

unicef
for every child

2024

Snapshot on HIV and AIDS in children and adolescents

EASTERN AND SOUTHERN AFRICA

Outline

1. Basics of the HIV Epidemic
2. Vertical Transmission
3. Testing and treatment of children and adolescents
4. New infections among adolescent girls and young women

1. Basics of the HIV Epidemic in 2023

Eastern and Southern Africa carries the largest share of the global HIV burden

Indicator	Global	Eastern and Southern Africa	Regional burden
Children (0-14 years) living with HIV	1,400,000	800,000	57%
Older adolescents (15-19 years) living with HIV	1,010,000	670,000	66%
Pregnant women living with HIV	1,200,000	820,000	68%
New Infections in Children	120,000	50,000	42%
New infections in adolescent girls and young women (15-24 years)	210,000	120,000	57%
AIDS related deaths in children and adolescents (0-19 years)	90,000	42,000	47%

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2. Vertical transmission



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Millions of lives have been saved through programmes to prevent vertical transmission of HIV

>2.6m
new HIV infections in children have been averted since 2010



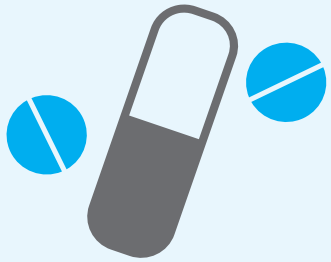
The number of new infections in children has greatly declined from
180,000
in 2010 to
50,000
in 2023



770,000
pregnant women received antiretroviral therapy (ART) in 2023 for their own health and to prevent vertical transmission



