Start Free Stay Free AIDS Free

2017 progress report

Photo credits: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

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"The world is on the Fast-Track to eliminating new HIV infections among children and ensuring that their mothers are alive and healthy, but we need to do more to ensure that all children living with HIV have access to treatment immediately."

Michel Sidibé
UNAIDS Executive Director

"PEPFAR is driving harder and smarter to prevent HIV infections and ultimately help end AIDS among children, adolescents and young women. Every person deserves the chance to survive, thrive, and pursue their dreams."

Deborah Birx
United States Global AIDS Coordinator and Special Representative for Global Health Diplomacy

START FREE

Every child deserves an HIV-free beginning.

- Eliminate new HIV infections among children (aged 0–14) by reducing the number of children newly infected annually to less than 40 000 by 2018 and 20 000 by 2020.
- Reach and sustain 95% of pregnant women living with HIV with lifelong HIV treatment by 2018.

STAY FREE

When children have an HIV-free start, we must support them to stay HIV-free as they enter adolescence and age into adulthood

- Reduce the number of new HIV infections among adolescents and young women (aged 10–24) to less than 100 000 by 2020.
- Provide voluntary medical circumcision for HIV prevention to 25 million additional men by 2020, with a focus on young men (aged 10–29).

AIDS FREE

Every child and adolescent who is living with HIV should have access to antiretroviral treatment to stay AIDS free and reduce their risk of onward transmission to an uninfected partner.

- Provide 1.6 million children (aged 0–14) and 1.2 million adolescents (aged 15–19) living with HIV with antiretroviral therapy by 2018.
- Provide 1.4 million children (aged 0–14) and 1 million adolescents (aged 15–19) with HIV treatment by 2020.

OVERVIEW

Start Free Stay Free AIDS Free is a collaborative framework to accelerate the end of the AIDS epidemic among children, adolescents and young women by 2020. It builds on the successes achieved under the *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* (Global Plan) and brings additional focus to the HIV prevention and treatment needs of children and adolescents. Start Free Stay Free AIDS Free embraces the goals adopted by United Nations Member States in the 2016 Political Declaration on Ending AIDS in taking a life-cycle approach to reach young children, adolescents and young women from the ages of 0 to 24 years to prevent new infections, ensure treatment and promote good health for those living with HIV *(1)*.

Political leadership and partnerships have been at the heart of driving action. Consultations with a wide range of national partners and stakeholders, community members, young people, women living with HIV, religious leaders, philanthropists, donors and private sector representatives of leading pharmaceutical and diagnostic companies have all contributed to building global consensus and momentum. With the availability of new diagnostic technologies and innovations in bringing quality services closer to communities, the opportunity and ability to end paediatric AIDS has never been greater. Pioneering efforts in low- and middle-income high-prevalence settings over recent years have demonstrated how these targets can be achieved among children, adolescents and young women.

Start Free Stay Free AIDS Free has given priority to accelerating human rights-based action in a priority set of 23 countries—the majority of which are in sub-Saharan Africa—that have among the highest numbers of new HIV infections in children, adolescents and young women.[1] In 2016, these countries collectively accounted for 87% of new HIV infections among children aged 0–14 years, 81% of new HIV infections in adolescent girls and young women aged 10–24 years and approximately 87% of all children and adolescents aged 0–19 years living with HIV. The framework focuses on accelerating country-level progress toward ending new HIV infections among children, identifying children and adolescents living with HIV, ensuring their right to access life-saving treatment and quality care, and stopping the cycle of new infections among adolescents and young women by providing access to comprehensive HIV prevention.

Ending the AIDS epidemic among children, adolescents and young women requires ambitious targets and a Super-Fast-Track approach. Start Free Stay Free AIDS Free calls for the immediate and accelerated scale-up of access to treatment, prevention, care and support services in order to achieve ambitious targets for 2018 and 2020 that will produce the maximum impact. This progress report reflects achievements made during the first year of implementation (through December 2016), as countries have taken actions in line with new or existing national strategies. The most recent data on country progress in 2016 are based on country-reported data and country-developed models using Spectrum software that were reported to UNAIDS in 2017.[2]

[1] Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Indonesia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

[2] Data from Lesotho and Zimbabwe were not finalized at the time of this report, and select indicators are not included, although draft values are included in the aggregated results.

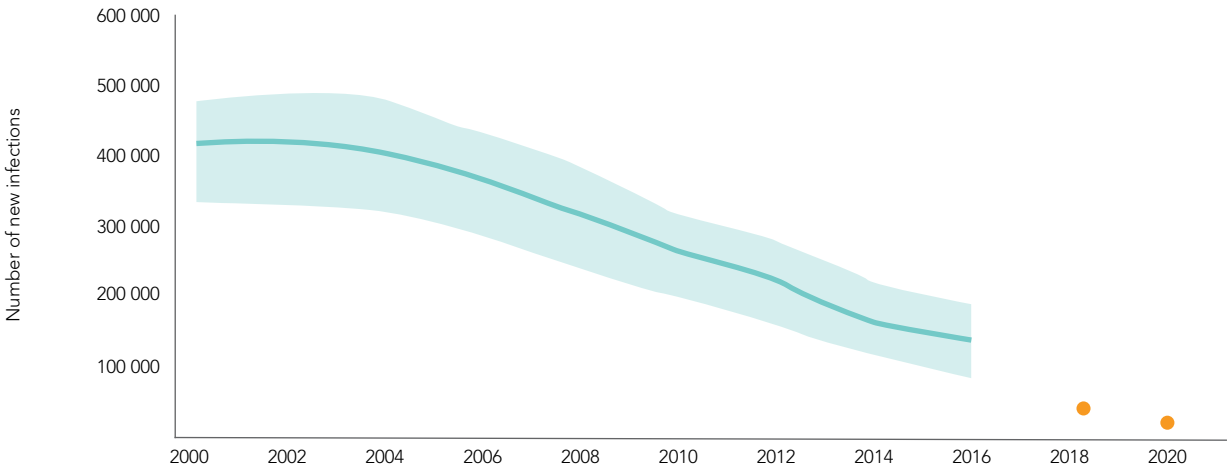
START FREE

FEWER CHILDREN ARE ACQUIRING HIV

The global goal to end paediatric AIDS must begin with a commitment to reduce new infections among women of reproductive age. In 2016, there were an estimated 740 000 [640 000–860 000] new HIV infections among women of reproductive age (15–49 years), with 540 000 [460 000–630 000] (73%) occurring in the 23 priority countries. The recent commitment of countries to a global HIV prevention coalition to accelerate HIV prevention efforts will be an essential step towards ending new infections in women and their children *(2)*.

Globally, there was an 8% reduction in new infections among children aged 0–14 years between 2015 and 2016, with an estimated 160 000 [100 000–220 000] acquiring HIV in 2016. In the priority countries, there were an estimated 140 000 [86 000–190 000] new infections among children, also reflecting an 8% decline from the previous year. Since 2010, there has been a 48% decline in new child infections among the priority countries (Figure 1). Immediate action is required to reach the Start Free global target of only 40 000 new infections by 2018 as adopted by Member States at the United Nations General Assembly in June 2016.

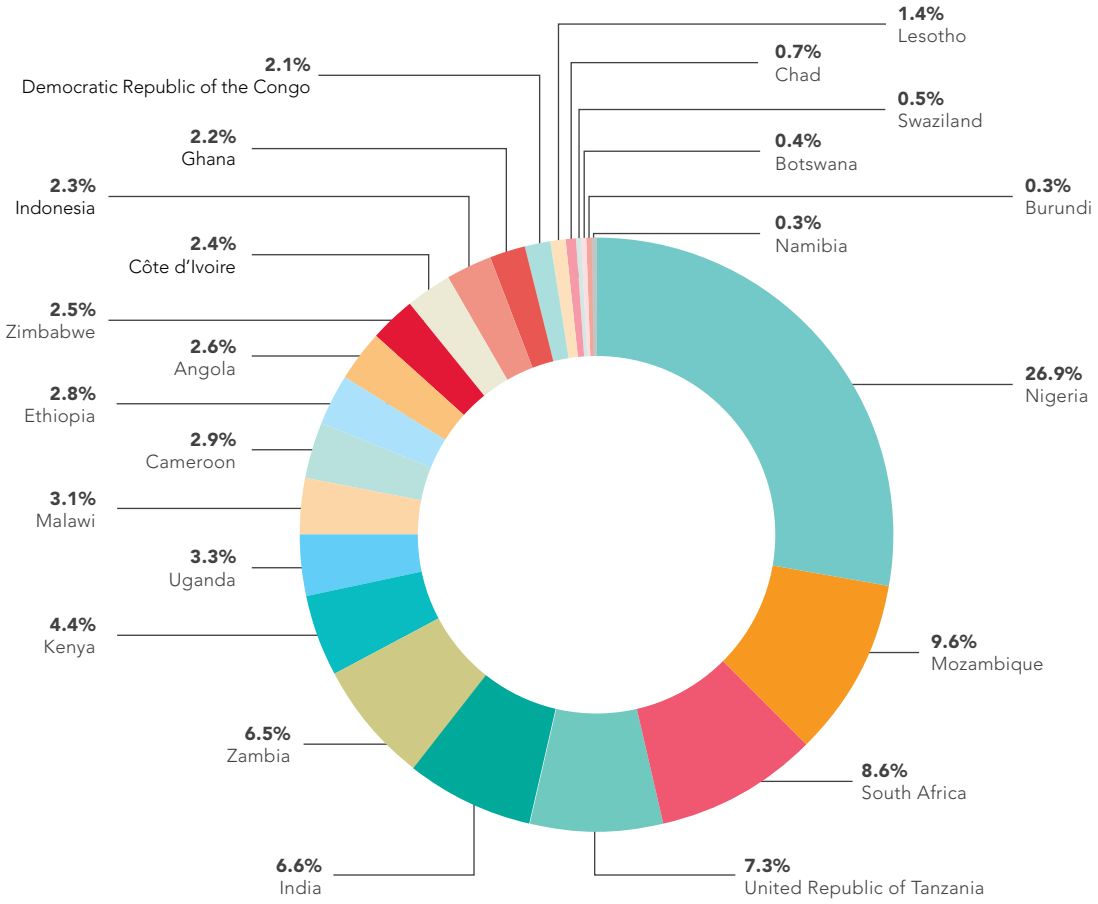
Figure 1. New HIV infections among children (aged 0–14 years), 23 focus countries, 2000–2016 and 2018/2020 targets



Source: UNAIDS 2017 estimates.

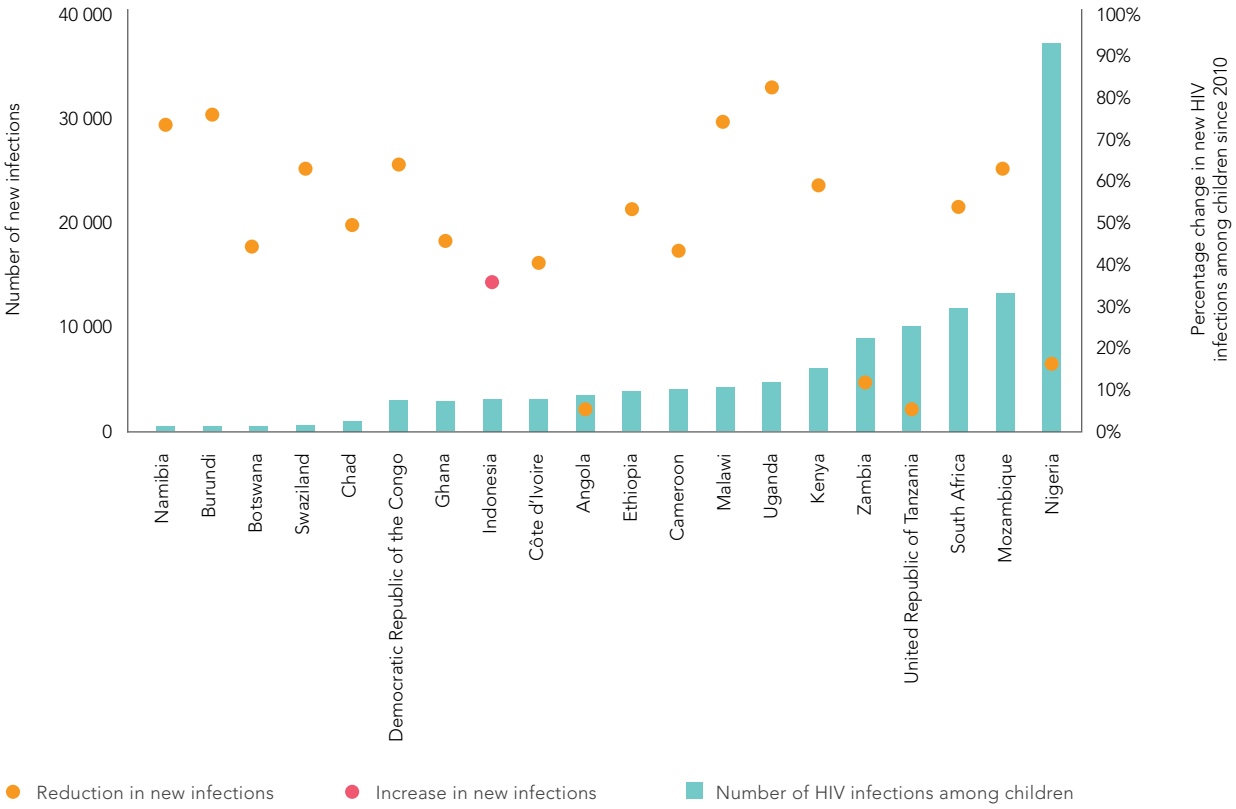
The majority of new HIV infections among children occurred in six high burden countries, despite significant progress in a number of these countries since 2010 (Figure 2). In the last year alone, further annual reductions in new child infections have been seen in Namibia (55%), Burundi (34%), South Africa (31%), Democratic Republic of the Congo (25%) and Malawi (23%), among others (Figure 3). Globally, an estimated 270 000 [230 000–310 000] new HIV infections among children were averted during 2016 due to the provision of antiretroviral medicines during pregnancy and throughout breastfeeding.

Figure 2. Distribution of children infected through mother-to-child transmission, by country, 23 focus countries, 2016



Source: UNAIDS 2017 estimates.

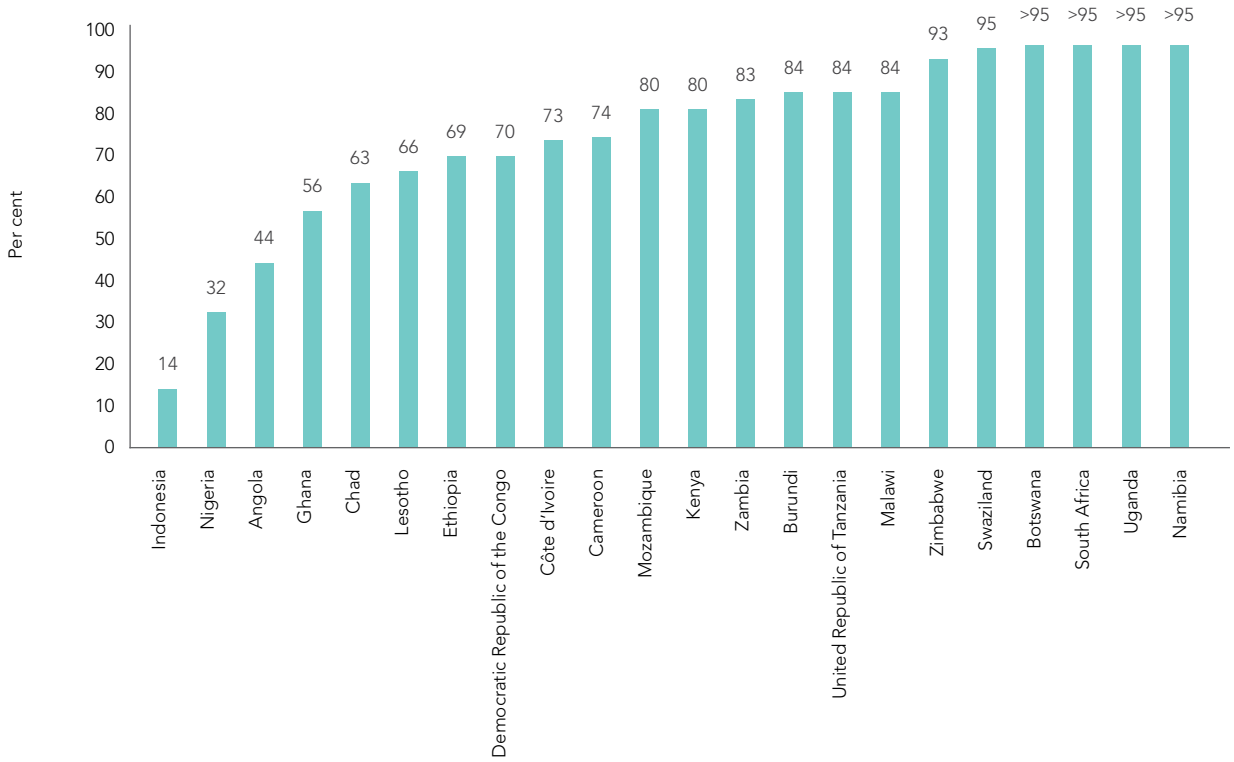
Figure 3. New HIV infections among children (aged 0–14 years), by country, 2016 and percentage change in new HIV infections from 2010 to 2016



Source: UNAIDS 2017 estimates.

Following the adoption of the Option B+ guidelines, which recommend that pregnant women living with HIV immediately start lifelong antiretroviral therapy, all but two of the priority countries have moved to implement the World Health Organization (WHO) guidelines recommending a treat all approach for all persons diagnosed with HIV, increasing the number of women of reproductive age who may be receiving antiretroviral therapy regardless of pregnancy status *(3)*. In 2016, the percentage of pregnant women living with HIV receiving antiretroviral medicines was 78% [61–90%] in the priority countries (Figure 4). Twelve of 23 priority countries have achieved 80% or greater levels of coverage, with six countries achieving more than 90% coverage (Botswana, Namibia, South Africa, Swaziland, Uganda and Zimbabwe).

Figure 4. Pregnant women living with HIV receiving antiretroviral medicines (either prophylaxis or lifelong therapy) to prevent mother-to-child transmission, by country, 2016

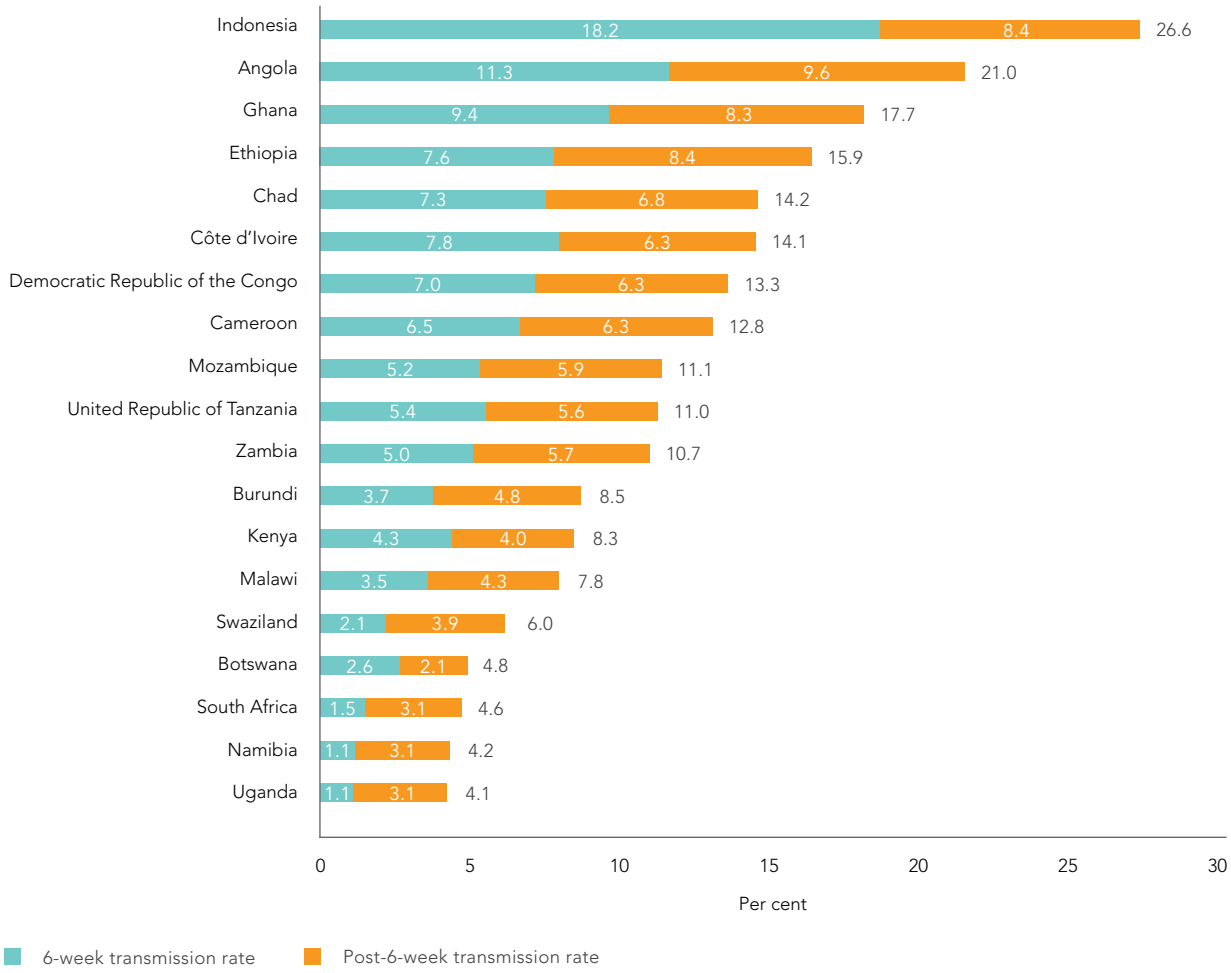


Source: UNAIDS 2017 estimates.

With the availability of highly efficacious antiretroviral regimens to prevent HIV transmission, rates of vertical HIV transmission have been reported as low as 2% or less for women receiving continuous therapy during pregnancy, delivery and breastfeeding *(4)*. Efforts to encourage access to quality antenatal care that offers an HIV test early in pregnancy—combined with uptake of immediate and lifelong treatment for those who test positive—often benefit from community engagement strategies that offer support to pregnant women and mothers *(5–7)*. In particular, the meaningful engagement of women living with HIV can enhance both uptake and retention in care, identifying actions to promote (a) linkages and access to quality antenatal care and (b) follow-up care that is free from stigma and discrimination.

