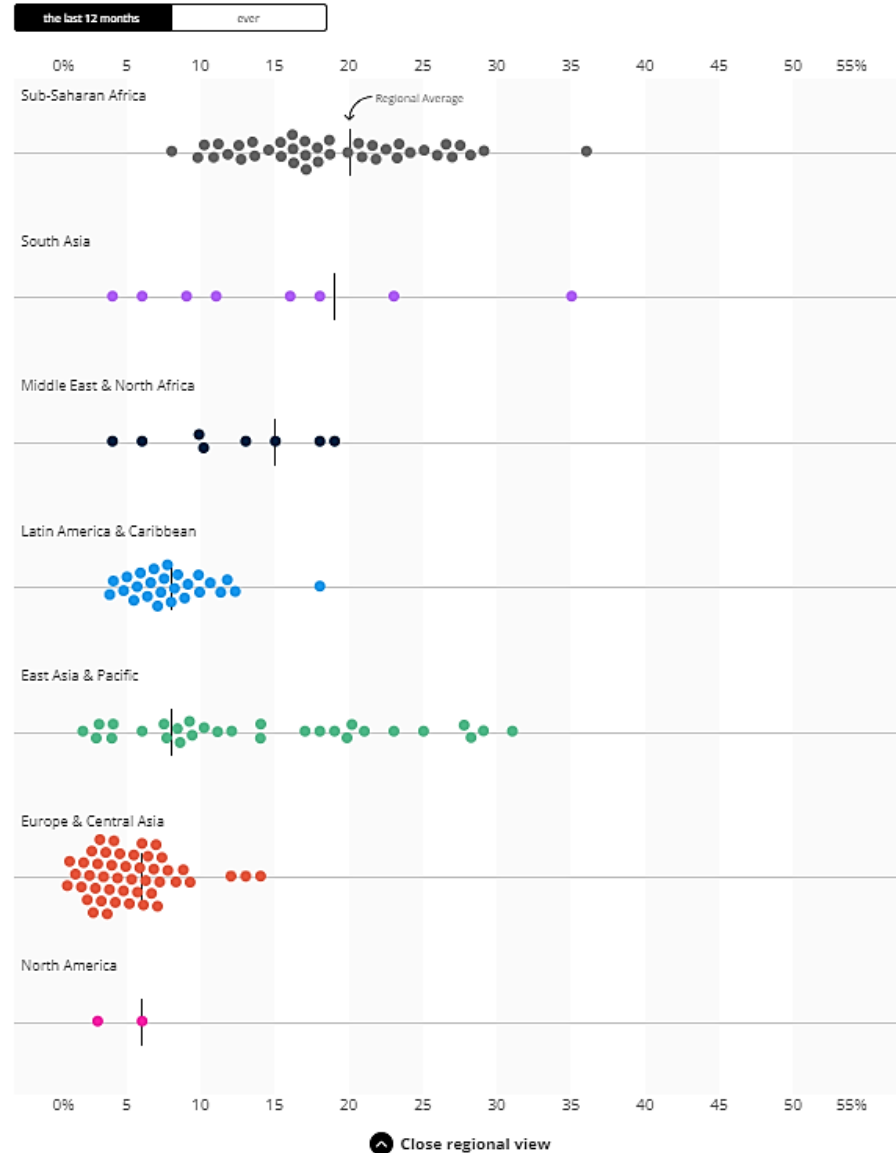
<https://genderdata.worldbank.org/en/data-stories/overview-of-gender-based-violence>  
<https://www.who.int/publications-detail-redirect/9789241564625>

## Intimate partner violence affects women in every country

● Sub-Saharan Africa ● South Asia ● Middle East & North Africa ● Latin America & Caribbean ● East Asia & Pacific  
 ● Europe & Central Asia ● North America



% of women that have experienced IPV



Source: WHO 2018 global prevalence estimates. Data retrieved from the World Bank Gender Data Portal (SG.VAW.1549.ZS and SG.VAW.IPVC.ZS). Notes: IPV (intimate partner violence) includes psychological, sexual and physical violence by a current or former intimate partner. % is of ever-partnered women aged 15-49. When a country did not have any eligible data between 2000 and 2018, their rates were estimated based on countries with similar characteristics, and these estimates were fed into the regional averages.