>90%
of pregnant women living with HIV have received ART each year since 2017

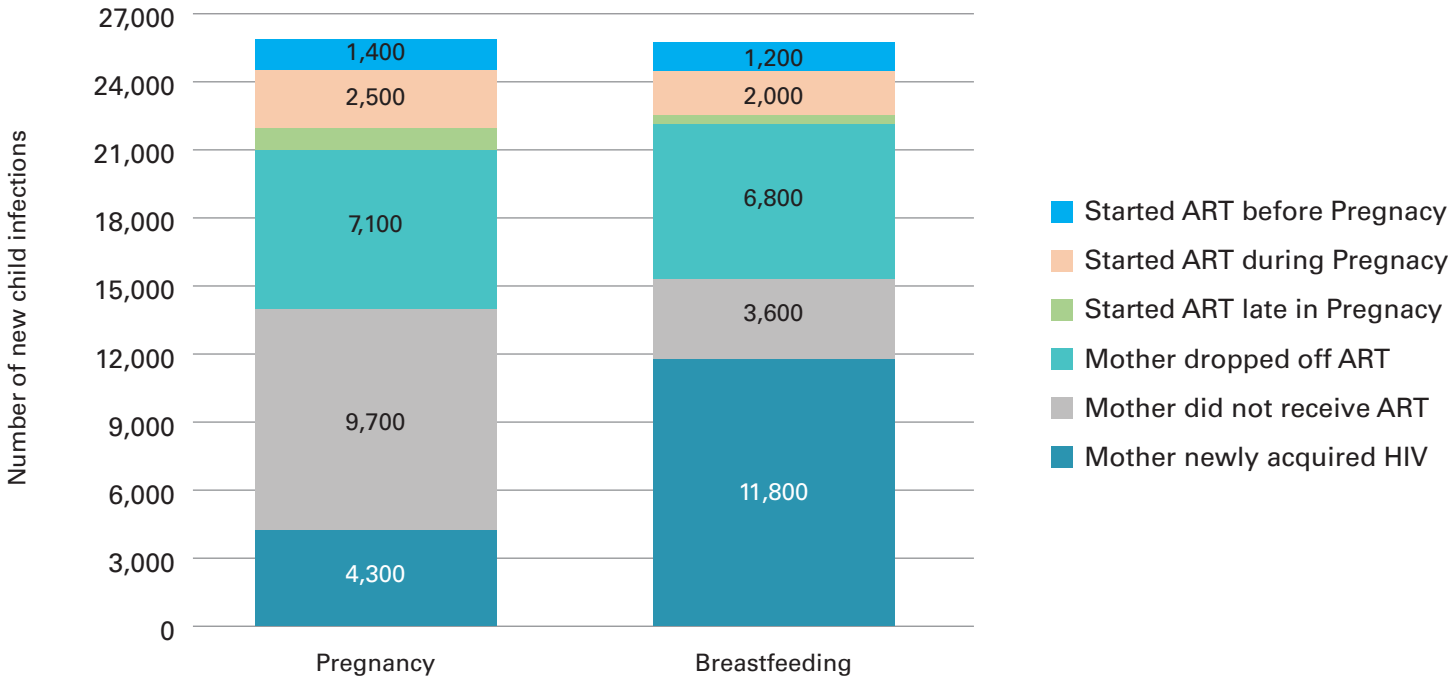


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Three gaps in programming prevent elimination of vertical transmission

- One quarter (26%) of all new infections among children in 2023 occurred because ART programmes did not reach pregnant and breastfeeding women living with HIV.
- More than a quarter (27%) of all new infections among children in 2023 occurred because health systems did not retain mother-infant pairs in care.
- Almost one third (31%) of all new infections among children in 2023 occurred because women newly acquired HIV during pregnancy or breastfeeding.

New child infections due to gaps in the prevention of vertical transmission in East and Southern Africa, 2023



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Remarkable progress and clear challenges ahead for elimination of vertical transmission

The decline in new HIV infections among children in Eastern and Southern Africa is one of the top global public health achievements in decades. Since 2010, **the scale up of national programmes averted more than 2.6 million new HIV infections in children**. The region sustained maternal ART coverage above 90 per cent during each year since 2017. Building on this success, most countries have now adopted "triple elimination" to eliminate vertical transmission of HIV, Syphilis, and Hepatitis B.

And yet, **50,000 children acquired HIV through vertical transmission during 2023**. Three primary reasons account for this unacceptable outcome. First, ART access varies across countries and many women still miss out on HIV testing and care, especially in fragile contexts. Second, health systems do not retain all mother-infant pairs in care, leaving many at high risk for vertical transmission and their own ill health. Third and directly linked to prevention programmes, one third of all new infections in children relates to women acquiring HIV during pregnancy or breastfeeding.

We have the tools to close these life-threatening programming gaps. First, we need better quality, analysis, and use of granular data to understand who is missing out, where they are missing out, and how they are missing out. Equipped with this information, programmes can be sharpened to meet the needs of all mother-infant pairs and achieve elimination.

- Where access is key, countries must decentralize and integrate services. In fragile settings, building the resilience of antenatal care, postnatal care, and ART interventions is a priority.
- Improved quality of counseling, services, and support to mothers living with HIV will help to keep mother-infant pairs in care. "Mentor mothers" have proven vital to retention in care across countries.
- For HIV prevention, programmes must go beyond HIV retesting to ensure risk screening and comprehensive prevention packages for all pregnant and breastfeeding women and their partners, including tailored packages to meet the needs of adolescent mothers.