The risk of HIV transmission from an untreated mother living with HIV to her child ranges from approximately 15% to 45%, depending on the presence and duration of breastfeeding *(8)*. Roughly half of new infections among children take place during breastfeeding. Countries continue to make progress towards the target of reducing the final HIV transmission rate to 5% or less among breastfeeding women and to 2% or less among nonbreastfeeding women, but challenges remain including maintaining women with HIV in care and on effective antiretroviral therapy throughout the breastfeeding period as well as reducing, detecting and optimally managing incident cases of HIV in women during pregnancy and breastfeeding.

Figure 5. Six-week, post-6-week and final mother-to-child transmission rate, by country, 2016

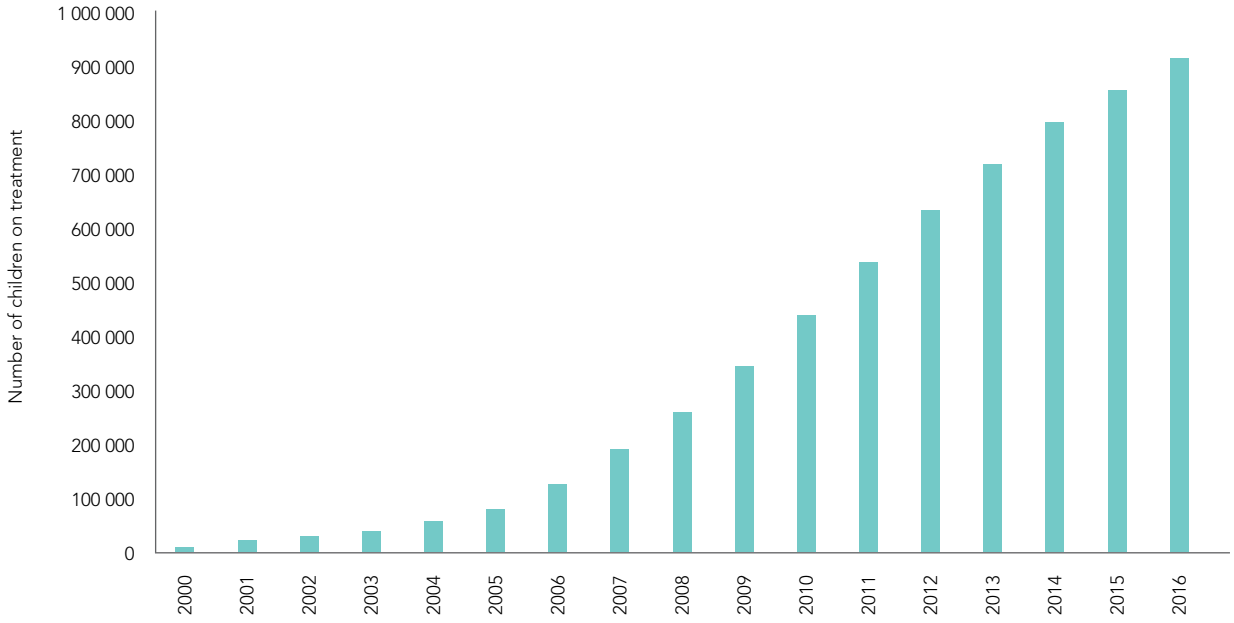


Source: UNAIDS 2017 estimates.

EXPANDING ACCESS TO PAEDIATRIC AND ADOLESCENT TREATMENT

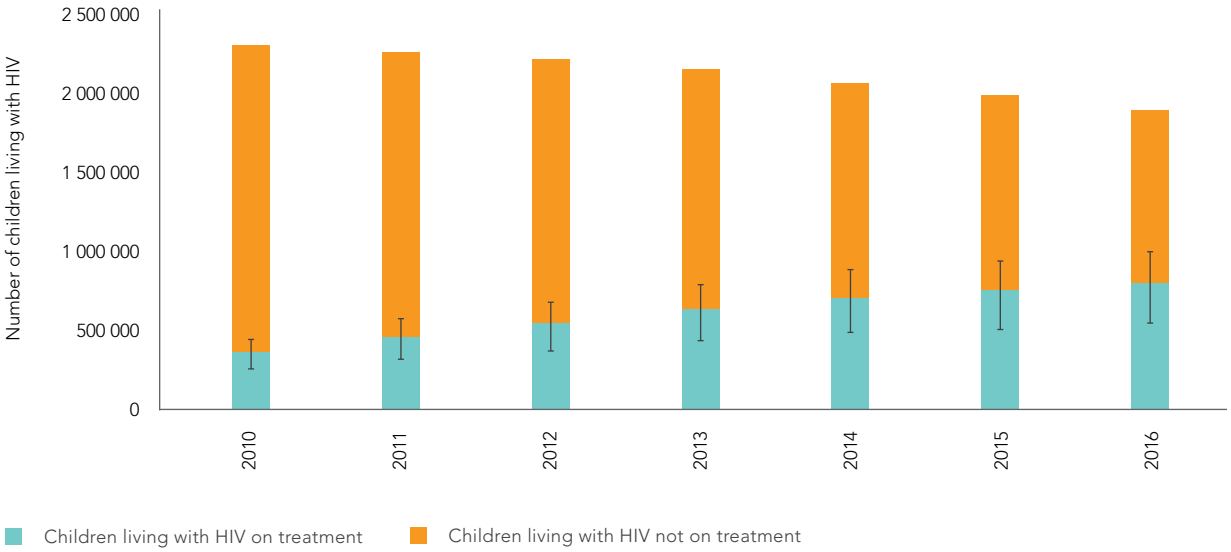
There is an urgent need to accelerate treatment for children living with HIV across the priority countries. Globally in 2016, 919 000 out of 2.1 million [1.7 million–2.6 million] children aged 0–14 years were receiving treatment. The number of children receiving treatment had increased to 974 000 by June 2017, and will likely reach 1 million by the end of 2017 (Figure 6).

Figure 6. Number of children (aged 0–14 years) on antiretroviral therapy, globally, 2000–2016



Source: UNAIDS 2017 estimates.

Figure 7. Number of children (aged 0–14 years) on antiretroviral therapy, 23 focus countries, 2010–2016



Source: UNAIDS 2017 estimates; Global AIDS Monitoring, 2017.

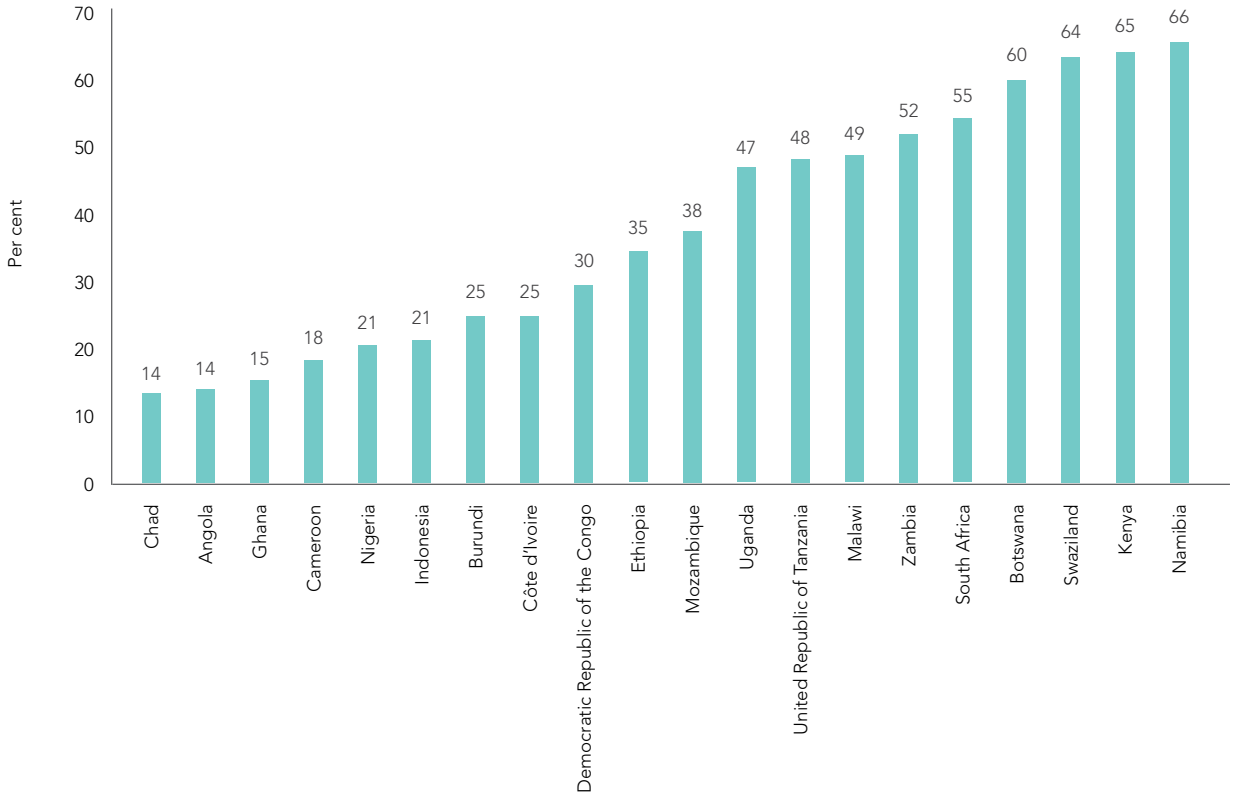
Figure 8. Children living with HIV (aged 0–14 years), by age, 23 focus countries, 2000–2016

Source: UNAIDS 2017 estimates.

Despite this increase, the number of children reached is still well short of the AIDS Free target of 1.6 million by the end of 2018, as adopted in the 2016 Political Declaration on Ending AIDS. As shown in Figure 7, the annual increase in children receiving antiretroviral therapy has been slow. At the same time, the number of new infections among children is decreasing and the children who have survived to adolescence are moving into the adult age group. Figure 8 shows the changing age distribution of children living with HIV, with fewer children under the age of 5 years and a growing proportion aged 10–14 years.

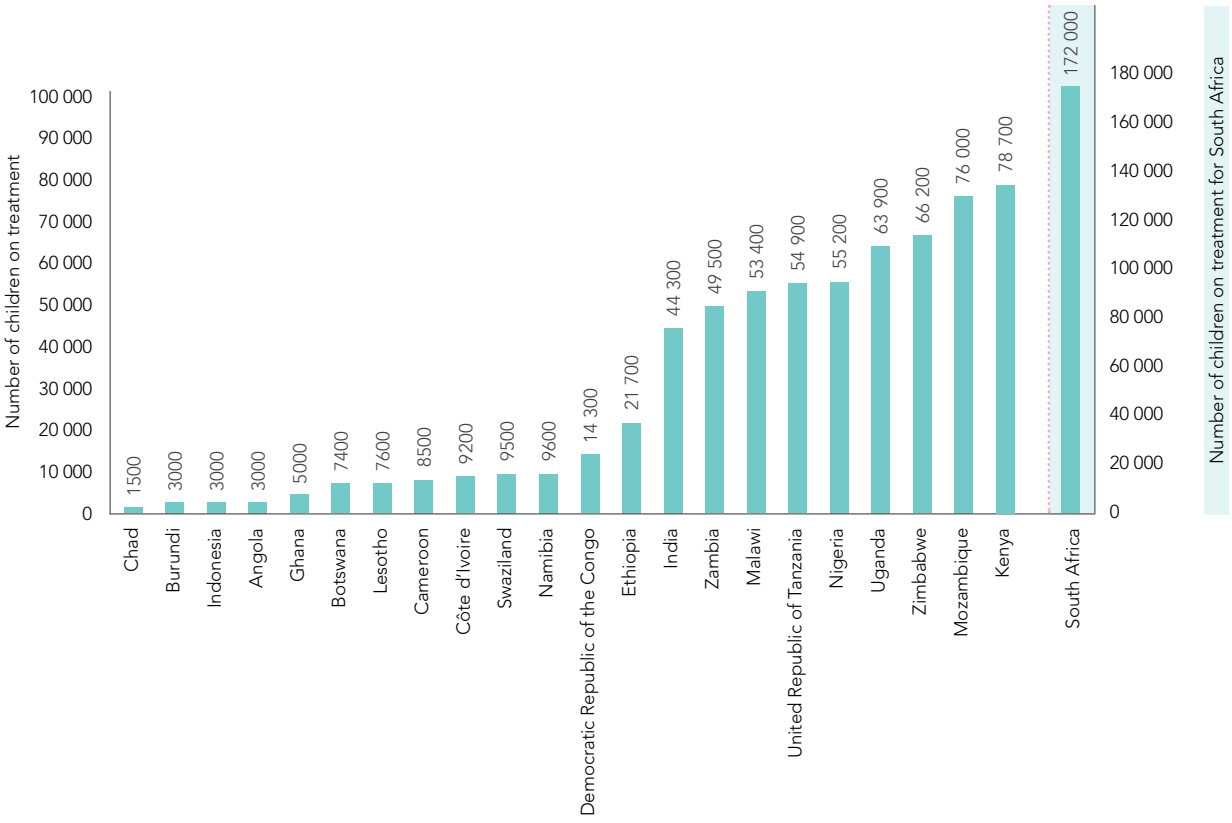
Among the 23 priority countries, four reported treatment coverage of 60% or greater (Botswana, Kenya, Namibia and Swaziland). There continues to be low antiretroviral treatment coverage among children in the West and central Africa region, with six out of eight priority countries reporting treatment coverage in 2016 that was equal to or less than 25% (Figures 9 and 10).

Figure 9. Antiretroviral treatment coverage among children (aged 0–14 years), by country, 2016



Source: UNAIDS 2017 estimates; Global AIDS Monitoring, 2017.

Figure 10. Children (aged 0–14 years) on antiretroviral treatment, by country, 23 focus countries, 2016

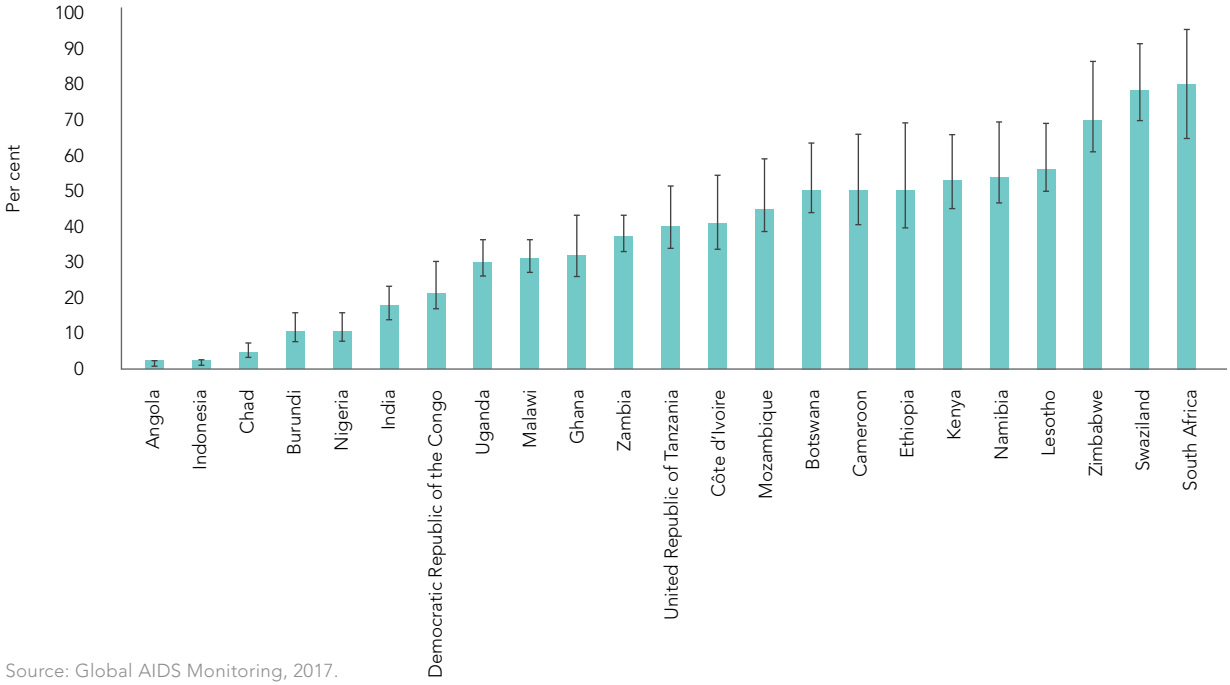


Source: UNAIDS 2017 estimates; Global AIDS Monitoring, 2017.

Fewer new HIV infections among children aged 0–14 years and an increase in treatment coverage have resulted in a 46% reduction in mortality among this age group in priority countries since 2010. Yet it is of great concern that 100 000 [67 000–140 000] children died of AIDS-related illness in 2016: urgent action to diagnose and initiate them on life-saving therapy is required.

Infants and young children who acquire HIV have a high risk of morbidity and mortality; among those who are infected during pregnancy and/or labour, this risk is exceptionally high, with a peak between three to four months of age *(9)*. Half of infants with HIV infection will die before their second birthday if they do not receive treatment. WHO guidelines recommend that infants exposed to HIV are tested for HIV by four to six weeks of age, at the end of breastfeeding and at any point when they present with illness. This allows for early diagnosis of HIV infection among HIV-exposed infants and immediate linkage to life-saving treatment. In 2016, South Africa and Swaziland respectively reached 80% and 78% of infants with an early infant diagnosis test, but significant gaps remain for many countries: only nine of 23 priority countries have achieved coverage rates of 50% or greater (Figure 11). Turnaround time and the actual return of test results to providers and parents are critical bottlenecks to early initiation of treatment. Using point-of-care assays for early infant diagnosis holds particular promise, as they can be done on site, allowing for rapid turnaround of results that inform appropriate care with prompt initiation of antiretroviral therapy in infants found to be HIV-infected.

Figure 11. Infants born to women living with HIV receiving a virological test within the first two months of life, by country, 23 focus countries, 2016



Source: Global AIDS Monitoring, 2017.

Focused efforts to identify and diagnose children living with HIV are increasingly being promoted across countries. These efforts include ensuring that all adults in HIV care have testing offered to their children. Provider-initiated testing in outpatient and immunization clinics may be appropriate in some countries and is being more widely implemented. Inpatient testing, testing for HIV in children with proven or suspected tuberculosis, and in children with malnutrition is appropriate in all of these countries.

WHO guidelines recommend that all children living with HIV are started on antiretroviral therapy as soon as they are diagnosed. More effective regimens in optimal formulations, as recommended by WHO, need to be rapidly brought to market, introduced and scaled up in countries to ensure virological suppression and minimize increasing levels of HIV drug resistance among this population. With effective treatment and viral suppression, children can thrive with normal growth and development.

Age-disaggregated data on the number of adolescents aged 15-19 years receiving antiretroviral therapy are not available in many countries; only four (Botswana, Indonesia, Swaziland, Zambia) reported the number through the annual Global AIDS Monitoring reports. Adolescent-friendly health services tailored to meet the particular challenges of young people, are important to take into account the many barriers that adolescents face in accessing and adhering to treatment. These include attention to health service factors, such as distance, cost and transportation, clinic hours, and requirements for parental consent, and consideration of social and emotional factors that impact care including stigma and peer pressures, lack of support and respect for confidentiality and privacy. Successful models of adolescent-friendly care and treatment have been implemented in a number of countries, including Zimbabwe, Kenya, South Africa and Rwanda.

STAY FREE

KEEPING A FOCUS ON ADOLESCENTS

Progress in preventing new HIV infections among adolescents, as well as improving uptake of HIV testing and treatment, has been unacceptably slow. Globally in 2016, 610 000 [360 000–790 000] young people between the ages of 15 and 24 years were newly infected with HIV; of those, 260 000 [81 000–450 000] were adolescents between the ages of 15 and 19 years.

Among the 23 priority countries, there were an estimated 200 000 [52 000–370 000] new infections among adolescents aged 15–19 years, a reduction of 5% from the prior year. Of these, 140 000 [38 000–260 000] or 72% were among girls aged 15–19 years, again underscoring the disparate burden in the number of new HIV infections among adolescent girls and young women relative to males in the same age groups (Figure 12). The distribution of new infections among the priority countries is noted in Figure 13.