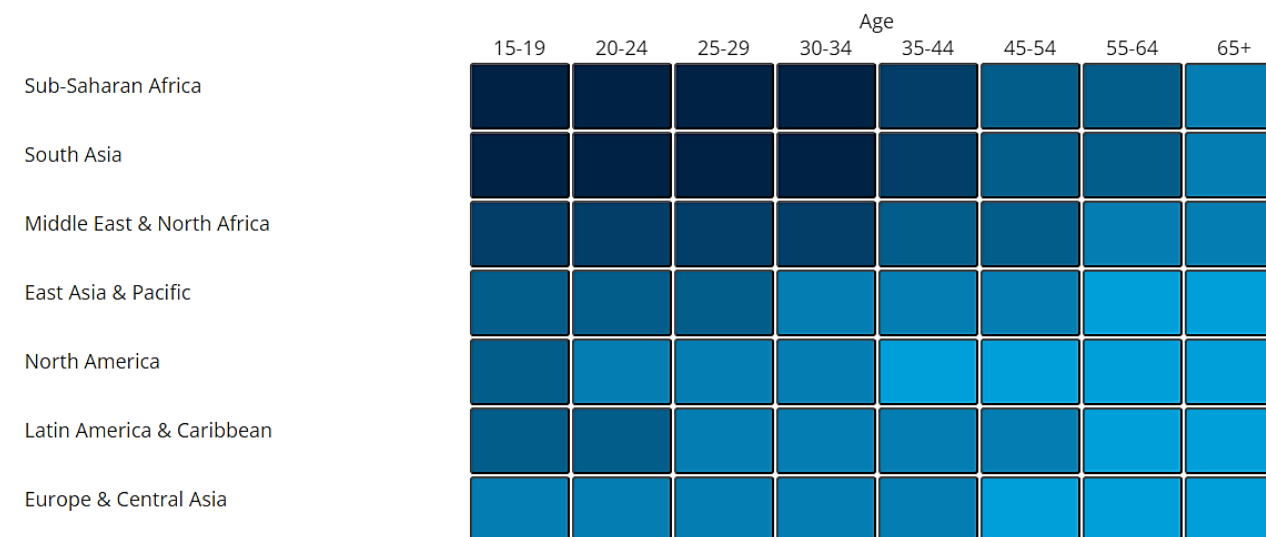
## Adolescent girls and young women are the most affected by IPV. IPV among adolescent girls and young women is most common in Sub-Saharan Africa and South Asia.

- By the time they are 19 years old, almost 1 in 4 adolescent girls (24%) who have been in a relationship have already been physically, sexually, or psychologically abused by a partner (WHO).
- Evidence suggests, that IPV is more prevalent when there are no legal consequences, sexist and patriarchal cultural norms, and in humanitarian emergencies or conflict. Women who married before 18 or are one of many wives are also more at risk of IPV.
- The consequences of IPV are severe, impacting physical and mental health, reproductive health, and increasing HIV vulnerability.