3. Treatment for children and adolescents



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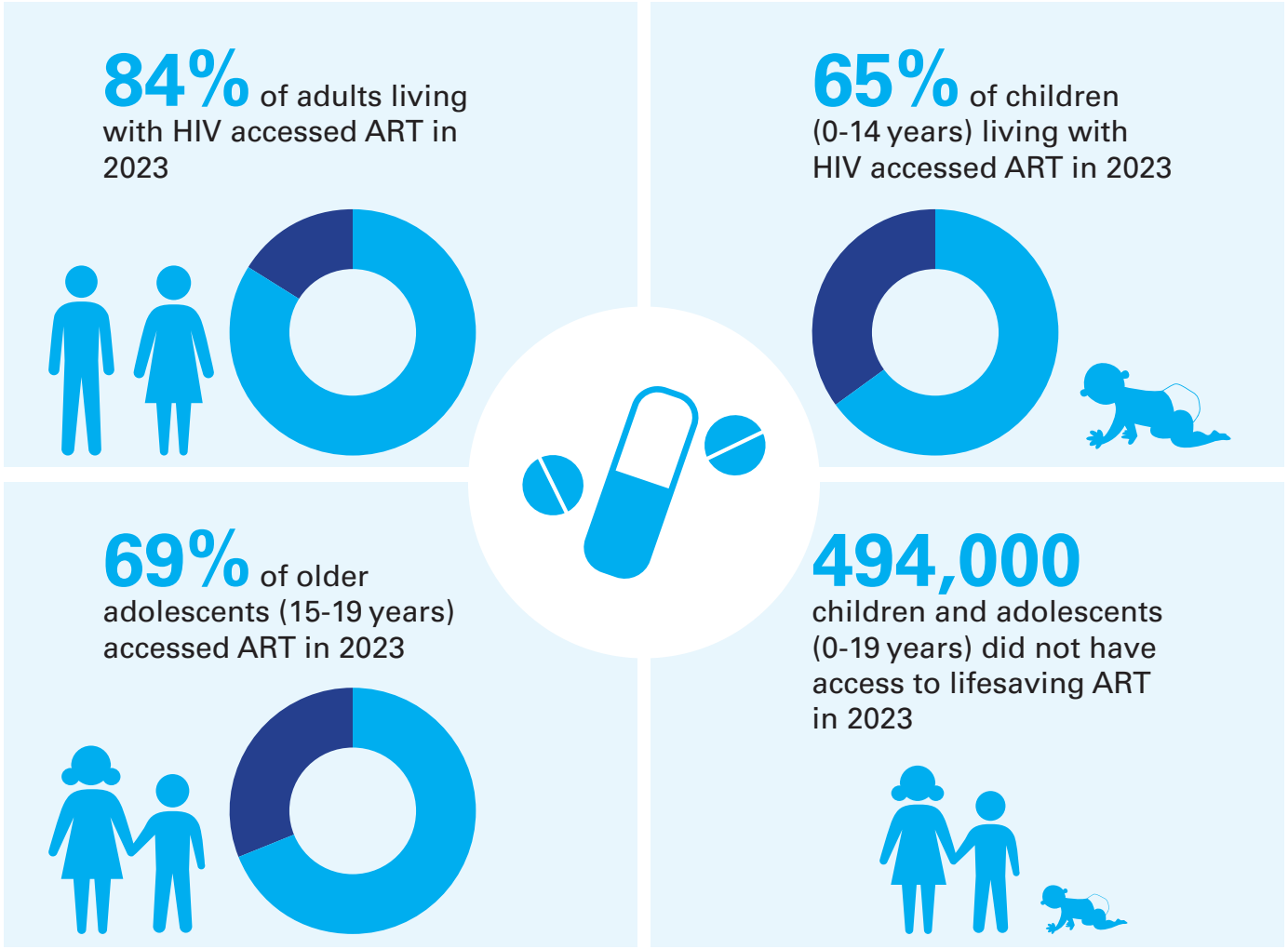
In Eastern and Southern Africa, children make up about 5% of people living with HIV, but accounted for 12% of all AIDS related deaths in 2023.

AIDS is the #1 cause of death among adolescents in 12 countries of Eastern and Southern Africa.