Figure 12. New HIV infections among young women (aged 15–24 years), 23 focus countries, 2010–2016 and 2020 target

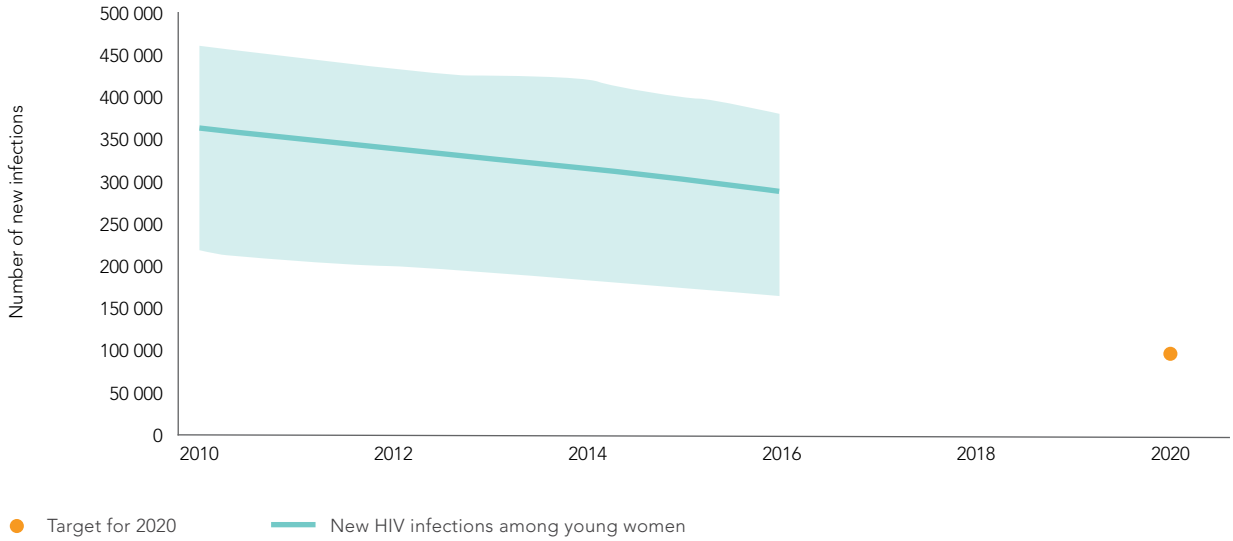
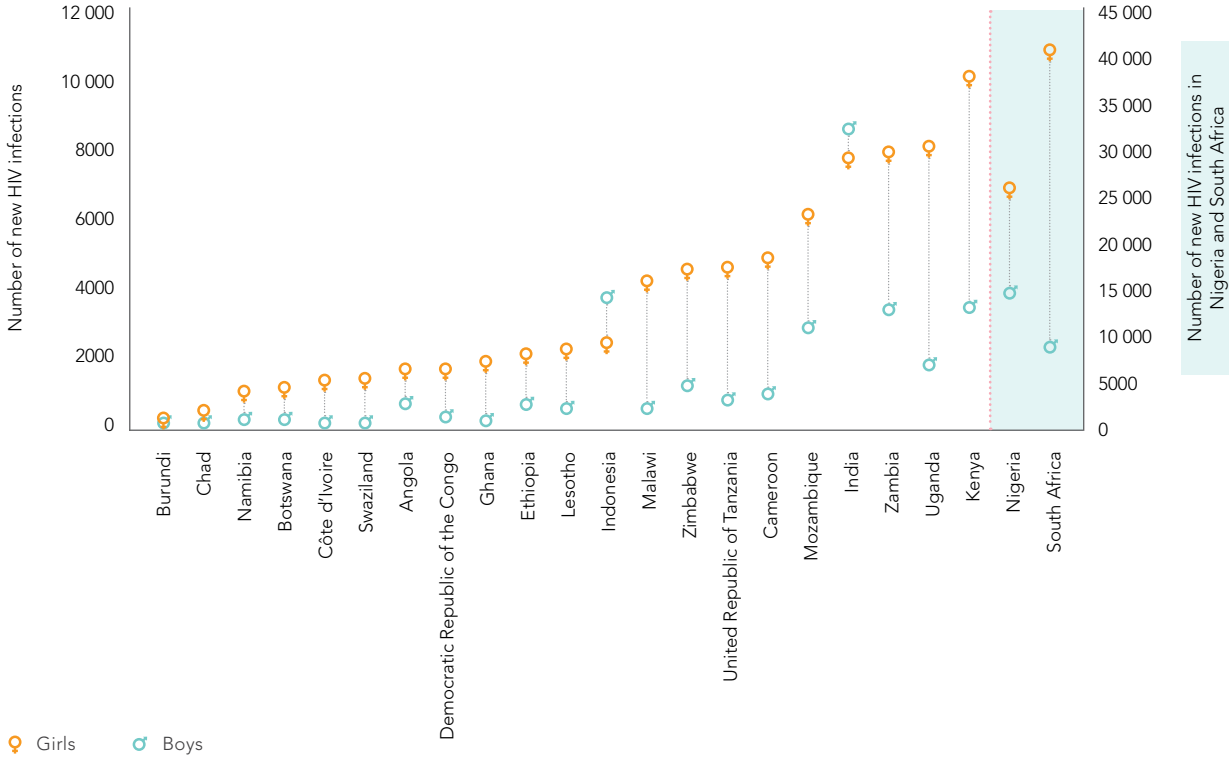


Figure 13. New HIV infections among adolescent boys and girls (aged 15–19 years), by country, 23 focus countries, 2016

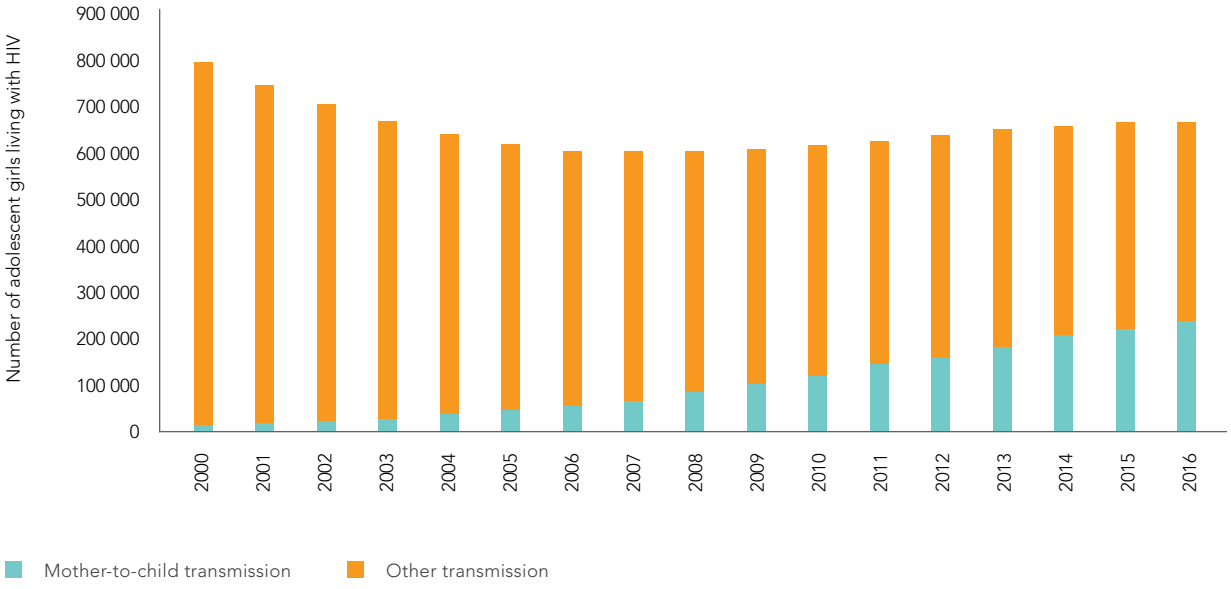


Source: UNAIDS 2017 estimates.

Among the 23 priority countries, there were an estimated 24 000 [17 000–33 000] deaths from AIDS-related illness among adolescents aged 10–14 years and 25 000 [18 000–34 000] among adolescents aged 15–19 years, both of which are unchanged from 2015.

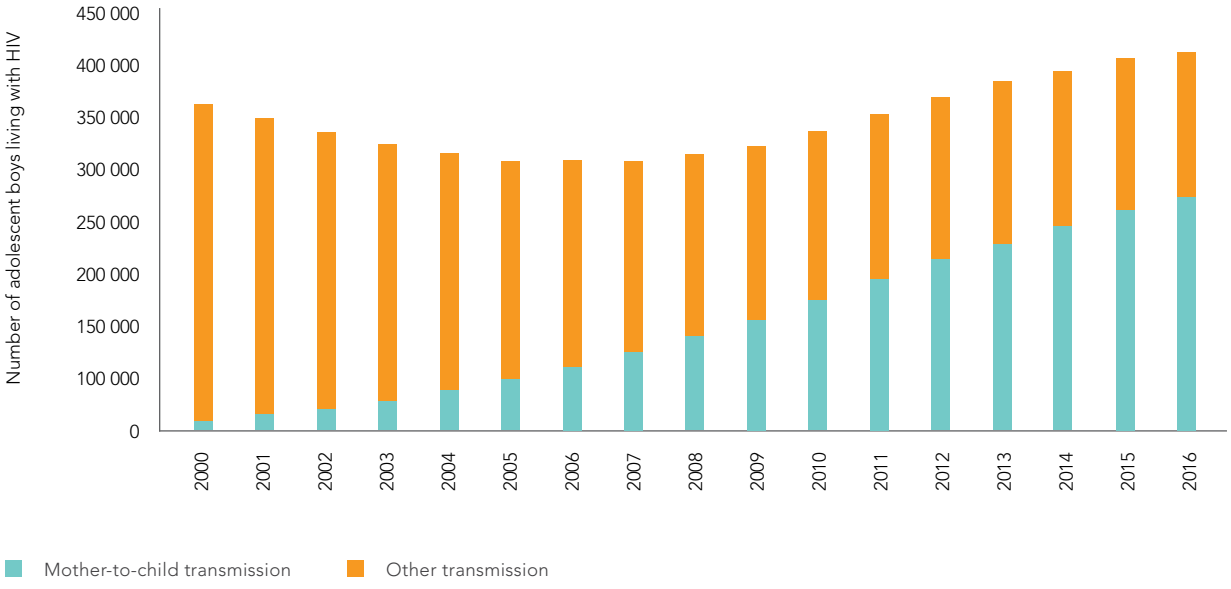
As the number of children starting on antiretroviral therapy and living into their adolescent years increases—and the number of new infections among young people decreases—the proportion of young people living with HIV aged 15–24 years is increasingly represented by those who contract HIV at birth or through breastmilk. The proportion of young people who contracted HIV through vertical transmission varies by the maturity of the country's HIV epidemic. This suggests that countries should consider the different needs of young people who acquired HIV infection during pregnancy or breastfeeding (as opposed to those who acquired HIV through sexual or other transmission routes). In the 23 priority countries, almost two thirds of young men aged 15–19 years living with HIV contracted HIV through vertical transmission. A lesser proportion of approximately one third of young women aged 15–19 years living with HIV had contracted HIV through vertical transmission. This disparity highlights the importance of addressing the underlying factors—including gender inequality and violence against women and girls—that increase the vulnerability of adolescent girls to HIV infection. It also illustrates why it is critical that all young men and women have the information, skills and tools that they need to remain HIV-free and to prevent the onward transmission of HIV (Figures 14 and 15).

Figure 14. Adolescent girls (aged 15–19 years) living with HIV by mode of transmission, 23 focus countries, 2000–2016



Source: John Stover, special analysis of UNAIDS 2017 estimates.

Figure 15. Adolescent boys (aged 15–19 years) living with HIV by mode of transmission, 23 focus countries, 2000–2016



Source: John Stover, special analysis of UNAIDS 2017 estimates.

Working Together for an AIDS-Free Future for Adolescent Girls and Young Women

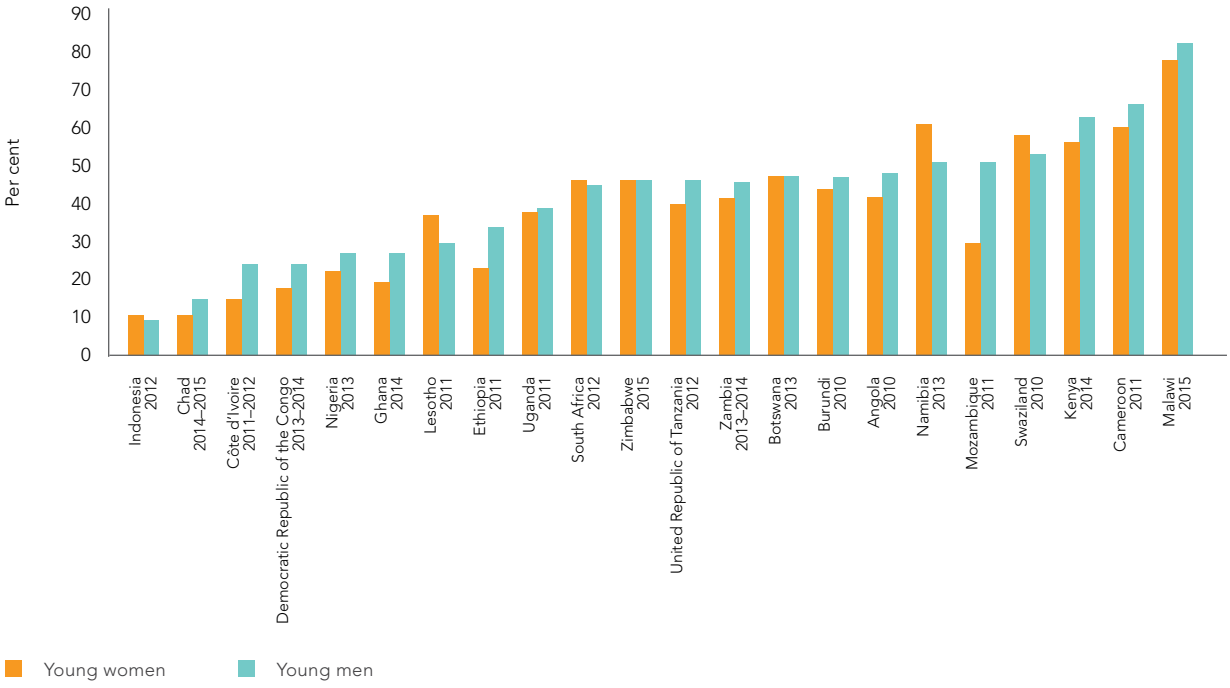
Recognizing the need to focus HIV prevention on adolescent girls and young women (AGYW), PEPFAR responded in 2014 with DREAMS – a public/private partnership to reduce new HIV infections among AGYW in 15 sub-Saharan countries. PEPFAR, along with the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare, has implemented the ambitious DREAMS partnership to help girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe Women.

DREAMS is delivering a core package of interventions that combines evidence-based approaches that extend beyond the health sector, addressing the structural drivers that directly and indirectly increase girls' HIV risk, including poverty, gender inequality, sexual violence, and a lack of education. DREAMS is complemented by funding for voluntary medical male circumcision for young men in districts where DREAMS is supported. DREAMS activities have been integrated into PEPFAR country operational plans in all 10 original DREAMS countries (Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe), and DREAMS activities were added to five additional country plans: Botswana, Côte d'Ivoire, Haiti, Namibia and Rwanda.

DREAMS results were reported by PEPFAR on World AIDS Day 2017. In the original African countries (63 districts) implementing DREAMS, the majority (65%, or 41) of the highest HIV-burden districts achieved a decline of new diagnoses among adolescent girls and young women ages 15-24 years by more than 25% since 2015, including 14 districts that had a decline of greater than 40%. Importantly, new diagnoses declined in nearly all DREAMS intervention districts.

The government of South Africa designed a national campaign, She Conquers, that will extend DREAMS beyond the five PEPFAR-supported districts. Swaziland has expanded its DREAMS interventions for adolescent girls and young women to reach near national coverage. Malawi is also expanding prevention for adolescent girls and young women beyond DREAMS-supported districts.

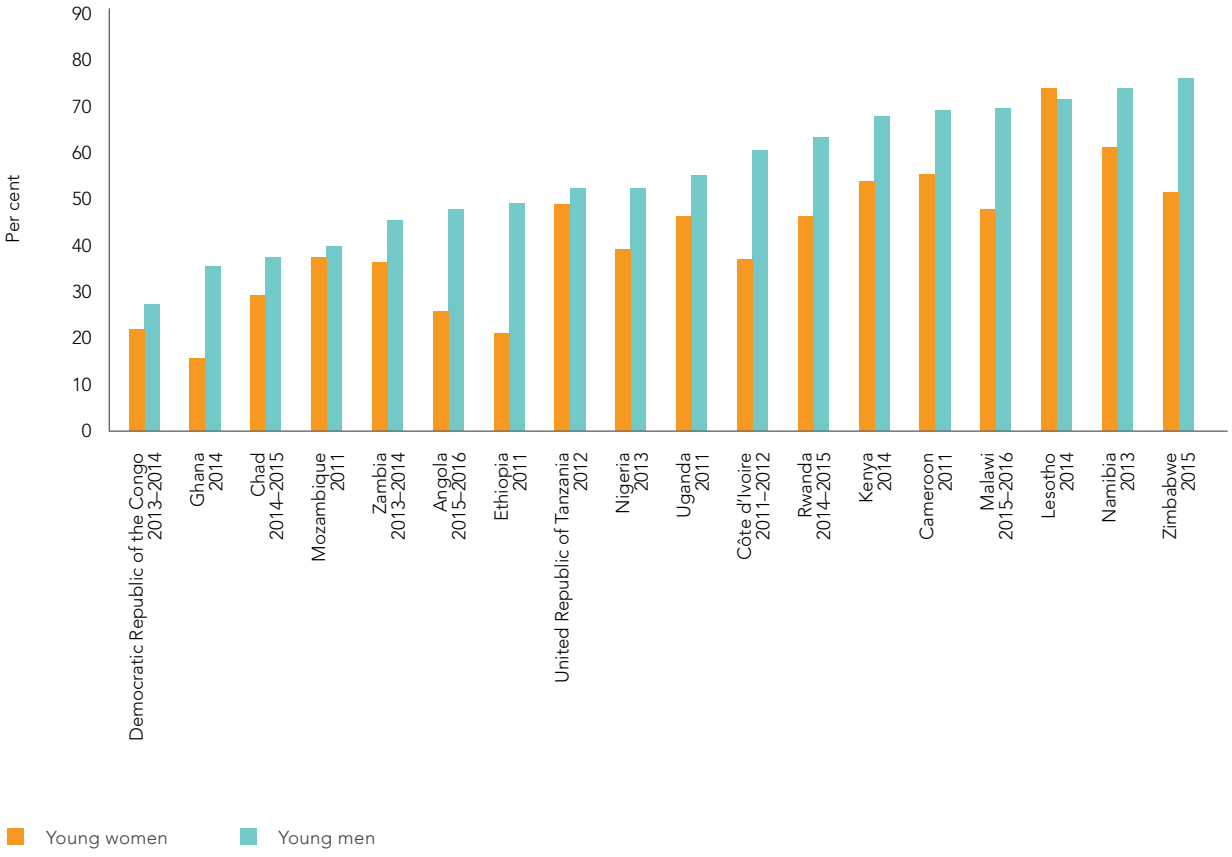
Figure 16. Comprehensive knowledge about HIV prevention among young people (aged 15–24 years), most recent data, 2010–2016



Source: Household surveys, 2010–2016.

A starting point for reducing new HIV infections is ensuring that adolescents have accurate and comprehensive information about HIV prevention. Among the 23 priority focus countries with data collected from household surveys conducted between 2011 and 2016, accurate knowledge of HIV prevention among young people aged 15–24 years was similar between young men and young women (Figure 16). Condom use at last sex with nonregular partners among young men and women aged 15–24 years varied widely according to surveys conducted between 2011 and 2016 (Figure 17). In all countries except one, young men were more likely to report condom use with a nonregular partner than were young women. The policy environment has constrained access to condoms for young people in many countries: 55% of reporting countries in eastern and southern Africa, and 44% of countries in western and central Africa, reported the existence of age restrictions for accessing condoms *(10)*.

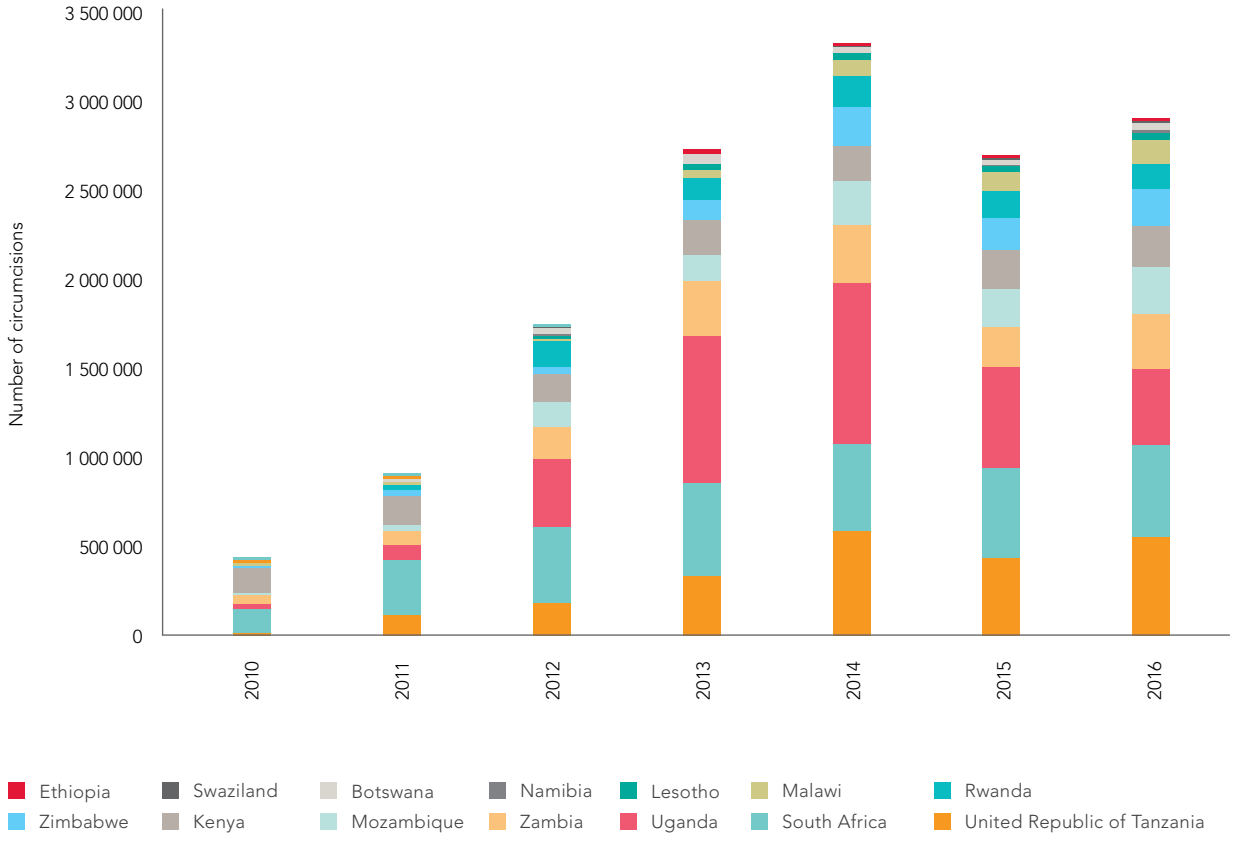
Figure 17. Condom use at last high-risk sex among young men and women (aged 15–24 years), most recent data, 2011–2016



Source: Household surveys, 2011–2016.

Among countries with high HIV prevalence and low levels of male circumcision, voluntary medical male circumcision (VMMC) has been recommended as a key component of combination HIV prevention *(11)*. VMMC reduces female-to-male sexual transmission of HIV by 60%, while also providing an opportunity for HIV counselling and testing for boys and young men. Fourteen countries have been prioritized for scale-up of VMMC, all of which are priority countries for Start Free Stay Free AIDS Free. There was a modest increase in the number of men undergoing VMMC between 2015 and 2016, with the greatest numbers noted in South Africa, Uganda and the United Republic of Tanzania. Data on circumcisions done among men aged 10–29 years are not yet available (Figure 18). A significant acceleration of VMMC is required to reach the global target of the circumcision of 25 million additional young men by 2020.

Figure 18. Annual number of voluntary medical male circumcisions, by country, 2010–2016



Source: Global AIDS Monitoring, 2017; Global AIDS Response Progress Monitoring, 2010–2016.

The use of antiretroviral medicines as prophylaxis against acquiring HIV infection, also known as pre-exposure prophylaxis (PrEP), has been recommended by WHO as an additional prevention option for people at substantial risk of HIV infection *(3)*. The United States President's Emergency Plan for AIDS Relief (PEPFAR) has supported programmes in five countries that are piloting PrEP for women aged 18–24 years who are at the highest risk of HIV, and additional countries have taken early steps to make PrEP available *(12)*. These early steps range from inclusion in the national policy to early roll-out. Considerations include how to reach and engage adolescent girls and young women who may benefit most from PrEP, how to provide adherence counselling and social support that respects their autonomy, and how to mitigate potential harms (including preventing and addressing violence) as part of a comprehensive approach to reducing their risk of acquiring HIV *(5, 13–18)*.