<https://genderdata.worldbank.org/en/data-stories/overview-of-gender-based-violence>  
<https://www.who.int/publications-detail-redirect/9789241564625>

## Adolescent girls and young women are most affected by intimate partner violence

Experienced IPV in the last 12 months

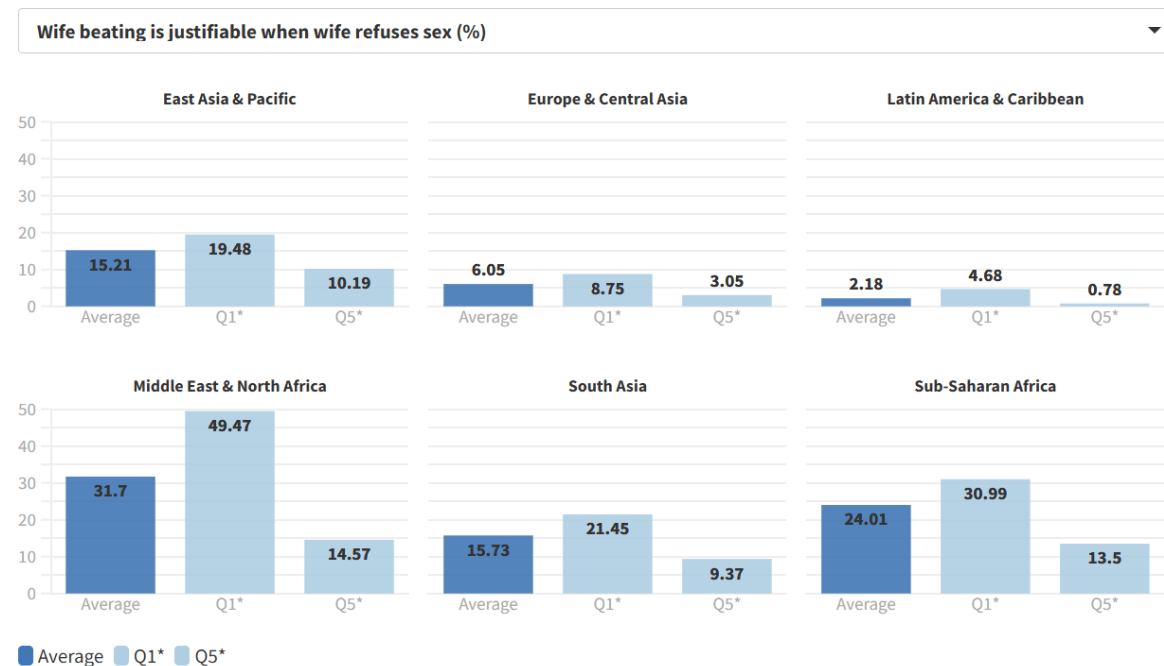


Source: WHO 2018 estimates. Notes: IPV (intimate partner violence) includes psychological, sexual and physical violence by a current or former intimate partner. % is of ever-partnered women aged 15+.

## Violence against women is still too often considered acceptable

- Harmful norms that promote men’s authority over female behavior make women vulnerable to violence and restrict their ability to negotiate sex.
- It has often been noted that these are not norms only held by and perpetuated by men.
- Women also hold these norms, especially those in poor households (Middle East & North Africa, and Sub-Saharan Africa).
- When looking at the poorest households surveyed (Q1), this share increases.