UNAIDS Spectrum Estimates, July 2024
World Health Organization_Adolescent Mortality

While lifesaving ART reaches more and more adults, children and adolescents living with HIV are left behind



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Children and adolescents are still missing out on HIV treatment

While steady progress has been made, children and adolescents (0-19 years) fare worse on HIV testing, treatment initiation, treatment adherence, and viral suppression than all other age groups. This means that the region is leaving its youngest behind. Across Eastern and Southern Africa, nearly half a million children and adolescents living with HIV did not access lifesaving ART in 2023. An **estimated 42,000 children and adolescents died from AIDS related causes** in 2023, and AIDS remained the #1 cause of adolescent death in 12 countries.

There have been some important gains. In 2023, four out of five infants who were HIV exposed received HIV testing by two months of age. New drug regimens that are easier to administer and achieve better viral suppression were rapidly adopted and rolled out by governments, and evidence on new testing technologies, including self-testing among adolescents, grew stronger.

Building on recent gains and evidence-based approaches, the region can close the treatment gap. All children and adolescents living with HIV must be diagnosed. This requires the expansion of innovative testing technologies, such as point-of-care, community-based, and self-testing among others. Improved quality of service provision, including respectful care, quality counselling, optimal and well-monitored drug regimens, integrated services and referrals and linkages to address other needs, will increase both adherence and viral suppression. Peer-driven models that are well-supported by health systems across the region have been shown again and again to improve adolescent HIV and well-being outcomes.

Evidence is growing that children and adolescents who were exposed to HIV, but did not acquire it, face greater risk of developmental delays and other issues. There are 11.8 million children (0-14 years) who fall into this category in Eastern and Southern Africa, calling for early developmental screening at scale and stronger, integrated programming for all vulnerable children in the region.

4. New HIV infections among adolescent girls and young women



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Despite accounting for 10% of the population, adolescent girls and young women aged 15-24 years account for 27% of all new HIV infections in Eastern and Southern Africa.



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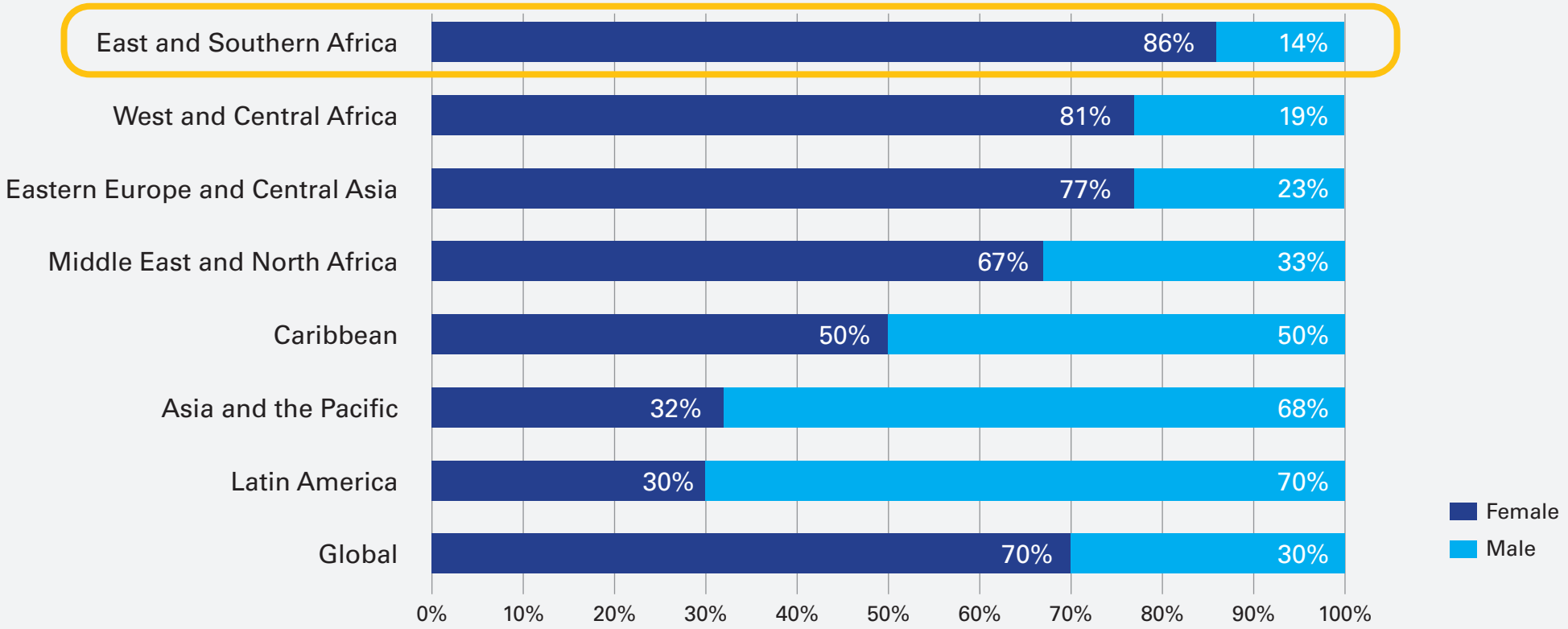
UNAIDS Spectrum Estimates, July 2024