PrEP is available in the following countries

India	Malawi	Nigeria	Uganda
Kenya	Mozambique	South Africa	Zambia
Lesotho	Namibia	Swaziland	Zimbabwe

Source: National Commitments and Policy Instrument, 2017.

The policy environment for young people to access HIV testing and sexual and reproductive health services has created barriers that limit their ability to seek care. In 2016, individuals younger than 18 years of age needed parental consent to take an HIV test in 78 of 110 countries reporting. In 68 of 108 countries reporting, adolescents younger than 18 also needed parental consent to use sexual and reproductive health services *(10)*.

LOOKING FORWARD

The future for children and adolescents depends on actions taken today to accelerate global and country progress towards achieving the promise and vision of ending paediatric AIDS.

Countries such as Cameroon, Namibia, Swaziland and Zimbabwe have launched ambitious new strategies and plans, while others—including Côte d'Ivoire, the Democratic Republic of the Congo and Kenya—are integrating Start Free Stay Free AIDS Free targets and accelerated activities into ongoing national programmes and priorities. Opportunities to invest in and scale up promising strategies, employ new technologies and strengthen partnerships are at hand, with the potential to save lives and reach the ambitious global targets for ending paediatric AIDS that were adopted in the 2016 Political Declaration on Ending AIDS *(1)*.

Eliminating new HIV infections among children

Crucial to ending new infections among children are actions to accelerate and sustain outreach and support for pregnant women in order to enable them to access antenatal care and antiretroviral medication for themselves and their babies throughout breastfeeding. Ensuring that all facilities providing antenatal care also provide services for the prevention of vertical HIV transmission with the capacity to track the follow-up of mothers and infants until a final diagnosis for the child at weaning will put efforts to eliminate vertical HIV transmission on track. Meaningful engagement of women living with HIV can identify the actions required to address the lack of retention in care during and after pregnancy, thereby enabling more effective programmes to be designed and carried out that are respectful of their rights and circumstances.

Early infant diagnosis

Scaling up early infant and child diagnosis remains a priority for all children born to HIV-positive mothers. Timely testing is fundamental for diagnosis and early initiation of treatment. Recent advances in point-of-care early infant diagnosis technologies provide a long sought-after opportunity to increase coverage of infant testing dramatically, to allow for same-day test results and to facilitate initiation of treatment. Early results from field settings show significantly shorter turnaround for test results, higher treatment initiation rates and increased retention on treatment at 12 months of age.

Investments by UNITAID and others are demonstrating the feasibility of introducing much needed early infant diagnosis with new technologies and ways of operationalizing these within maternal child health and HIV programmes in low- and middle-income countries *(5, 14–18)*. The introduction of new life-saving diagnostic platforms can be a game changer for children while also simplifying complex laboratory and transport requirements.

In resource-poor settings, particularly in countries with a high proportion of institutional deliveries, providing virological testing of HIV-exposed infants at birth has resulted in earlier identification and earlier initiation of antiretroviral therapy. Where feasible, birth testing can be considered to be an additional intervention to accelerate diagnosis and treatment initiation within a comprehensive cascade of care, with confirmatory testing, retests of negative results and the provision of antiretroviral medications (with appropriate dosages and formulations) for the first month of life.

Identifying HIV-positive children and adolescents

Intensified efforts and innovative strategies to identify children and adolescents living with HIV—both within and outside of health facilities—are urgently needed. These range from (a) increasing HIV testing among children presenting with illness in hospitals or clinical facilities, malnutrition programmes and tuberculosis units, (b) screening for potential HIV exposure status of infants during immunization visits, and testing those infants exposed to HIV, and (c) facility-based and community strategies that encourage adults living with HIV to have their children tested. Tailored efforts to reach adolescents need to address the requirement for parental consent, which can serve as a barrier to accessing sexual and reproductive health services (including HIV prevention, voluntary testing and referral to treatment). Innovations in HIV self-testing devices have shown promise with good acceptability among young people, including adolescent girls and young women. Youth-friendly service provision in health facilities can reduce the stigma and discrimination that is associated with young people seeking health services.

Improving data and monitoring

The ability to design and implement effective interventions for children, adolescents and young women is linked with quality data disaggregated by sex and age, along with the capability to follow mother–infant pairs and track initiation on treatment and retention in care. Best practices are available for scaling up integrated electronic medical records that link facilities to district health information systems, thus facilitating improvements in health planning and patient care *(16)*. Taking action to improve the availability and quality of health information systems remains a priority for tracking progress towards the achievement of global targets to end paediatric AIDS.

Accelerating new medicines and diagnostics for children

Speeding up investments in the research, development and introduction of new paediatric formulations of antiretroviral medications, palatable medicines and age-appropriate dosing is urgently needed. Efforts to ensure the introduction and reliable procurement of optimal formulations are urgently required at the country level; adequate training to support providers is also needed. Promising commitments to develop and introduce new paediatric formulations more rapidly were made by pharmaceutical companies and several other stakeholders in November 2017, but they require follow-up action and prompt attention by the relevant actors.

Promoting community engagement and community-based services

Engaging communities of women affected by HIV and community-based providers of care in encouraging the uptake of HIV prevention and treatment services (including uptake of antenatal care) has demonstrated benefits for improving health outcomes *(5, 17)*. Inclusion of community-based and community-led care in health planning can support expanded access to care and improved retention, and it is important to reach women and children not accessing care. The positive engagement of local leaders in reducing stigma and discrimination towards people living with HIV also fosters an environment that is more favourable to accessing testing and care.

Expanding partnerships with faith-based organizations

In many countries and communities, faith-based organizations play a vital role in the delivery of health services and the provision of support. Religious leaders from all faiths have committed to taking action and using their congregational platforms to mobilize their community members around the Start Free Stay Free AIDS Free targets. Strengthening partnerships between these organizations and other formal governmental and nongovernmental health care delivery mechanisms holds promise for accelerating expanded access to HIV prevention and treatment for women, children and youth.

VMMC

VMMC is an effective HIV prevention intervention, and it significantly decreases the risk of sexually transmitted infection for men and their female partners. Adolescent males (aged 10–19 years) make up approximately half of men reached by VMMC in high HIV burden countries where this intervention will be most impactful. Increasing the demand for, and availability of, VMMC is important to advancing the goal of reducing new infections and providing opportunities for HIV testing, prevention and treatment messages (including counselling on risk reduction, condom promotion and linkages to care).

Access to information on sexual and reproductive health

Ensuring access to accurate and age-appropriate information for children and adolescents is important to helping them understand their own health and reducing their risk of early pregnancy or acquiring HIV and other sexually transmitted infections. Such information should include comprehensive sexuality education that promotes human rights and gender equality and that addresses harmful gender norms and violence; it also is important to provide access to condoms and integrated sexual and reproductive health services. Identifying the changing social and structural factors that place adolescents and children at risk for HIV infection and empowering them with correct knowledge are crucial steps for enabling them to make healthy choices and decisions.

PrEP

The introduction of PrEP as part of a comprehensive HIV prevention strategy provides a promising option for preventing new HIV infections among adolescent girls and young women in high HIV burden settings where they face substantial risk. The success of PrEP depends on access and effective use, and early programmatic evidence is being collected to inform decisions on where and how to implement this option safely and effectively *(18)*.

Conclusion

The future for children and adolescents depends on actions taken today to accelerate country and global progress towards achieving the promise and vision of Start Free Stay Free AIDS Free. Doing so will end new HIV infections in children and provide all children and adolescents living with HIV with access to treatment and the opportunity to lead healthy lives. Concerted action by all partners— including development partners, the private sector, faith leaders and implementers, and countries—is imperative in order to reach the ambitious Start Free Stay Free AIDS Free targets set for 2018 and 2020.

Implementation in the first year has been marked by promising developments in new technologies and innovations in service delivery, but much remains to be done. In particular, new infections among adolescents, girls and young women need to be prevented. We need to close the gap in service coverage to prevent mother-to-child HIV transmission and ensure that all children potentially exposed to HIV in high prevalence areas receive an HIV test, with HIV positive children quickly linked to treatment. In addition, age-appropriate sexuality education, information and services should be available for adolescents and young people. The right to health for children and youth includes protection from sexual violence and abuse, access to health and education services, and social support where necessary.

Ending AIDS begins with ending it among women, children and adolescents. When the rights of women, children and adolescents are protected, we sow the seeds for achieving the Sustainable Development Goals and a better world for all. The window of opportunity is measured in days and months, not years. The pace has to be stepped up—now.

COUNTRY PROFILES

2016 KEY INDICATORS FOR CHILDREN

Percent of pregnant women living with HIV receiving ART to prevent HIV transmission

<40	40–49%	50–59%	60–69%	70–79%	80–89%	>90%
Indonesia	Angola	Ghana	Chad	Cameroon	Burundi	Botswana
Nigeria	India		Ethiopia	Côte d'Ivoire	Kenya	Namibia
			Lesotho	Democratic Republic of the Congo	Malawi	South Africa
					Mozambique	Swaziland
					United Republic of Tanzania	Uganda
					Zambia	Zimbabwe

New HIV infections among children (aged 0–14 years)

< 1000	1000–2999	3000–4999	5000–6999	7000–9999	>10 000
Botswana	Chad	Angola	Kenya	India	Mozambique
Burundi	Democratic Republic of the Congo	Cameroon		Zambia	Nigeria
Namibia	Lesotho	Côte d'Ivoire			South Africa
Swaziland		Ethiopia			United Republic of Tanzania
		Ghana			
		Indonesia			
		Malawi			
		Uganda			
		Zimbabwe			

Antiretroviral treatment coverage among children (aged 0–14 years)

10–19%	20–29%	30–39%	40–49%	50–59%	60–69%	>70%
Angola	Burundi	Ethiopia	Lesotho	South Africa	Botswana	Zimbabwe
Cameroon	Côte d'Ivoire	India	Malawi	Zambia	Kenya	
Chad	Democratic Republic of the Congo	Mozambique	Uganda		Namibia	
Ghana	Indonesia		United Republic of Tanzania		Swaziland	
	Nigeria					

ANGOLA

3600

Number of new HIV infections among children (aged 0–14 years)

44%

Prevention of mother-to-child HIV transmission coverage

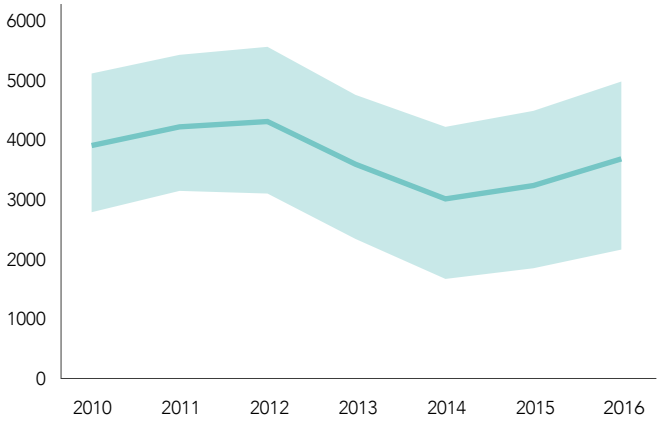
14%

Antiretroviral treatment coverage among children (aged 0–14 years)

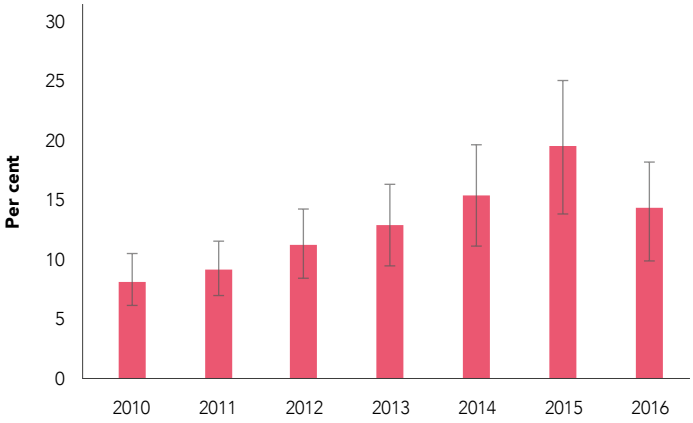
21%

Rate of mother-to-child HIV transmission, including during breastfeeding

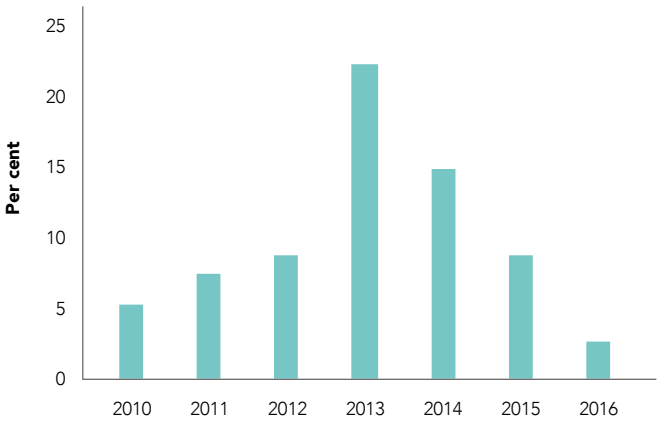
New HIV infections among children (aged 0–14 years), 2010–2016



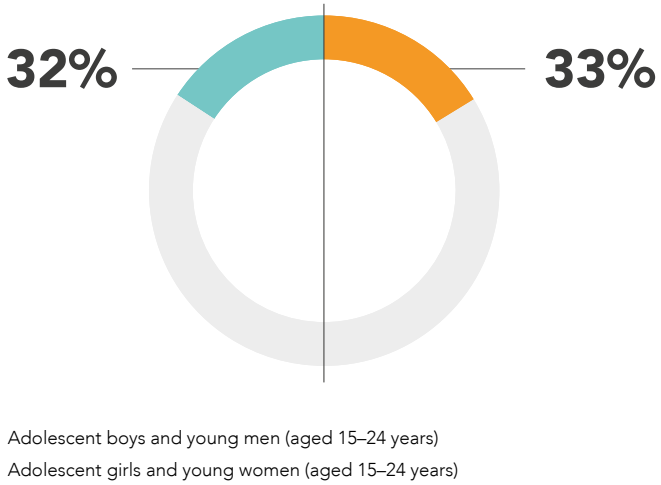
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



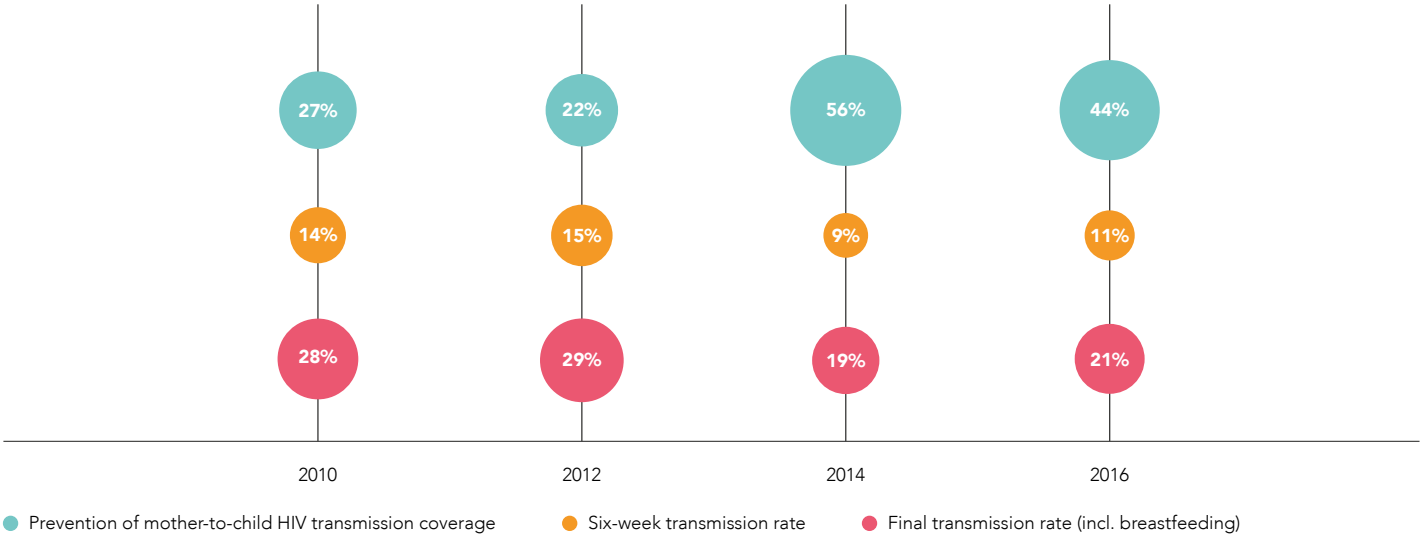
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



Comprehensive knowledge about HIV

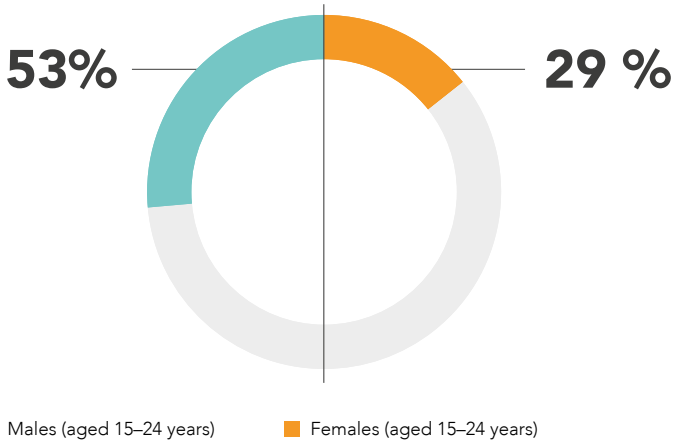


Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016

Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2015–16 Demographic and Health Survey.

Condom use at last high risk sex: 2015–16 Demographic and Health Survey.

BOTSWANA

560

Number of new HIV infections among children (aged 0–14 years)

95%

Prevention of mother-to-child HIV transmission coverage

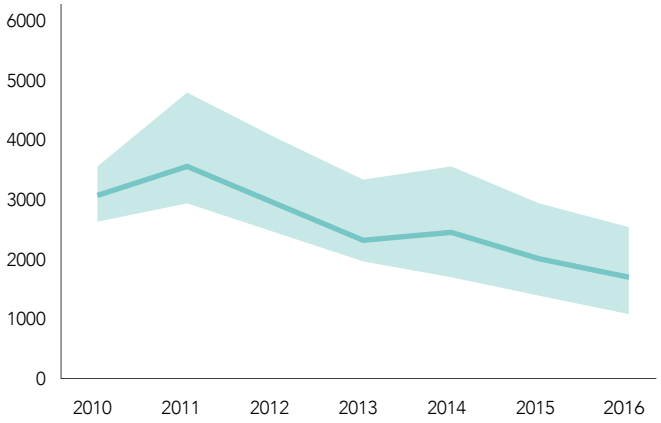
60%

Antiretroviral treatment coverage among children (aged 0–14 years)

5%

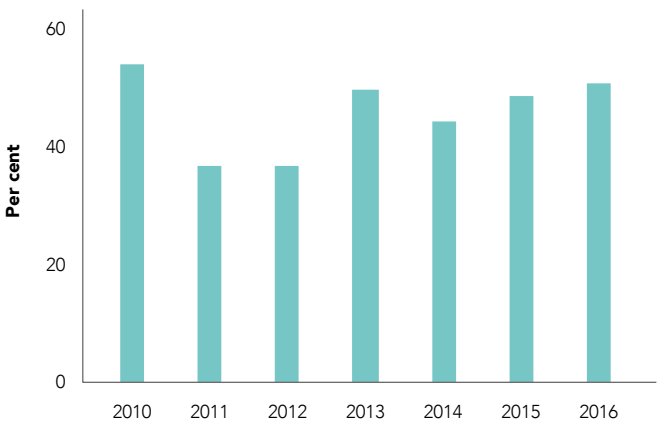
Rate of mother-to-child HIV transmission, including during breastfeeding

New HIV infections among children (aged 0–14 years), 2010–2016

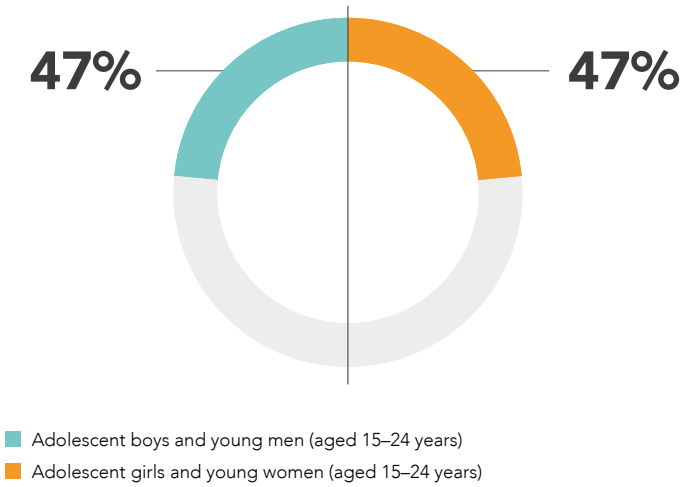


Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016

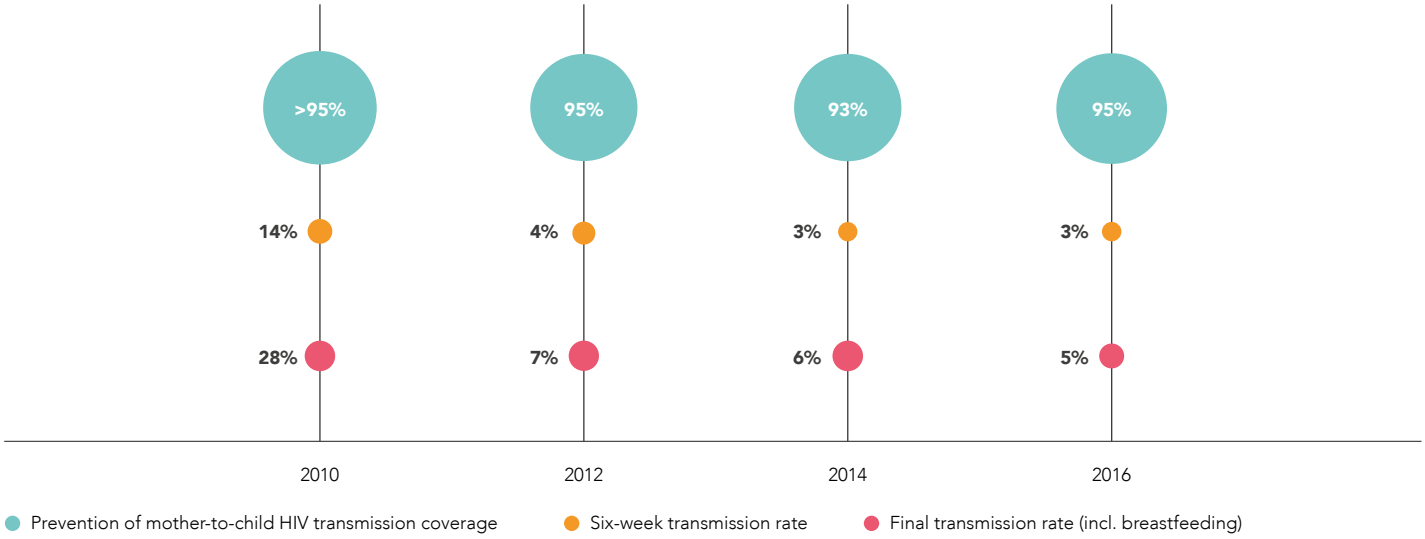
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



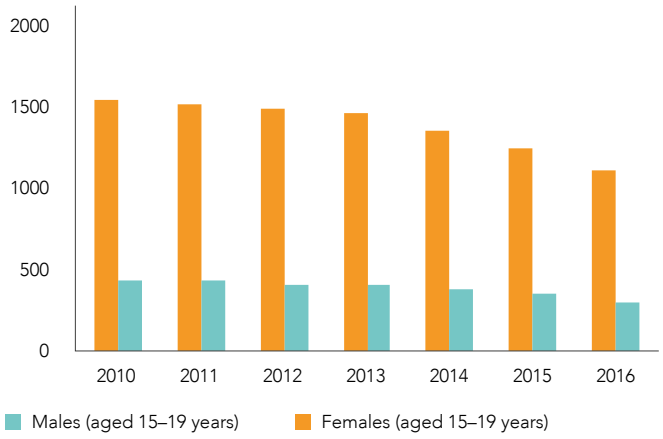
Comprehensive knowledge about HIV



Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



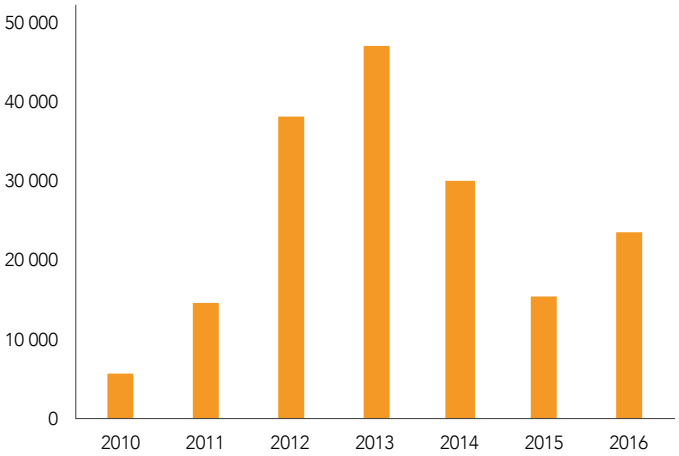
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)

No data

Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2014 Population Based Survey - AIDS Indicator Survey (AIS).