### Percentage of women who believe...



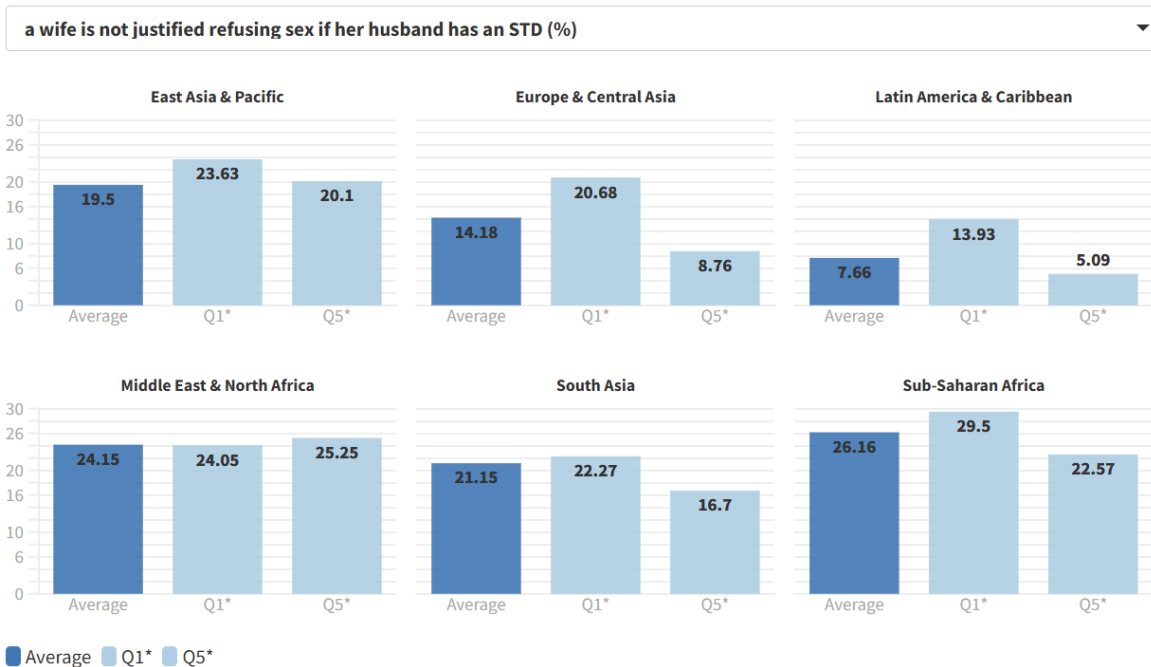
Source: [Demographic and Health Surveys \(DHS\)](#). Data Retrieved from [World Bank Gender Data Portal](#).

\*Q1 - Poorest 20% of households Q5 - Richest 20% of households

## Even during high-risk sexual encounters, women's control over sexual decision-making is often limited by societal norms

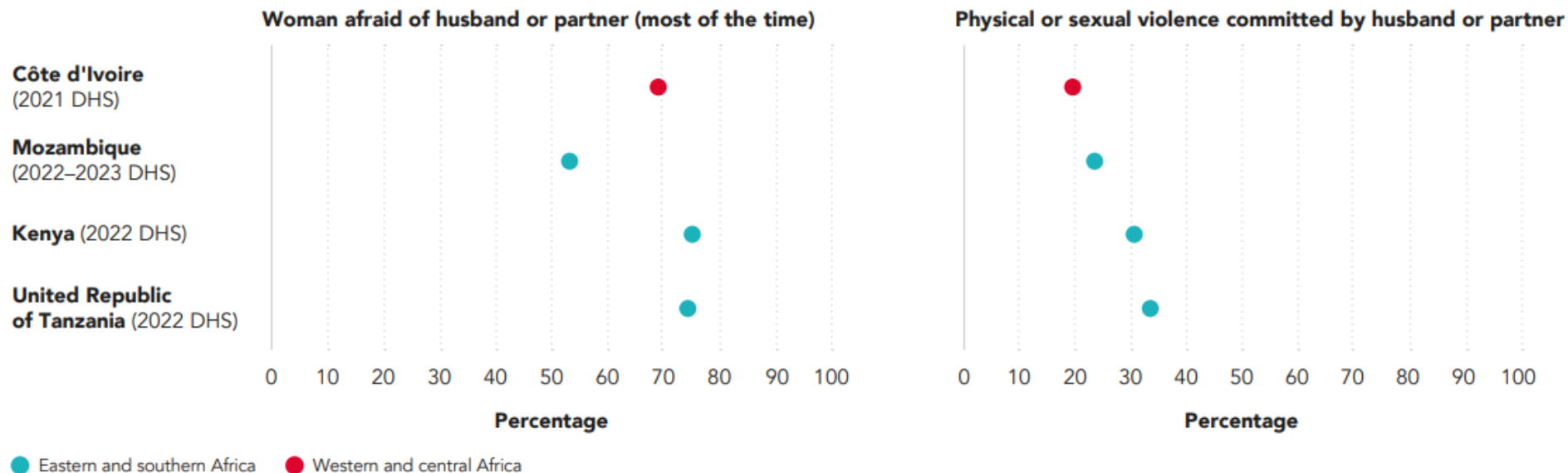
- About one-quarter of women in the Middle East and in North and Sub-Saharan Africa feel unable to refuse sex with their husband or partner *even if* he has a sexually transmitted disease (STD). When looking at the poorest households surveyed (Q1), this share increases.