A huge gender disparity in new HIV infections among adolescents

New HIV infections are more than six times higher among adolescent girls (10-19 years) than adolescent boys in Eastern and Southern Africa, a greater difference than in any other part of the world.

In 2023, **adolescent girls acquired 63,000 new infections** as compared to **10,000 among adolescent boys**. Scaled up efforts to transform gender norms and reduce harmful practices are urgently needed.

New HIV infections amongst adolescents (10-19 yrs) regionally in 2023, by gender



UNAIDS Spectrum Estimates, July 2024
UNICEF Dashboard Spectrum Estimates, July 2024

The burden is three-fold for adolescent girls and young women (15-24 years)

2,300 adolescent girls and young women acquired HIV each week in 2023

94 births per 1,000 older adolescent girls occurred in Eastern and Southern Africa, the highest rate in the world

79 million girls and women experienced sexual violence by the age of 18 years in sub-Saharan Africa



Sentebale Bakang - Botswana

Data sources
UNAIDS Spectrum Estimates, July 2023
UNFPA Population Data Portal
UNICEF Sexual Violence

Adolescent girls and young women remain at highest risk of HIV infection

The preventive impact of treatment programmes and dedicated prevention efforts have led to a steady decline in new HIV infections across all age groups. **Among adolescent girls and young women (15-24 years), there were 290,000 new infections in 2010 compared to 120,000 in 2023**.

Yet adolescent girls and young women continue to shoulder a heavy burden. More than one in four (27%) new infections in Eastern and Southern Africa was amongst 15–24-year-old girls and young women in 2023. This high rate of HIV acquisition is accompanied by high rates of early pregnancy and sexual violence. Adolescent and young mothers have especially complex needs while shouldering higher rates of HIV acquisition and risk of rapid and repeat pregnancy.

Poverty and food insecurity, gender inequality, harmful practices, and limited school access are some of the drivers of these sexual and reproductive health risks. A lack of basic information about sex and limited access to appropriate health services further constrain girls' and women's bodily autonomy and decision making on their sexual and reproductive lives.

Promising models exist with and for adolescent girls and young women, including young mothers, to prevent HIV acquisition and related risks. At the centre of these models are trained and supported peers who work at community and facility level to provide information, psychosocial counselling, and referrals to health, education, social protection, and other services. Such peer support results in an increased uptake of HIV and family planning services, improved self-esteem, reduced common mental health conditions, and improved livelihoods. **Peer mentors show great promise as future health care workers**. With additional investment in training and career development systems, countries are poised to scale-up young peer health workers while closing the critical health care gap and health care worker shortages across the region.

Importantly, meaningful collaboration with adolescents and young people to provide leadership and advocacy will generate relevant solutions, strengthen accountability, and galvanize country level change.

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