BURUNDI

430

Number of new HIV infections among children (aged 0–14 years)

84%

Prevention of mother-to-child HIV transmission coverage

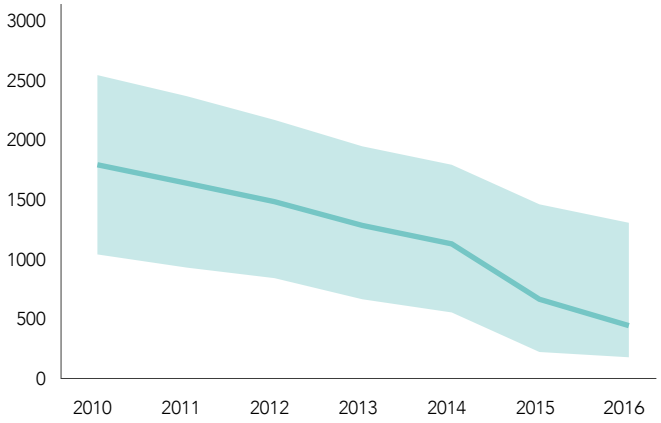
25%

Antiretroviral treatment coverage among children (aged 0–14 years)

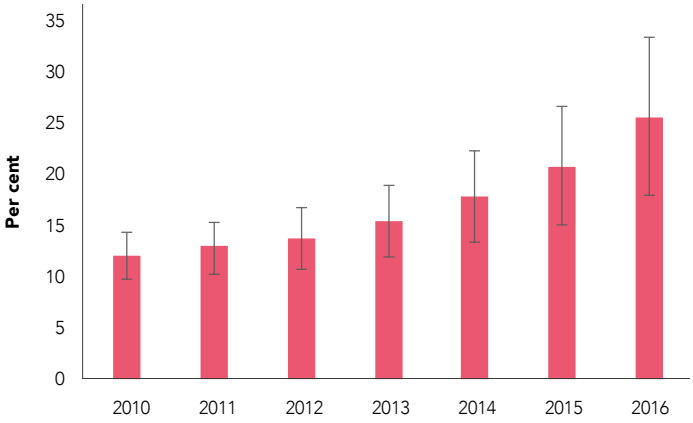
8%

Rate of mother-to-child HIV transmission, including during breastfeeding

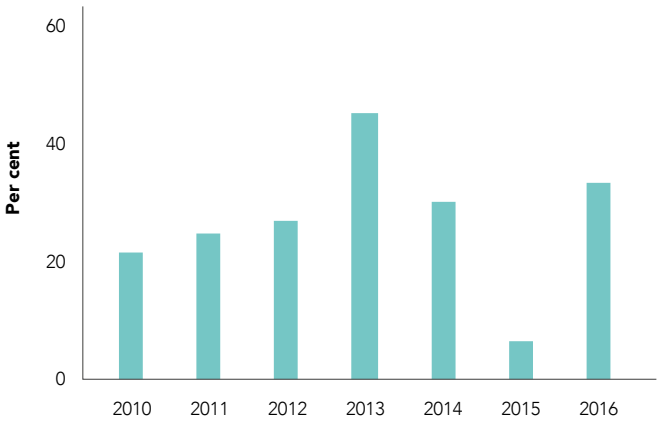
New HIV infections among children (aged 0–14 years), 2010–2016



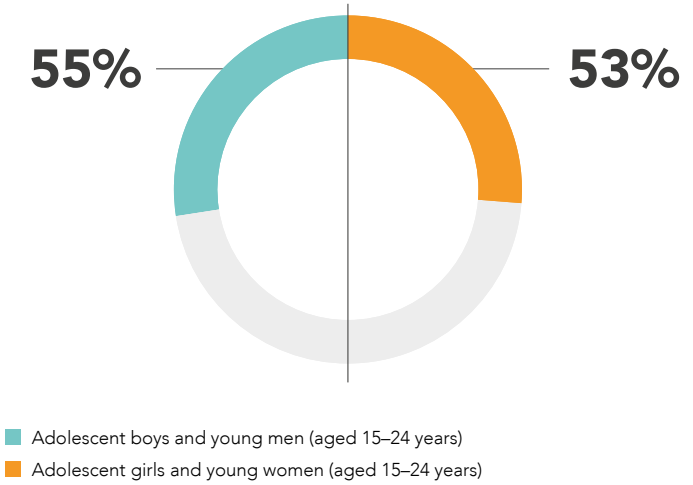
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



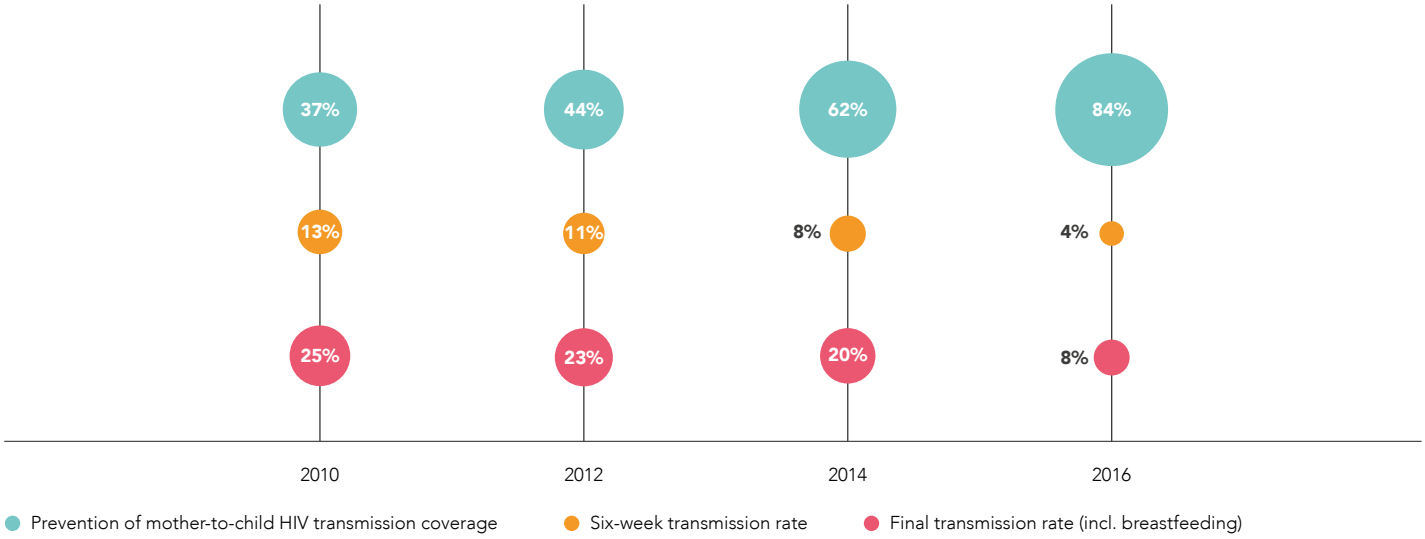
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



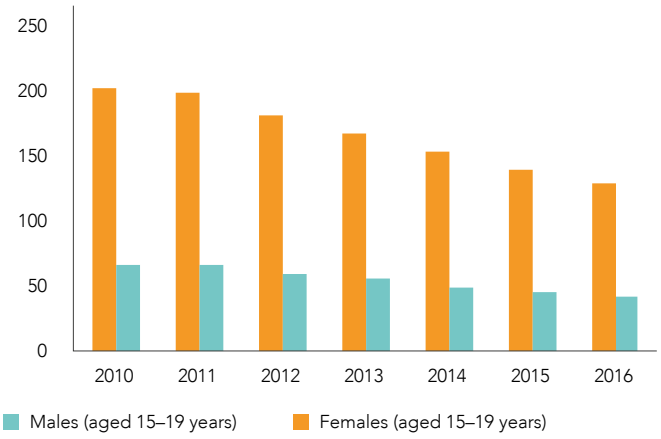
Comprehensive knowledge about HIV



Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)

No data

Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2016–17 Demographic and Health Survey.

CAMEROON

4000

Number of new HIV infections among children (aged 0–14 years)

74%

Prevention of mother-to-child HIV transmission coverage

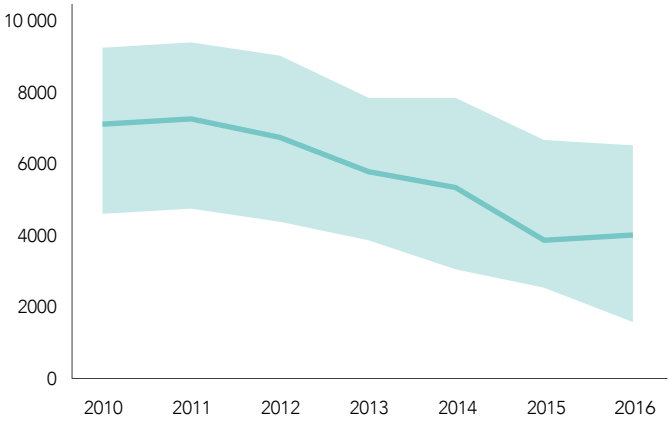
18%

Antiretroviral treatment coverage among children (aged 0–14 years)

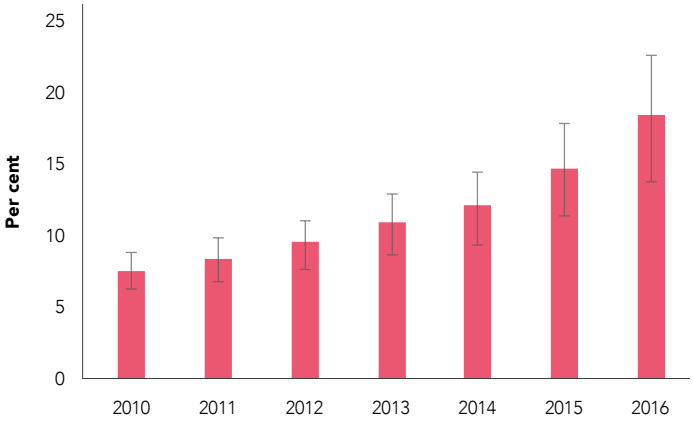
13%

Rate of mother-to-child HIV transmission, including during breastfeeding

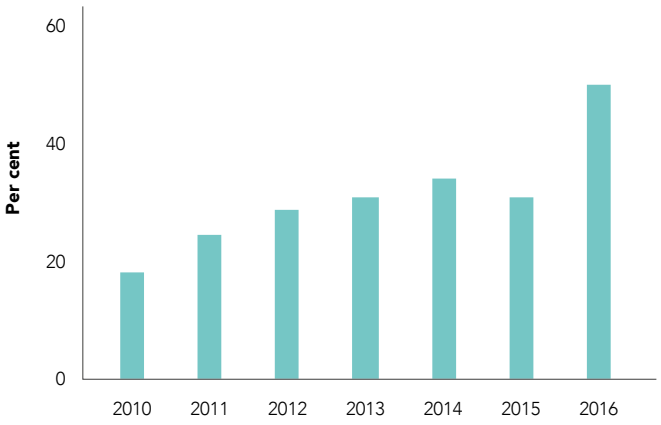
New HIV infections among children (aged 0–14 years), 2010–2016



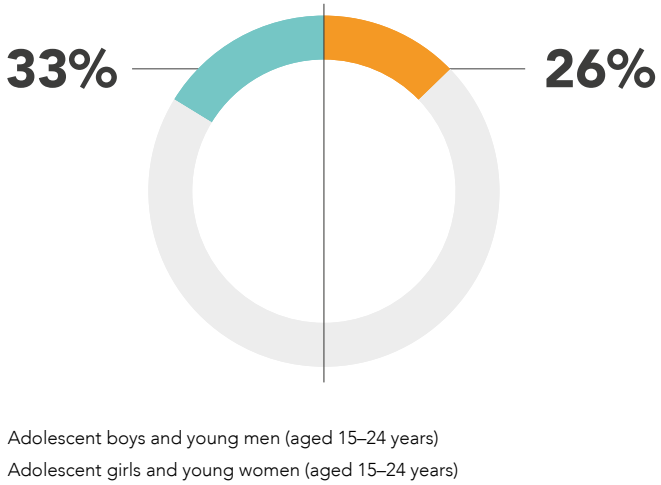
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



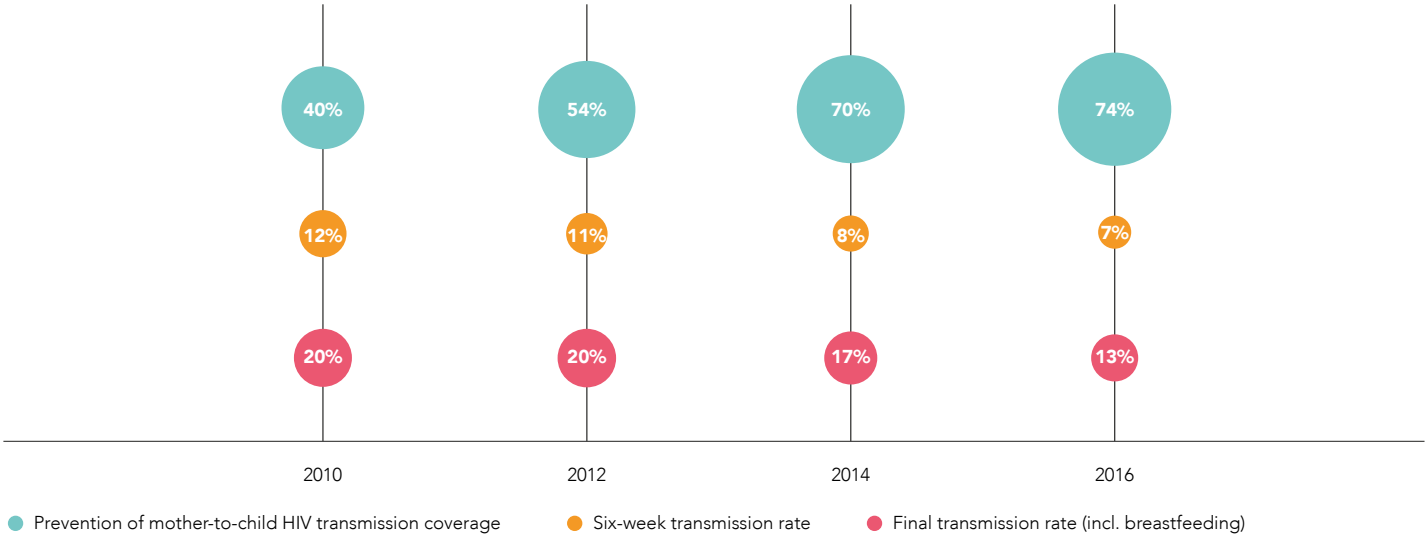
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



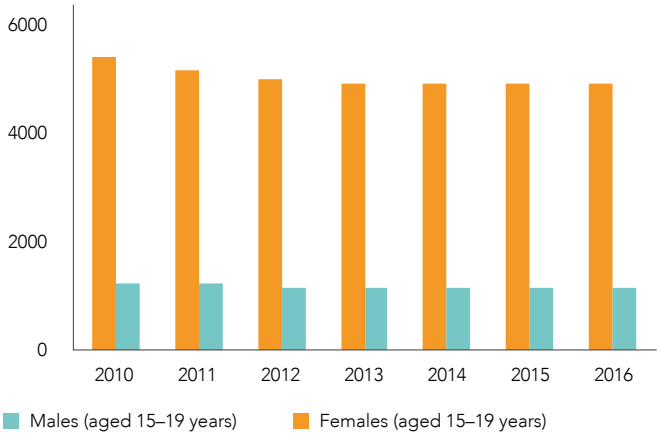
Comprehensive knowledge about HIV



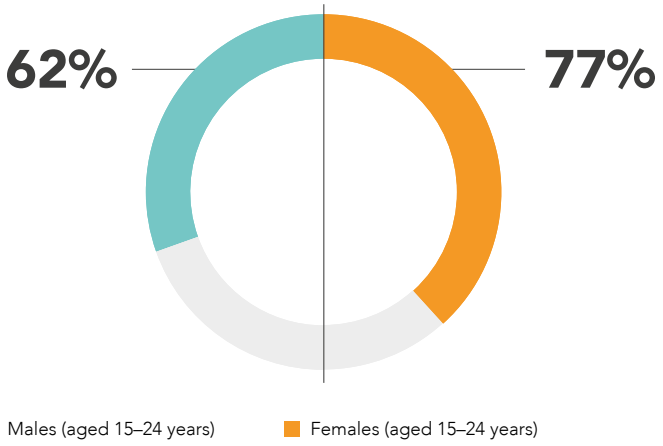
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2011 Demographic and Health Survey.

Condom use at last high risk sex: 2011 Demographic and Health Survey.