### Percentage of women who believe...



Source: [Demographic and Health Surveys \(DHS\)](#). Data Retrieved from [World Bank Gender Data Portal](#).

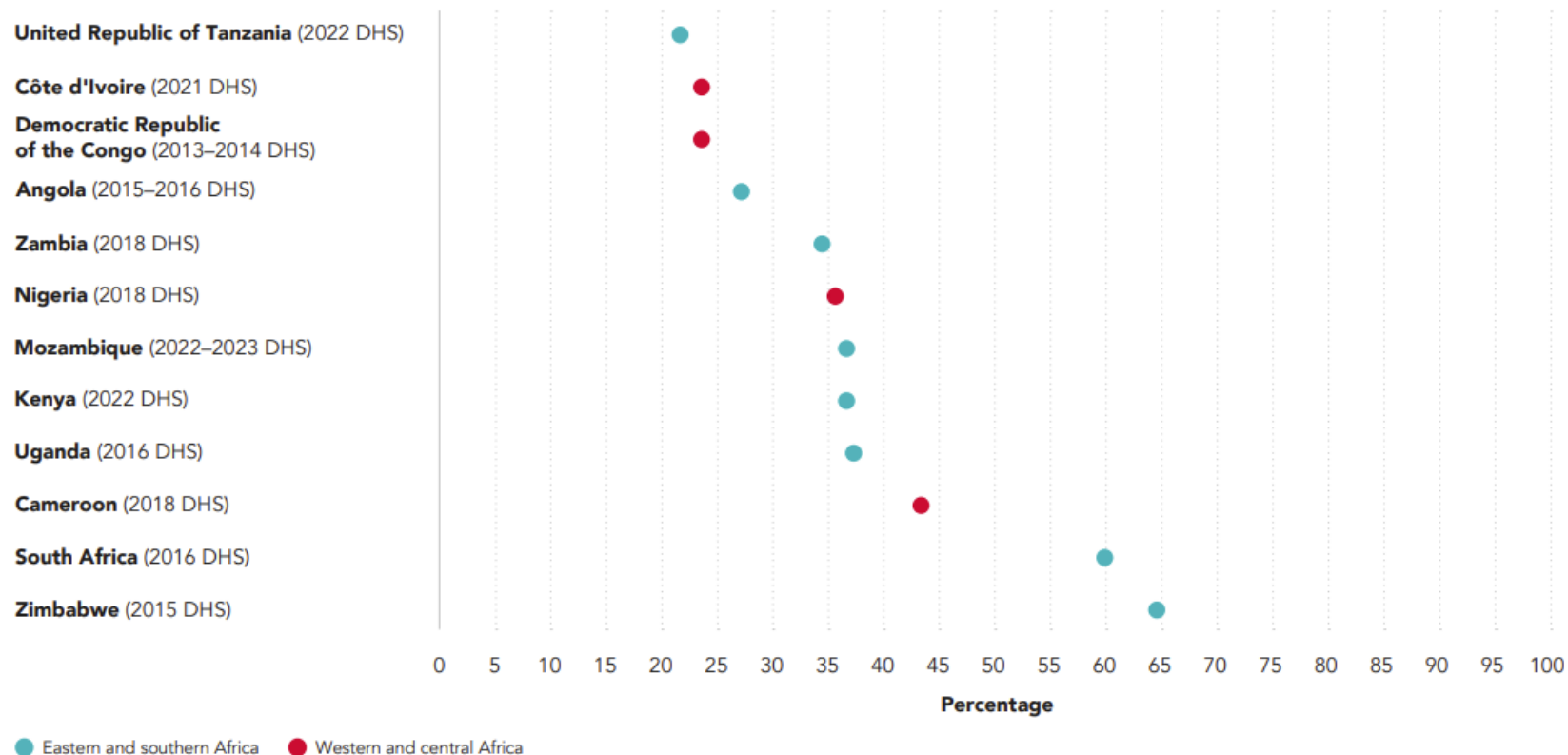
\*Q1 - Poorest 20% of households Q5 - Richest 20% of households