CHAD

1000

Number of new HIV infections among children (aged 0–14 years)

63%

Prevention of mother-to-child HIV transmission coverage

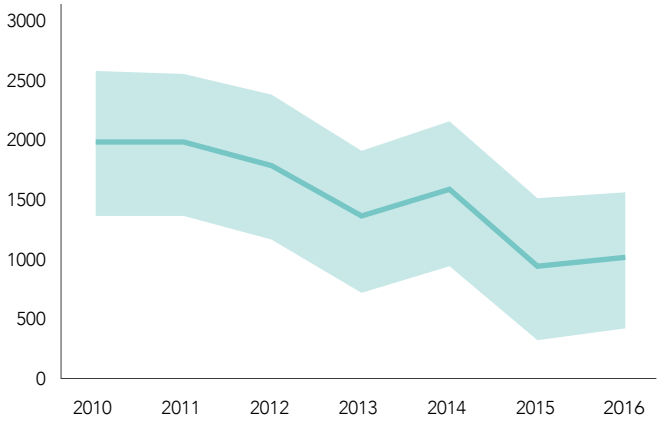
14%

Antiretroviral treatment coverage among children (aged 0–14 years)

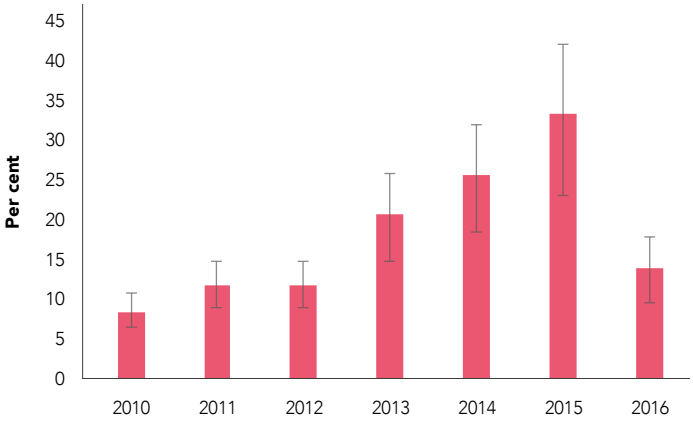
14%

Rate of mother-to-child HIV transmission, including during breastfeeding

New HIV infections among children (aged 0–14 years), 2010–2016



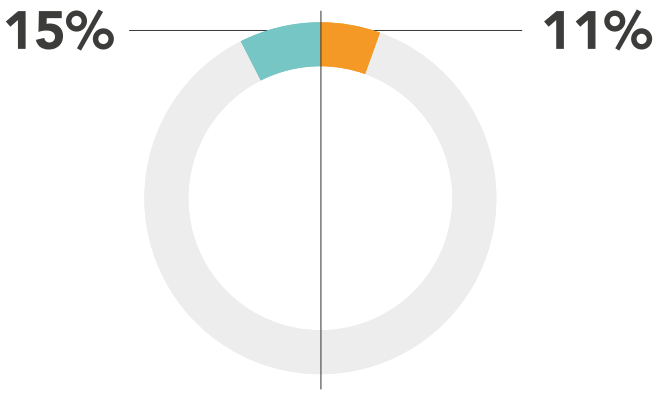
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



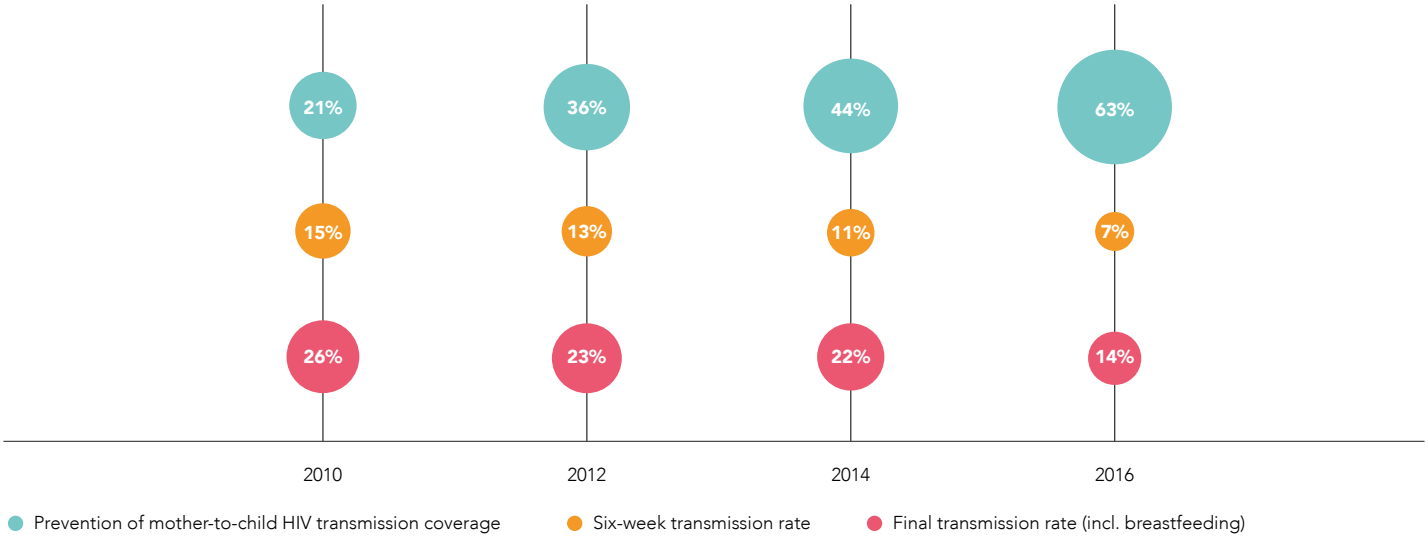
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016

No data

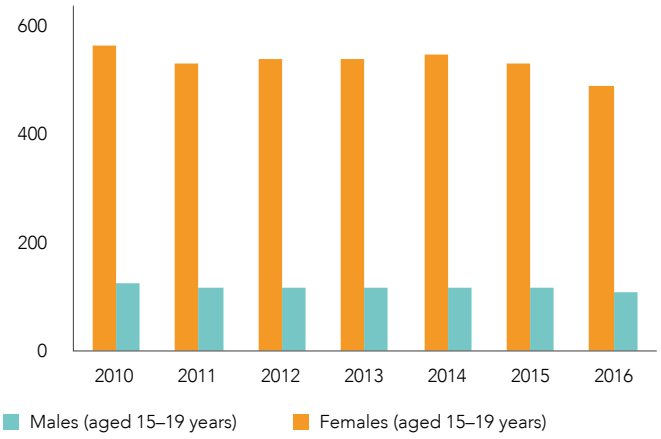
Comprehensive knowledge about HIV



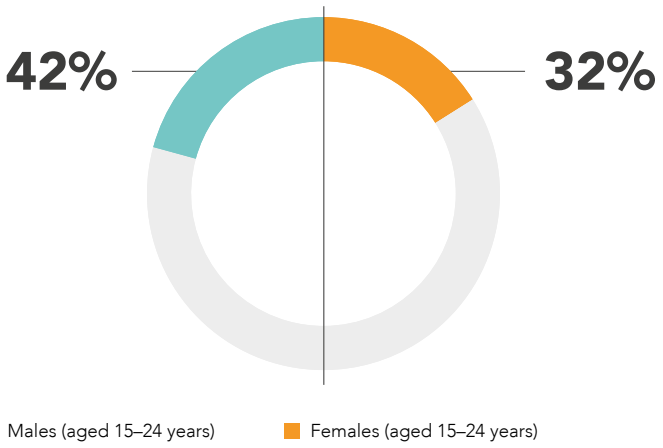
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2014–15 Demographic and Health Survey.

Condom use at last high risk sex: 2014–15 Demographic and Health Survey.

CÔTE D'IVOIRE

3300

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

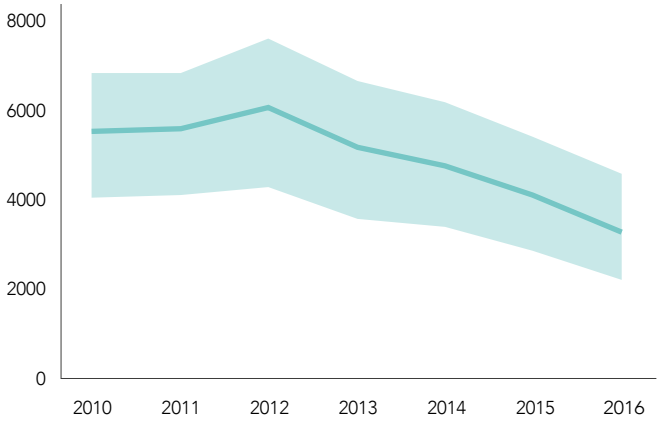
25%

Antiretroviral treatment coverage among children (aged 0–14 years)

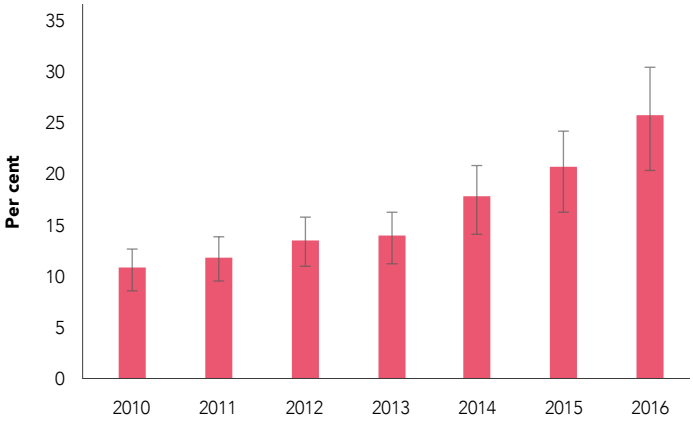
14%

Rate of mother-to-child HIV transmission, including during breastfeeding

New HIV infections among children (aged 0–14 years), 2010–2016



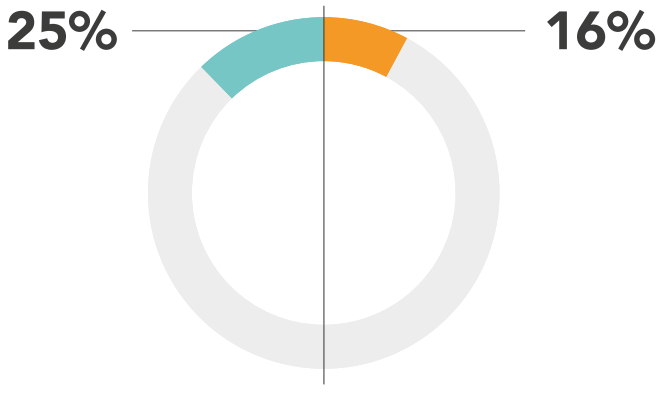
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



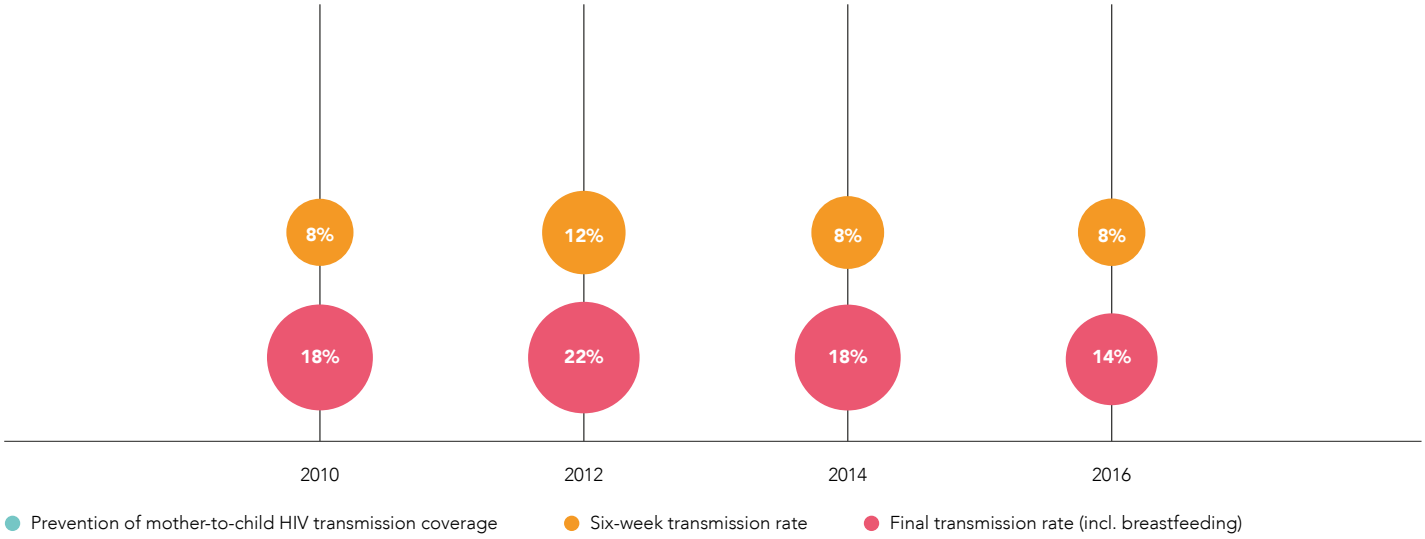
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016

No data

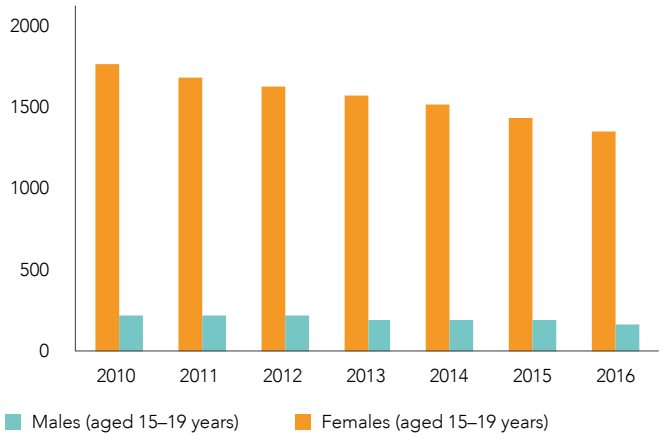
Comprehensive knowledge about HIV



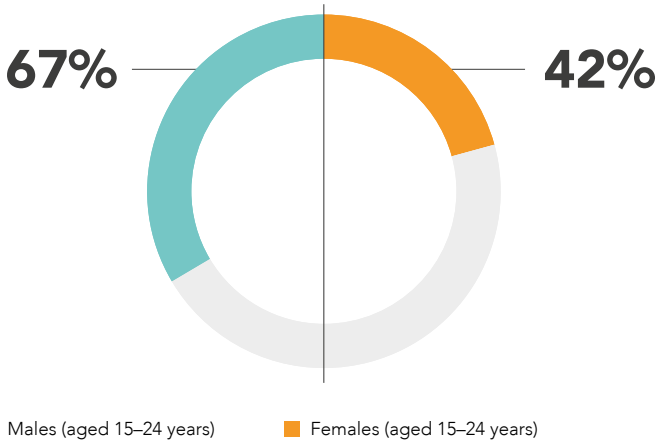
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2011–12 Demographic and Health Survey.

Condom use at last high risk sex: 2011–12 Demographic and Health Survey.

DEMOCRATIC REPUBLI

2900

Number of new HIV infections among children (aged 0–14 years)

70%

Prevention of mother-to-child HIV transmission coverage

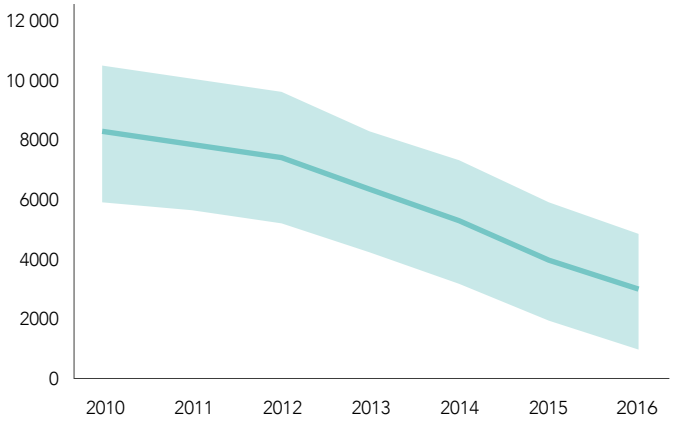
30%

Antiretroviral treatment coverage among children (aged 0–14 years)

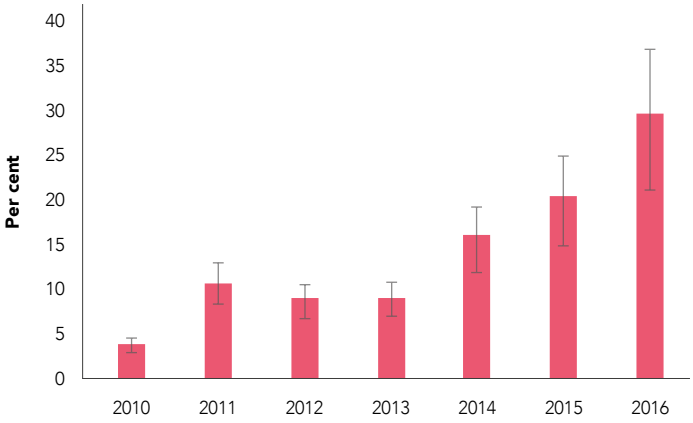
13%

Rate of mother-to-child HIV transmission, including during breastfeeding

New HIV infections among children (aged 0–14 years), 2010–2016



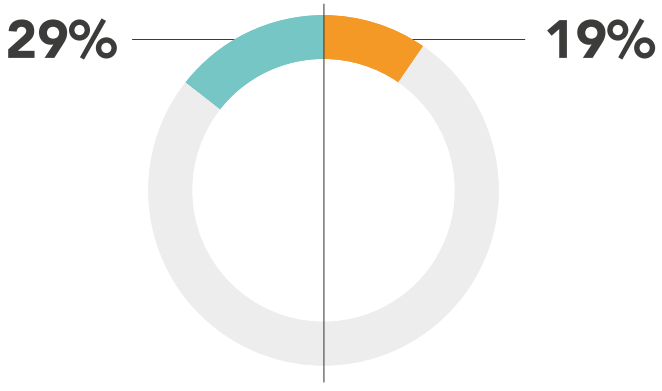
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016

No data

Comprehensive knowledge about HIV

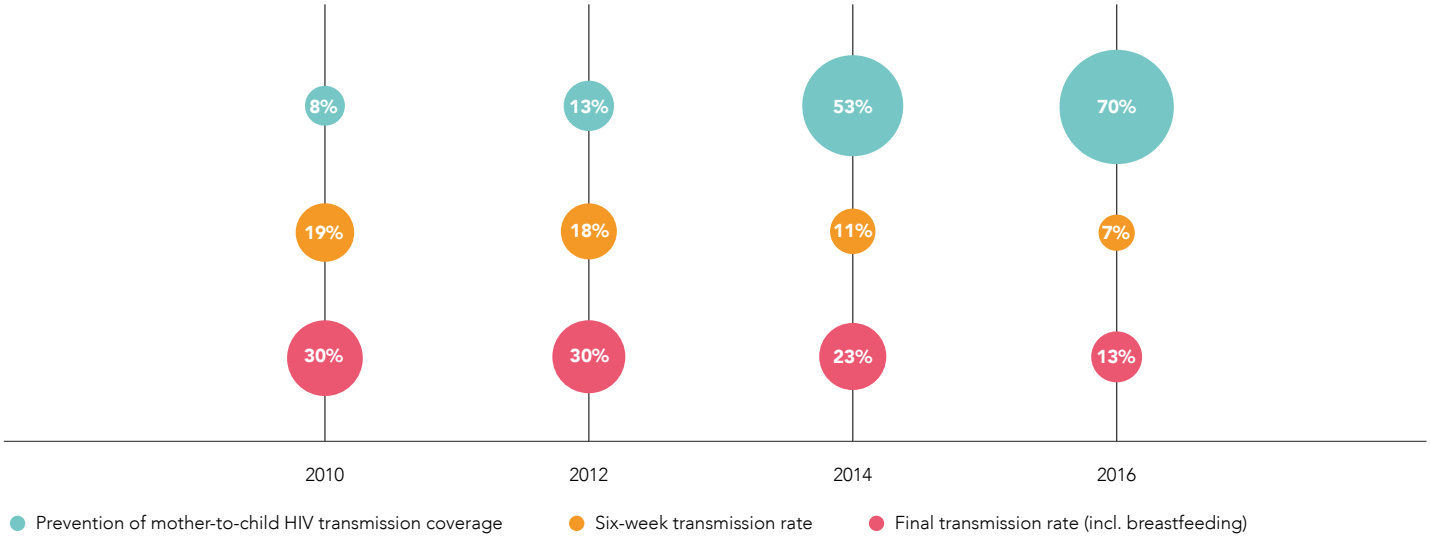


Adolescent boys and young men (aged 15–24 years)

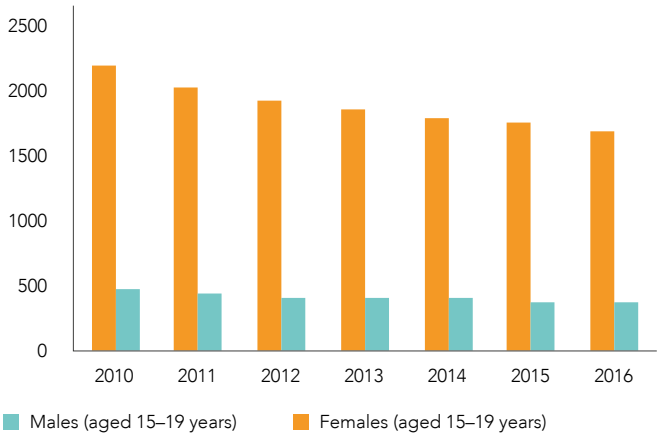
Adolescent girls and young women (aged 15–24 years)

C OF THE CONGO

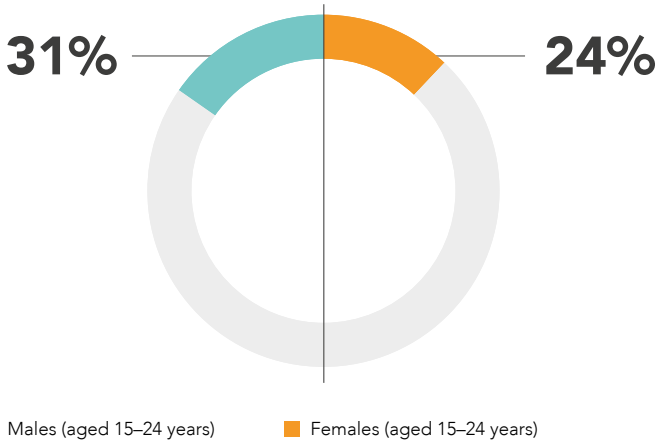
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2013–14 Demographic and Health Survey.

Condom use at last high risk sex: 2013–14 Demographic and Health Survey.

ETHIOPIA

3800

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

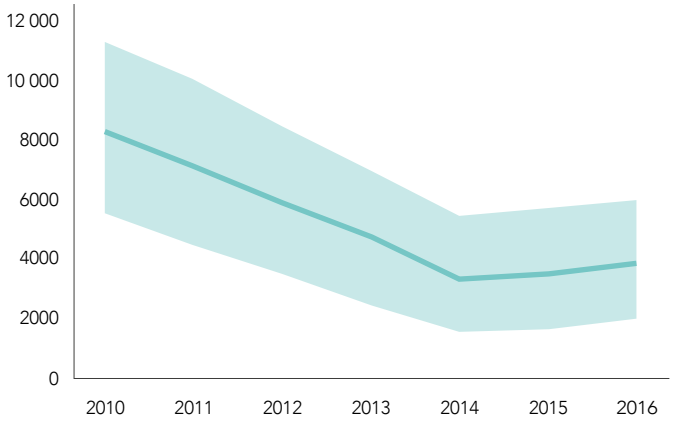
35%

Antiretroviral treatment coverage among children (aged 0–14 years)

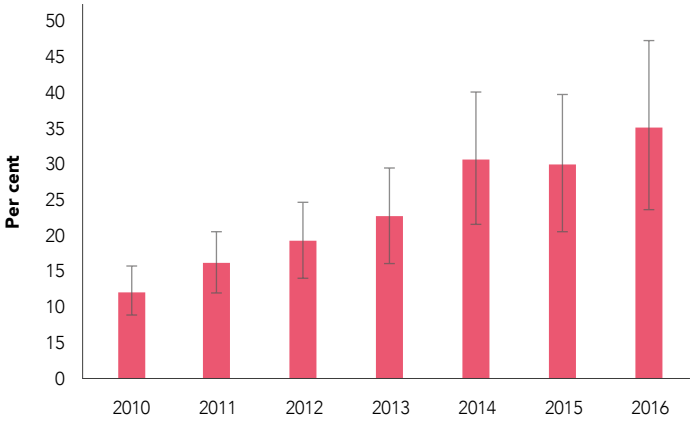
16%

Rate of mother-to-child HIV transmission, including during breastfeeding

New HIV infections among children (aged 0–14 years), 2010–2016



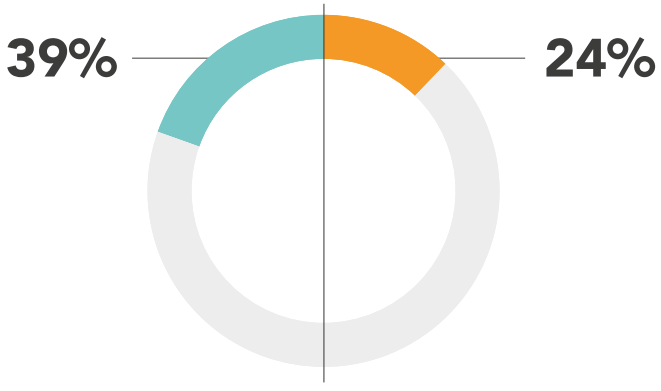
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016

No data

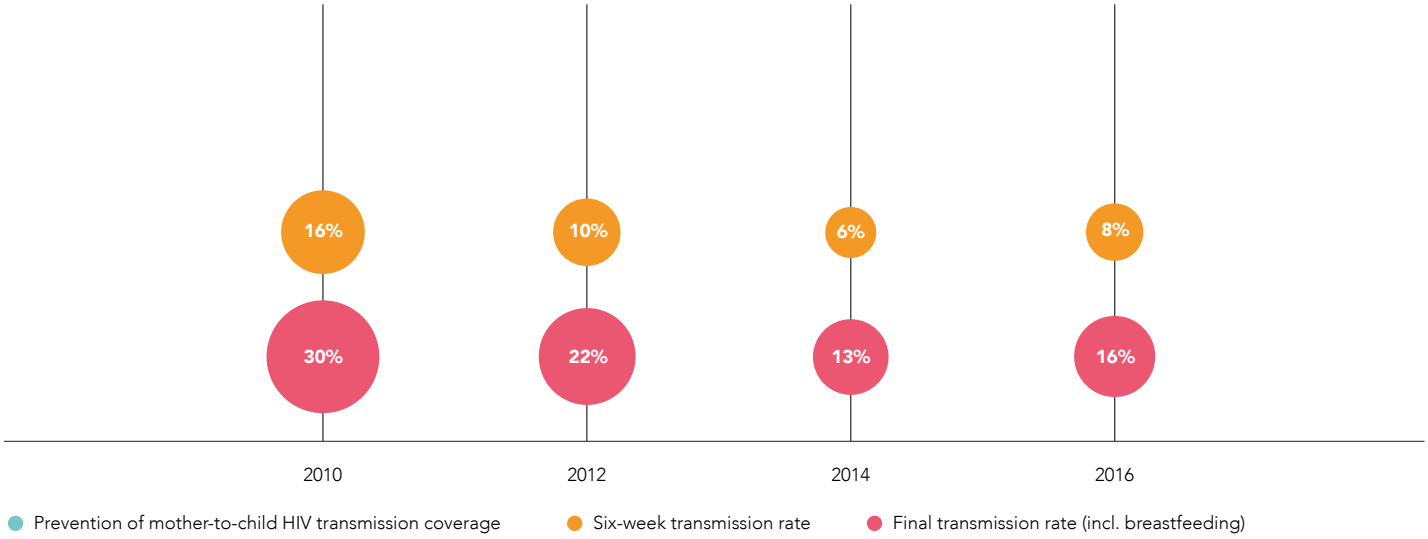
Comprehensive knowledge about HIV



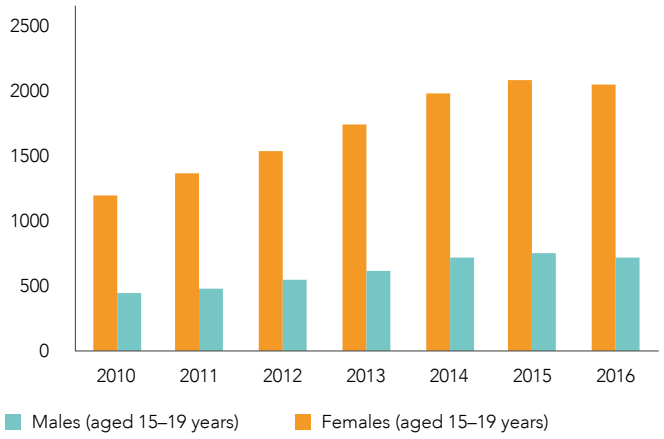
Adolescent boys and young men (aged 15–24 years)

Adolescent girls and young women (aged 15–24 years)

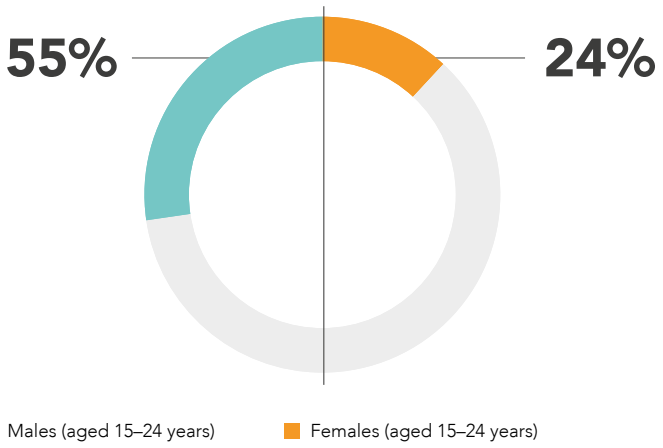
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



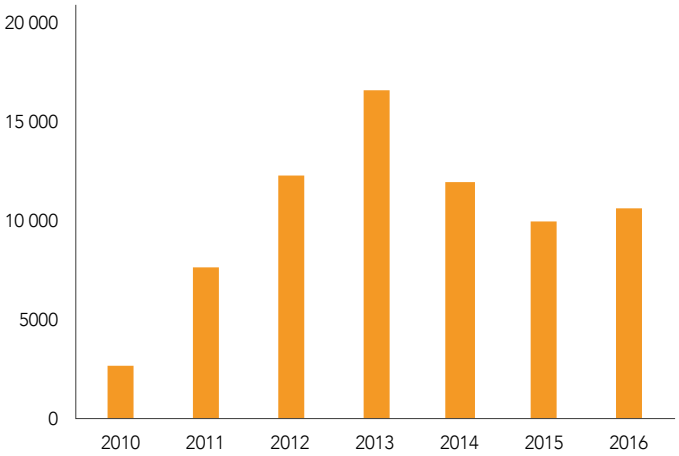
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2011–12 AIDS Indicator Survey.

Condom use at last high risk sex: 2016 Demographic and Health Survey.

GHANA

3000

Number of new HIV infections among children (aged 0–14 years)

56%

Prevention of mother-to-child HIV transmission coverage

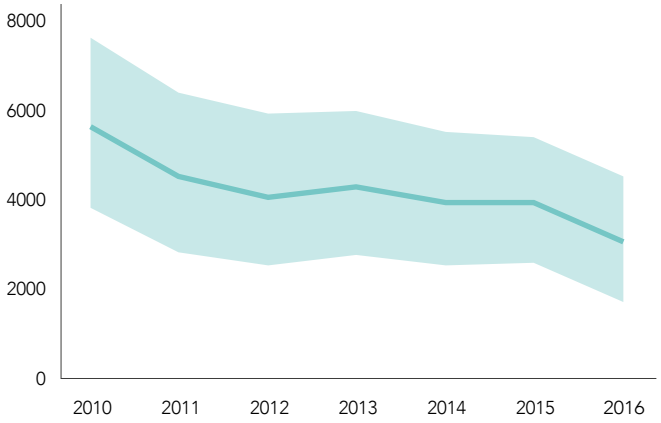
15%

Antiretroviral treatment coverage among children (aged 0–14 years)

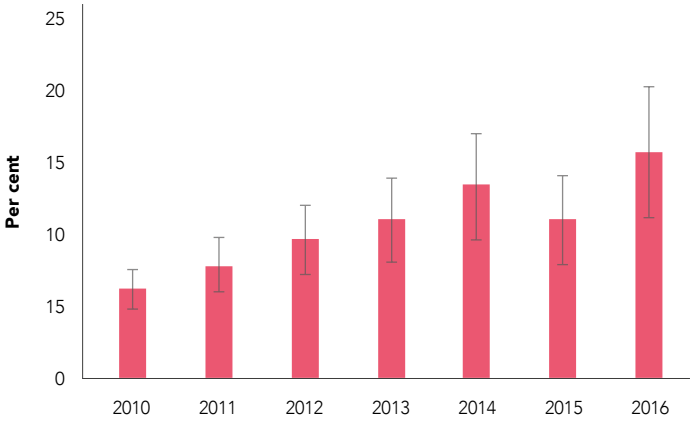
18%

Rate of mother-to-child HIV transmission, including during breastfeeding

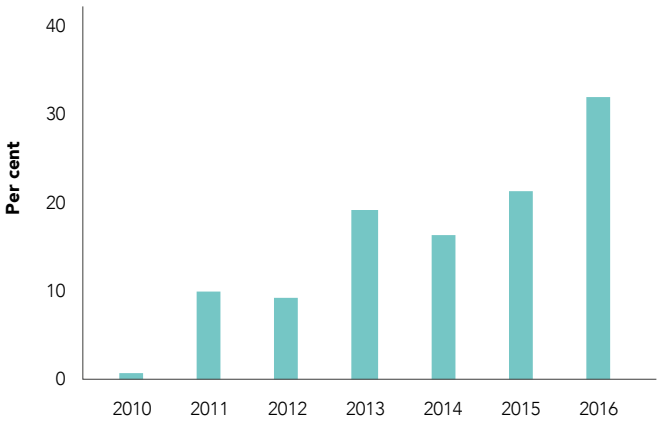
New HIV infections among children (aged 0–14 years), 2010–2016



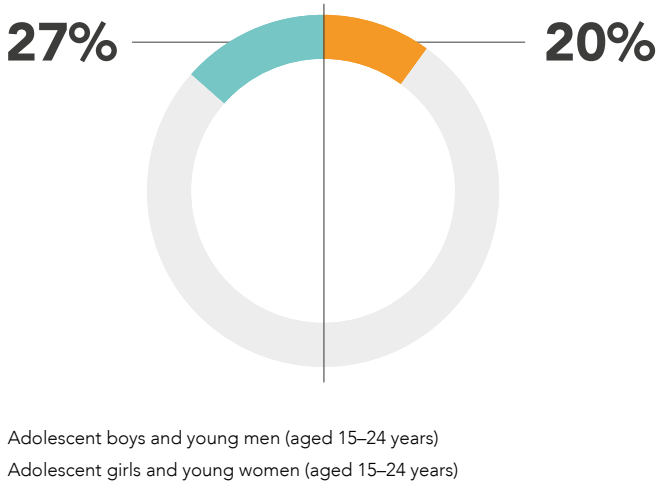
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



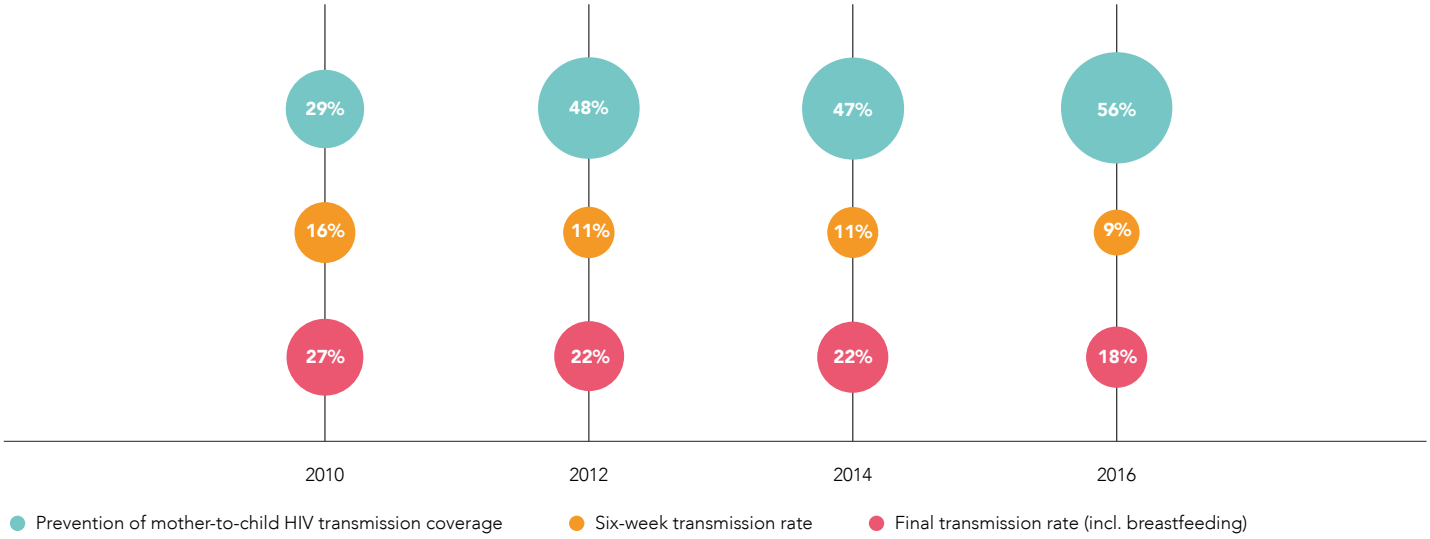
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



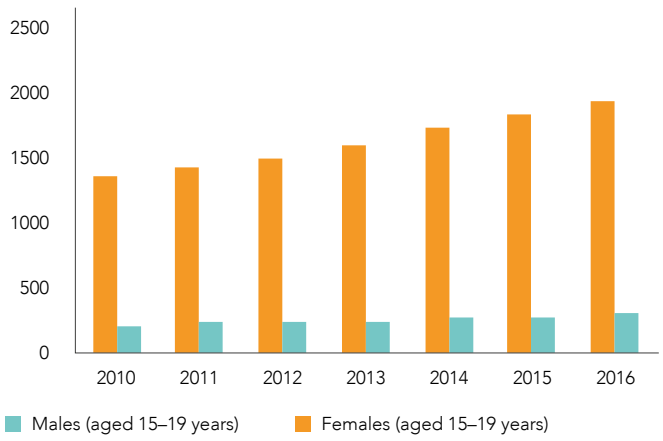
Comprehensive knowledge about HIV



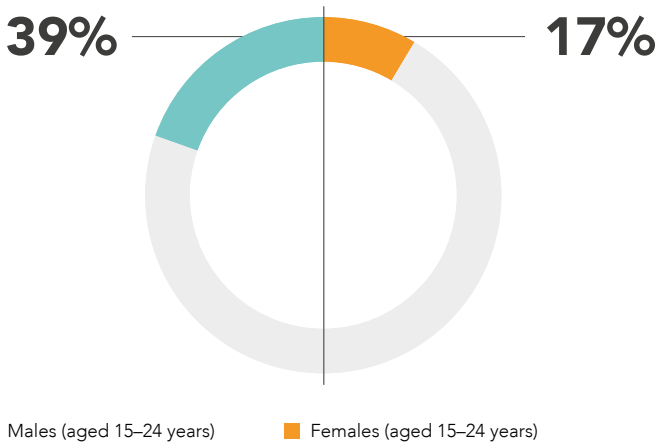
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2014 Demographic and Health Survey.

Condom use at last high risk sex: 2014 Demographic and Health Survey.

INDIA

-

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

-

Antiretroviral treatment coverage among children (aged 0–14 years)

27%

Rate of mother-to-child HIV transmission, including during breastfeeding

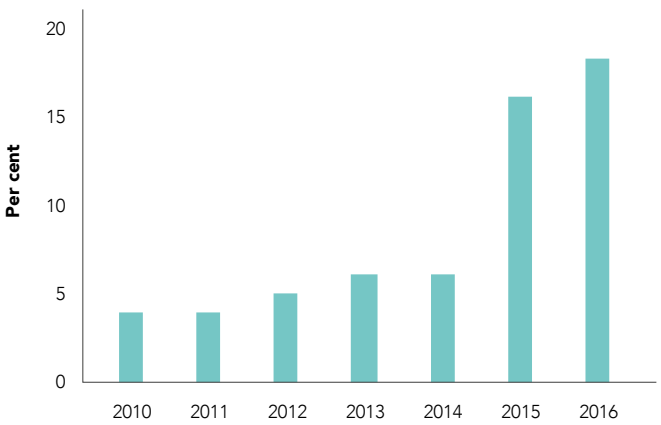
New HIV infections among children (aged 0–14 years), 2010–2016

No data

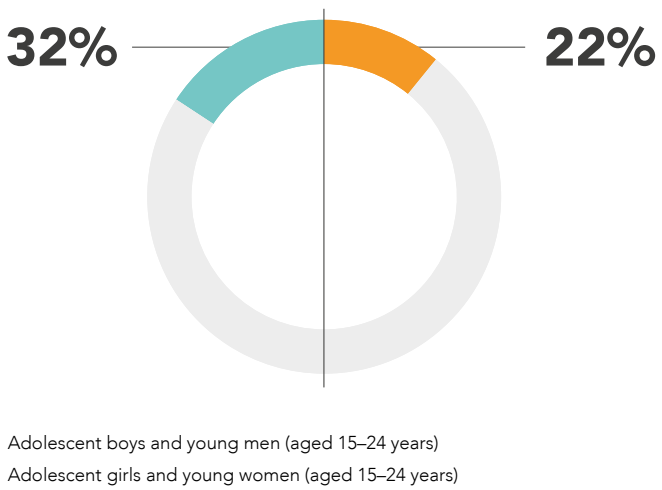
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016

No data

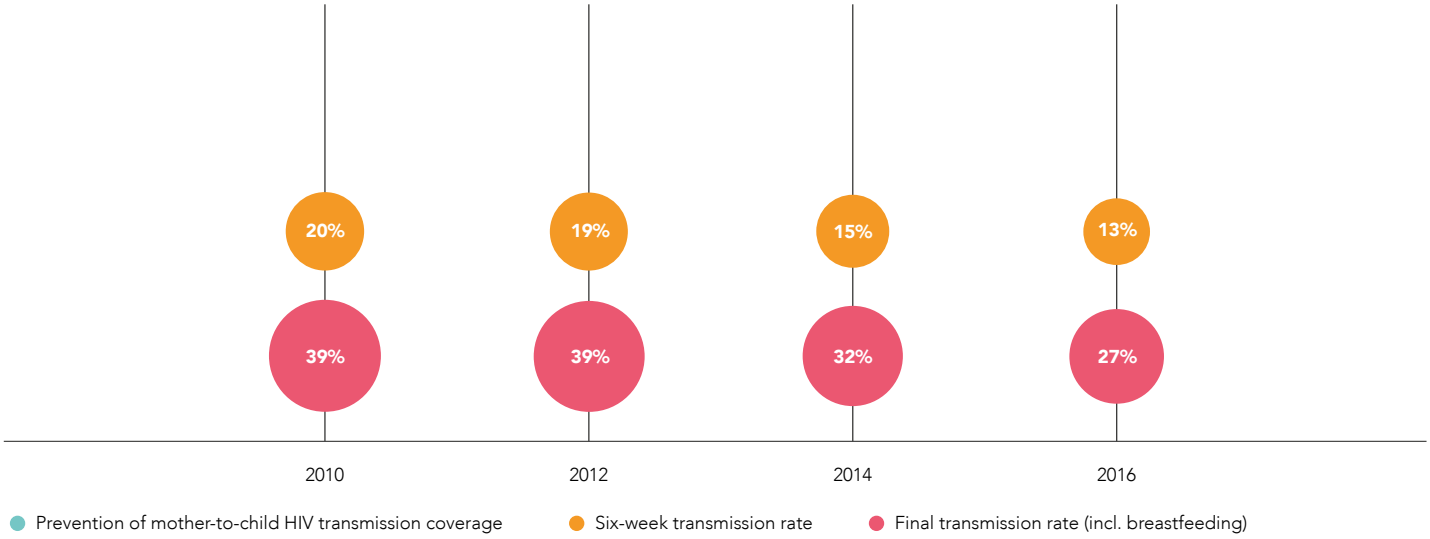
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



Comprehensive knowledge about HIV

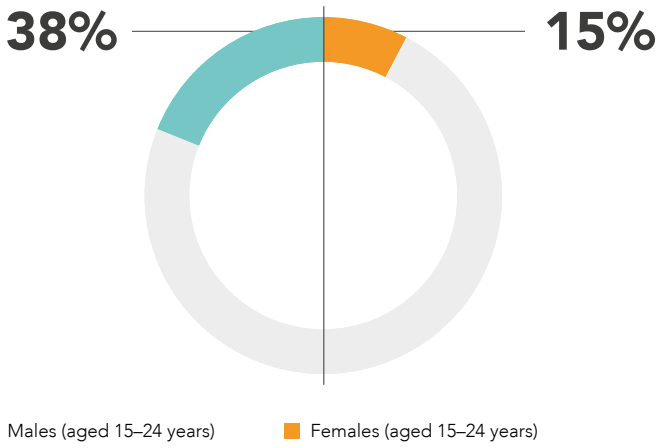


Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016

Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2005–06 Demographic and Health Survey.

Condom use at last high risk sex: 2005–06 Demographic and Health Survey.