Source: Demographic and Health Surveys (DHS) Program. Stat Compiler. <https://statcompiler.com>.



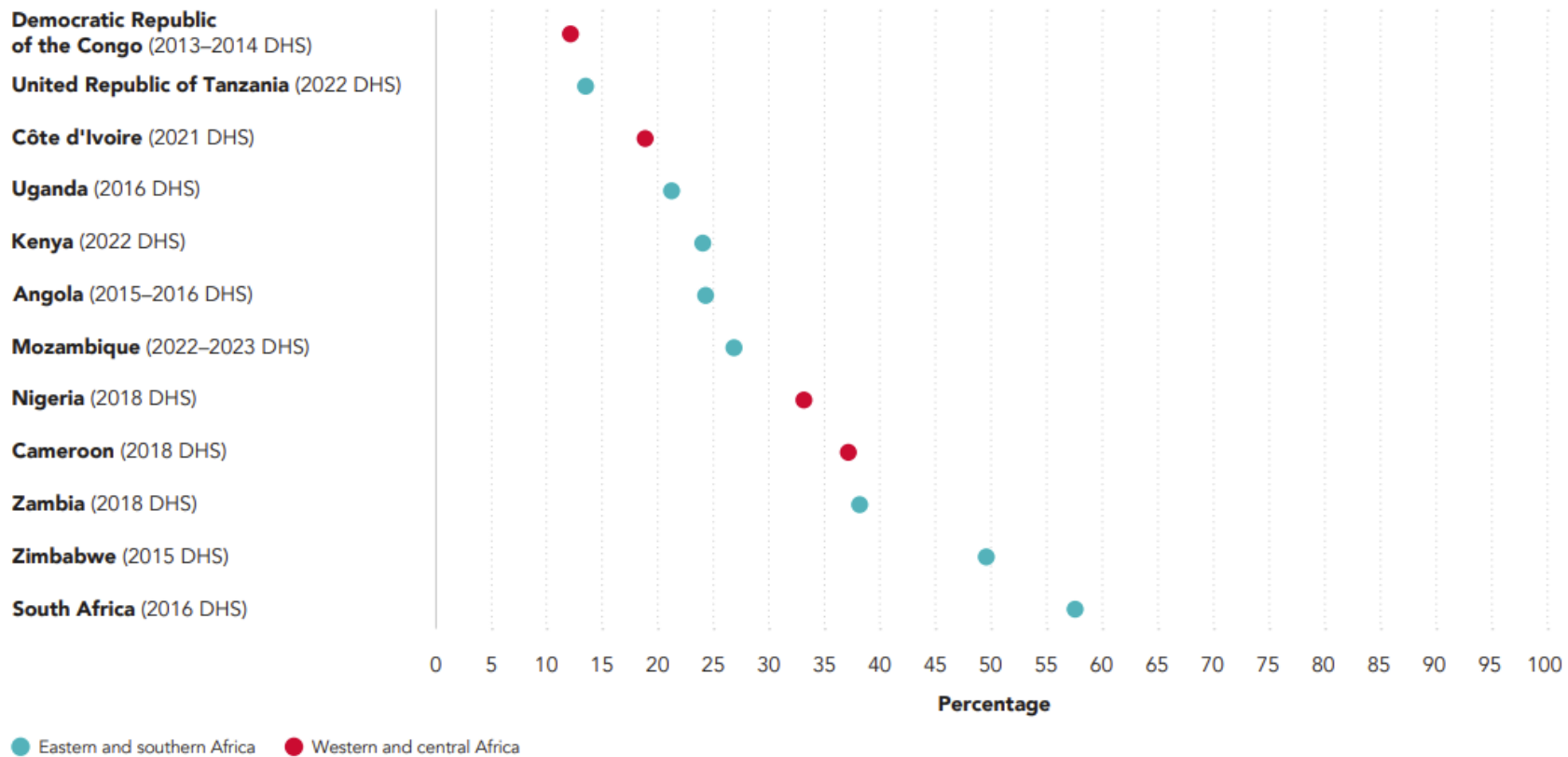
**In Global Alliance countries with available data, more than two-thirds of women report fearing IPV.**



Source: Demographic and Health Surveys (DHS) Program. Stat Compiler. <https://statcompiler.com>.



**In Global Alliance countries, the percentage of women using condoms during their last higher-risk sexual encounter with a non-marital, non-cohabitating partner ranges from 22% in Tanzania to 65% in Zimbabwe. Barriers like the threat of violence, limited access to services, stigma, discrimination, and social exclusion hinder consistent condom use.**



Source: Demographic and Health Surveys (DHS) Program. Stat Compiler. <https://statcompiler.com>.

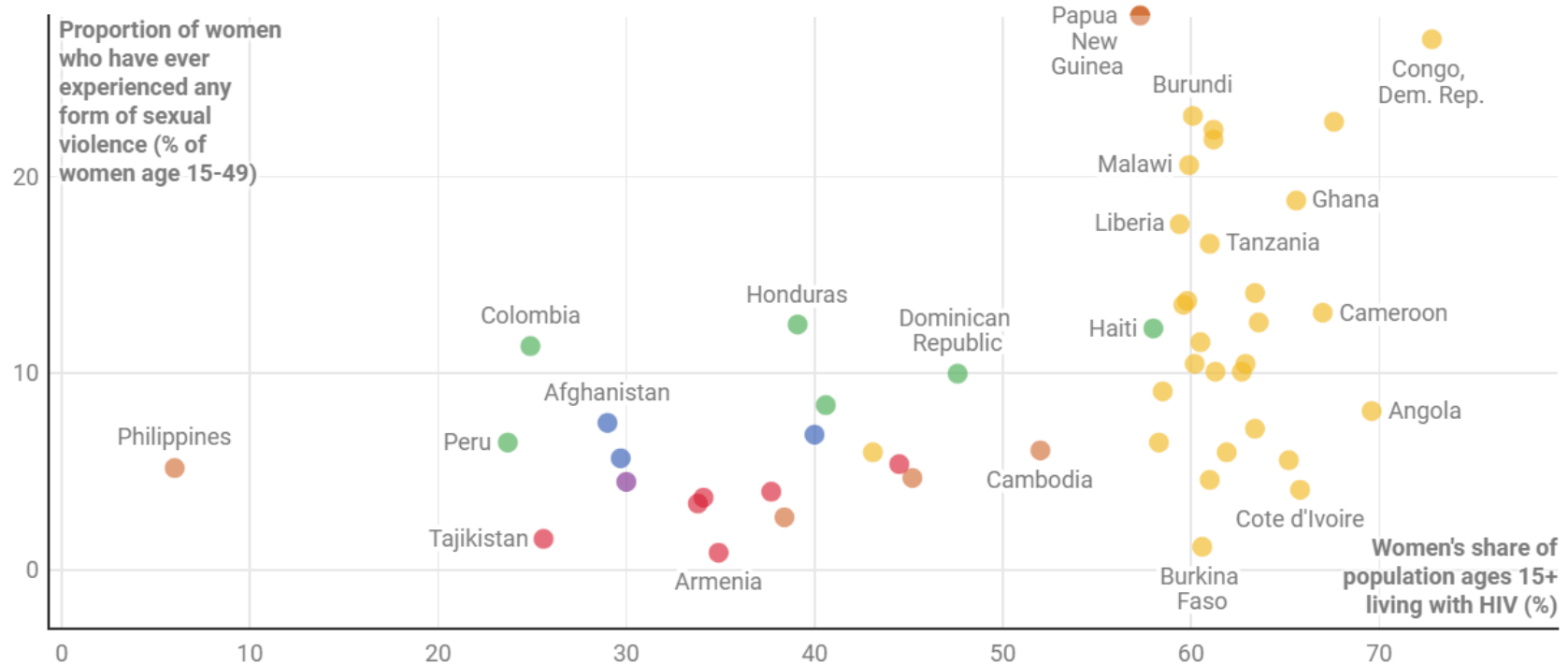


Similarly, among women having high-risk sex with multiple partners, less than half reported using a condom in all but one of the 12 Global Alliance countries (South Africa, 58%).

# Many countries with a high prevalence of sexual violence, as indicated by the WB Gender Data Portal, also report a higher prevalence of women living with HIV.



- South Asia
- Europe & Central Asia
- Middle East & North Africa
- East Asia & Pacific
- Sub-Saharan Africa
- Latin America & Caribbean
- North America



Source: UNAIDS and Demographic and Health Surveys (DHS). Data Retrieved from World Bank Gender Data Portal. • [Get the data](#)



# Women's Safety



## Toward a safer environment for women: the Safety indicator

Women, Business and the Law's new Safety indicator delves into a systematic analysis of laws and policy instruments addressing four pervasive forms of violence against women: child marriage, sexual harassment, domestic violence, and femicide. Drawing on data from 190 economies, the research reveals glaring gaps in the existence and adequacy of legal and supportive frameworks available to effectively prevent and respond to violence against women.

[Safety data](#) | [WBL 2.0 data](#) | [Data notes](#)

<https://genderdata.worldbank.org/en/indicators>

	Does the law address sexual harassment?	Is there legislation on sexual harassment in education/schools?	Does the law address domestic violence?	Is there a specific law or provision that explicitly criminalizes marital rape without qualifications?	Does the law address femicide?
Angola	No	No	Yes	Yes	No
Cameroon	Yes	Yes	No	No	No
Democratic Republic of the Congo	No	No	No	No	No
Côte d'Ivoire	No	No	No	No	No
Kenya	Yes	Yes	No	No	No
Mozambique	No	No	Yes	Yes	No
Nigeria	Yes	Yes	Yes	No	No
South Africa	Yes	No	Yes	Yes	No
United Republic of Tanzania	Yes	No	No	No	No
Uganda	Yes	No	Yes	No	No
Zambia	Yes	Yes	Yes	No	No
Zimbabwe	Yes	No	No	No	No

■ Yes    ■ No

Source: Legal2.0: WBL 2024. <https://genderdata.worldbank.org/en/indicators>.

Evidence indicates gaps in policies among 12 Global Alliance countries (phase 1), as outlined in Legal2.0: WBL 2024. This may contribute to higher prevalence of IPV in women in contexts lacking legal consequences, influenced by sexist and patriarchal cultural norms. The consequences of IPV are severe, impacting physical and mental health, reproductive health, and increasing HIV vulnerability.

# Conclusion

*Achieving the goal of ending AIDS in children demands gender equity and empowerment. This necessitates timely access to HIV services, robust maternal health programs that address the full reproductive lifecycle, enhanced support for adolescent girls and young women, particularly in Sub-Saharan Africa, and policy changes ensuring gender equality and protection from violence, including intimate partner violence. Only a multi-sectoral approach that tackles root causes will lead to the elimination of pediatric and adolescent HIV.*

# Thank you