INDONESIA

3200

Number of new HIV infections among children (aged 0–14 years)

14%

Prevention of mother-to-child HIV transmission coverage

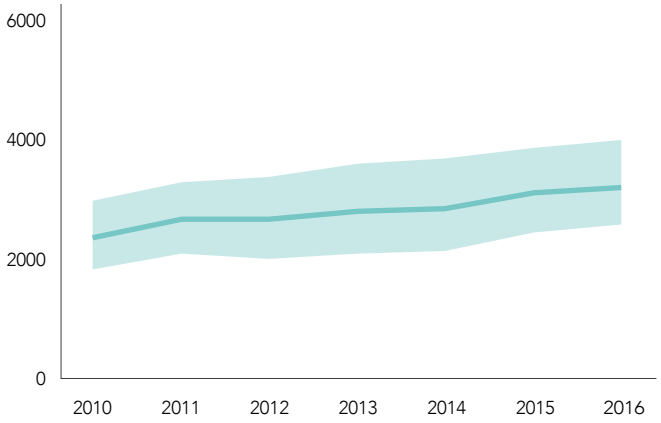
21%

Antiretroviral treatment coverage among children (aged 0–14 years)

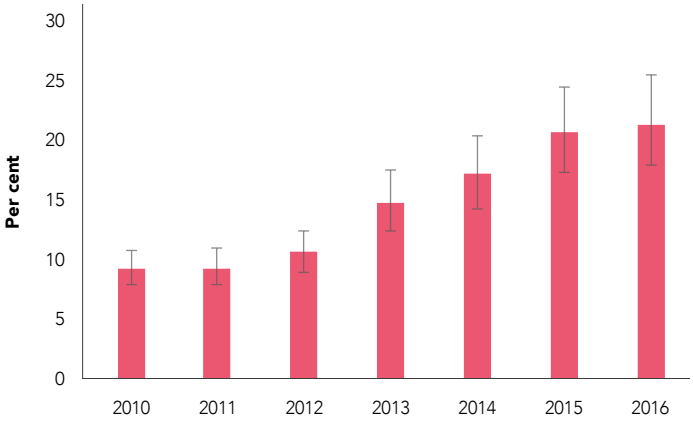
27%

Rate of mother-to-child HIV transmission, including during breastfeeding

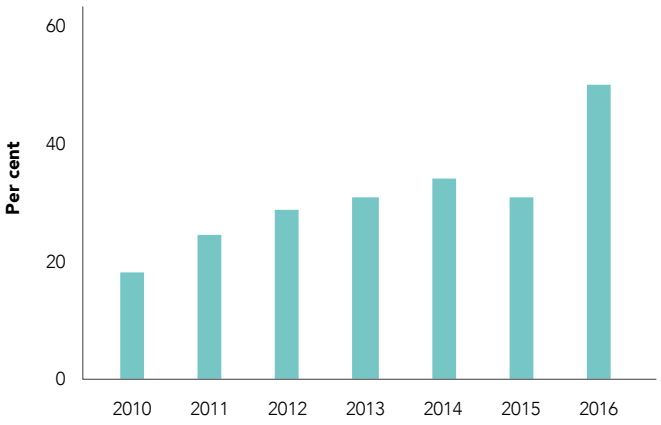
New HIV infections among children (aged 0–14 years), 2010–2016



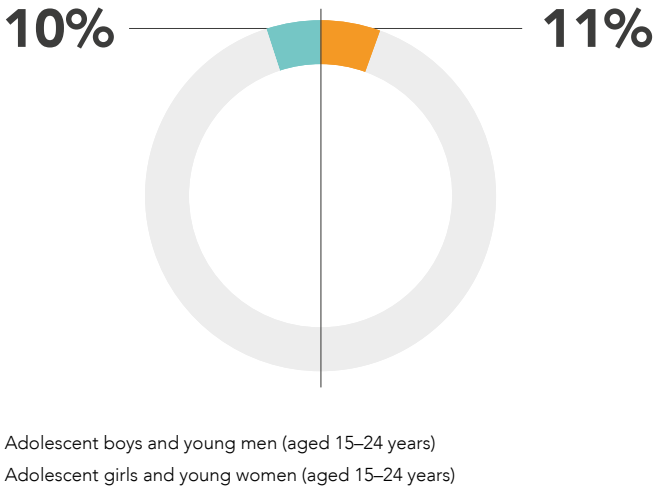
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



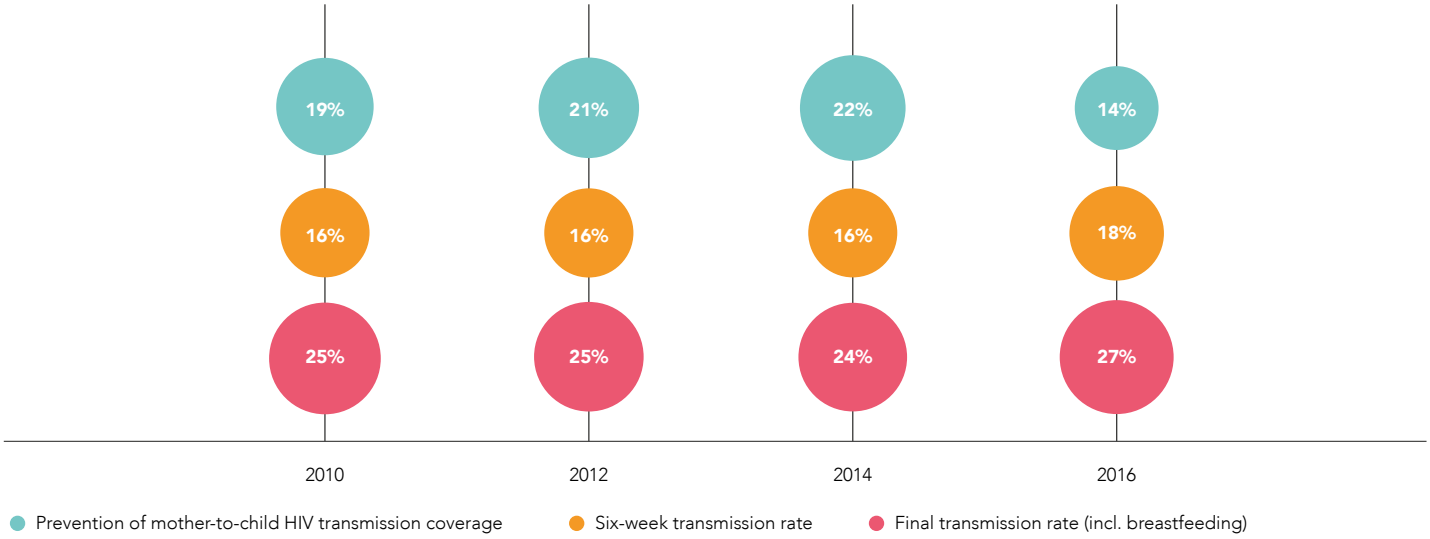
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



Comprehensive knowledge about HIV



Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016

Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)

No data

Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2012 Demographic and Health Survey.

KENYA

6500

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

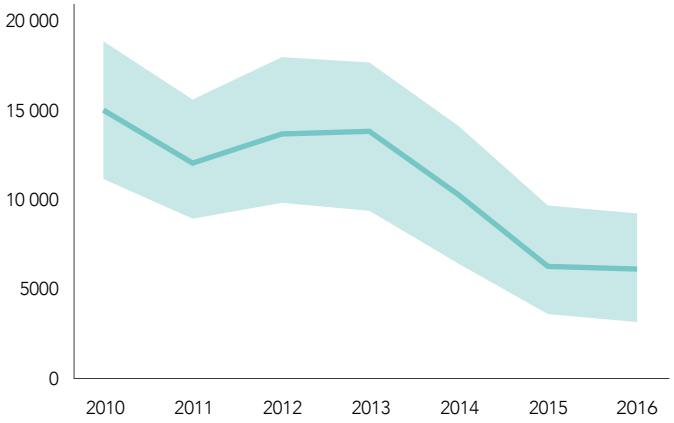
65%

Antiretroviral treatment coverage among children (aged 0–14 years)

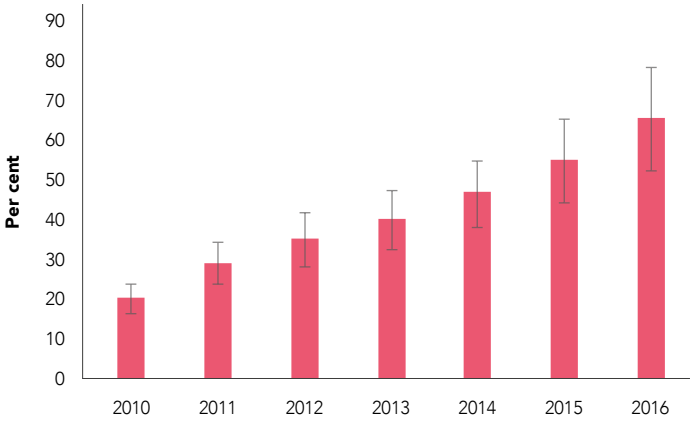
8%

Rate of mother-to-child HIV transmission, including during breastfeeding

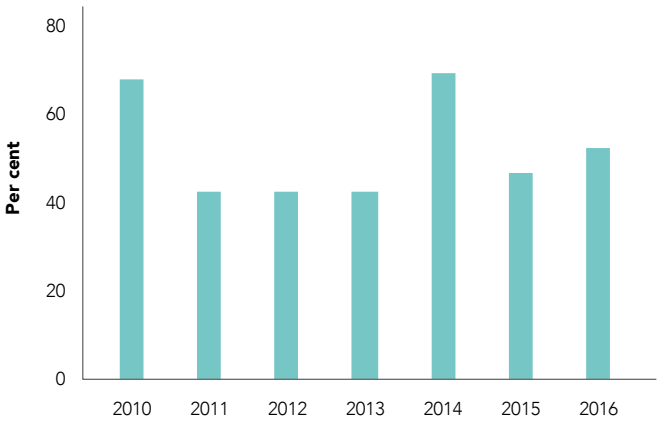
New HIV infections among children (aged 0–14 years), 2010–2016



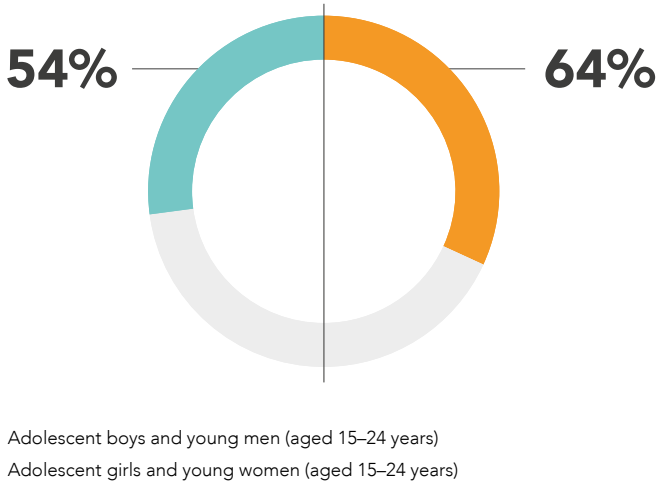
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



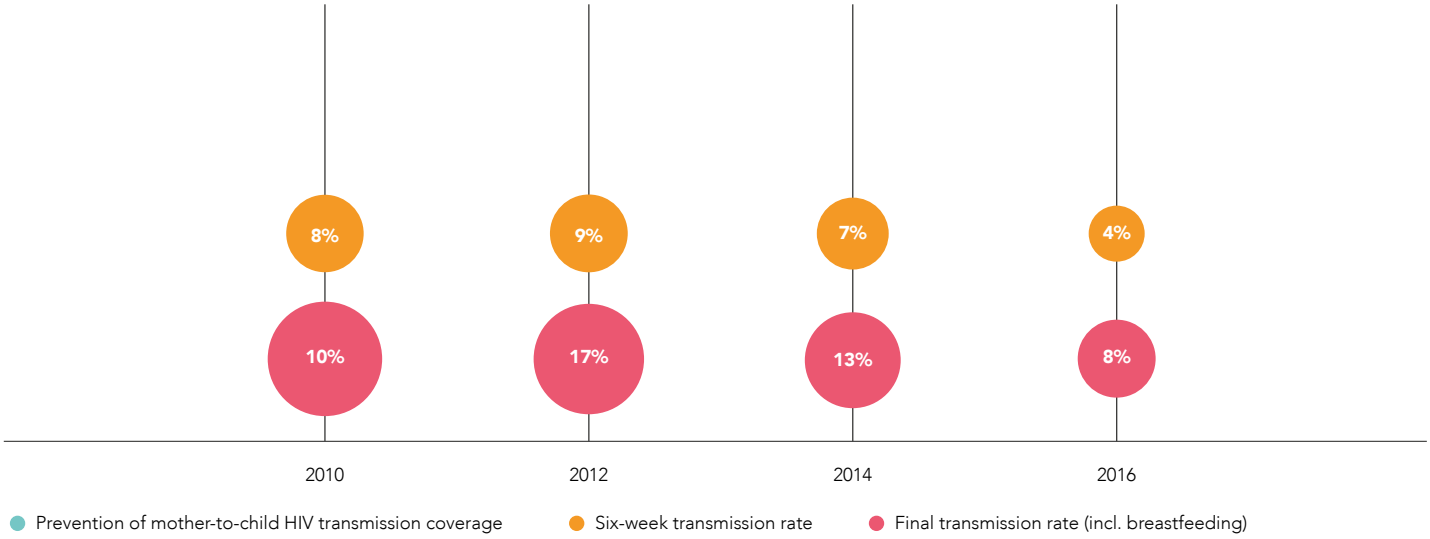
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



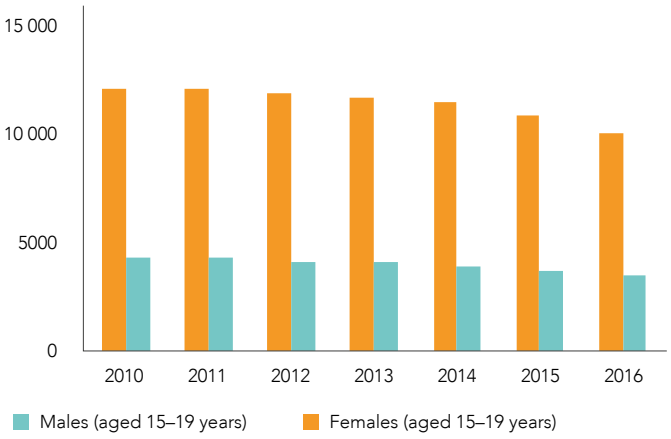
Comprehensive knowledge about HIV



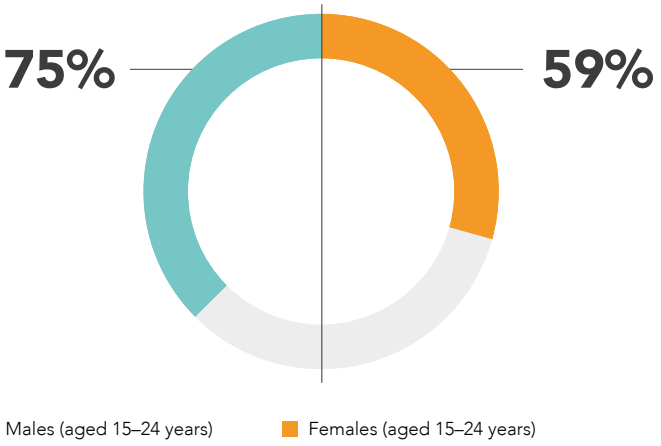
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



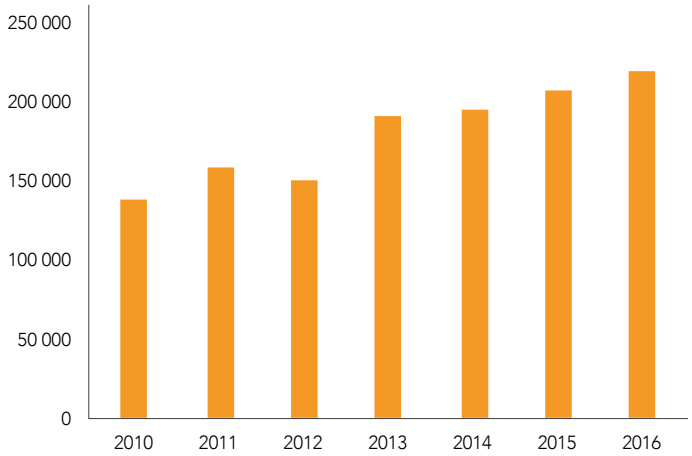
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2014 Demographic and Health Survey.

Condom use at last high risk sex: 2014 Demographic and Health Survey.

LESOTHO

-

Number of new HIV infections among children (aged 0–14 years)

66%

Prevention of mother-to-child HIV transmission coverage

-

Antiretroviral treatment coverage among children (aged 0–14 years)

15%

Rate of mother-to-child HIV transmission, including during breastfeeding

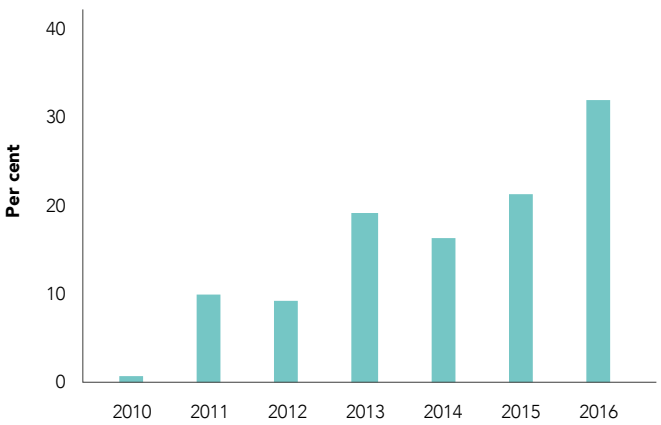
New HIV infections among children (aged 0–14 years), 2010–2016

No data

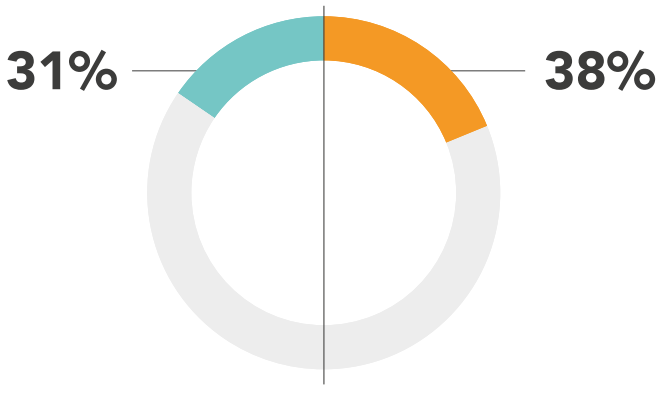
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016

No data

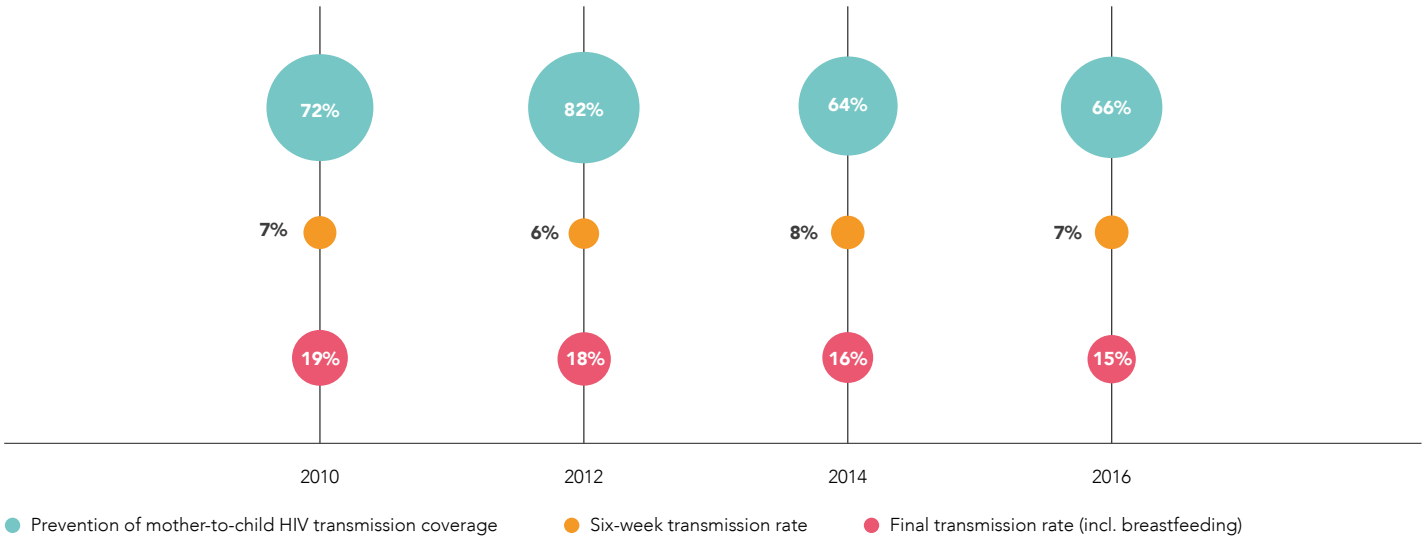
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



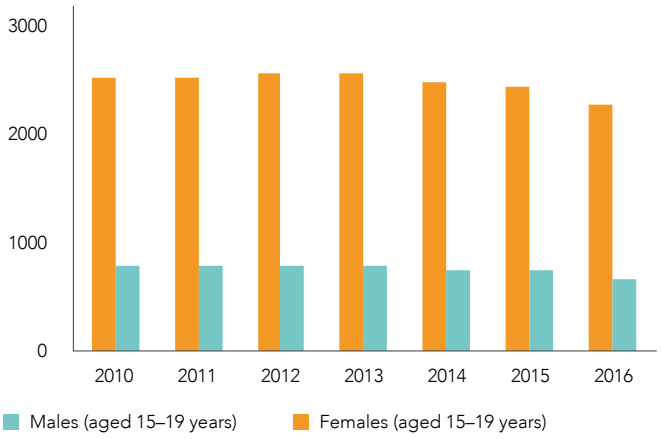
Comprehensive knowledge about HIV



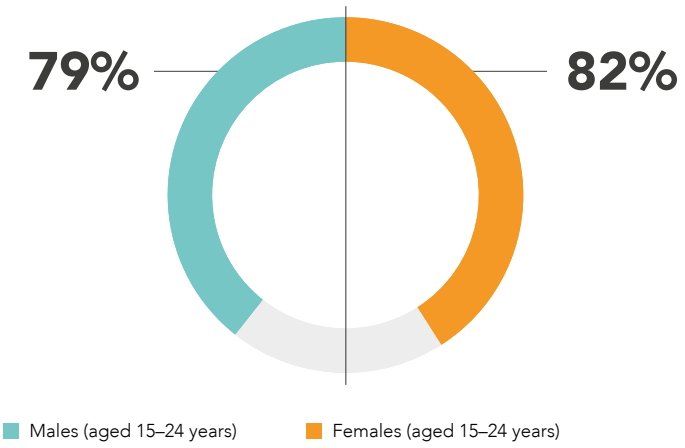
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



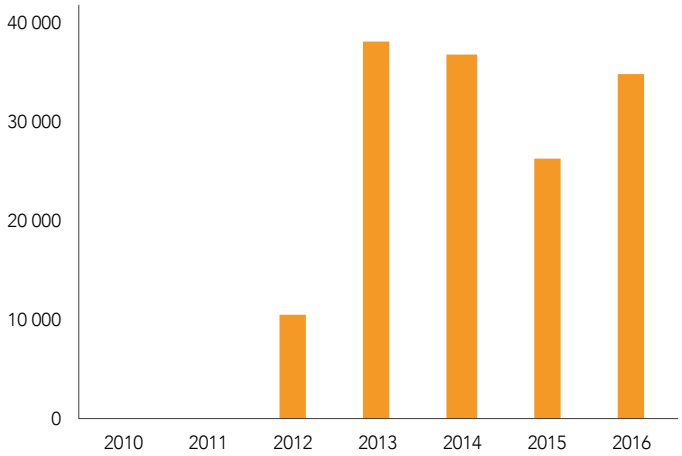
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2014 Demographic and Health Survey.

Condom use at last high risk sex: 2014 Demographic and Health Survey.

MALAWI

4300

Number of new HIV infections among children (aged 0–14 years)

84%

Prevention of mother-to-child HIV transmission coverage

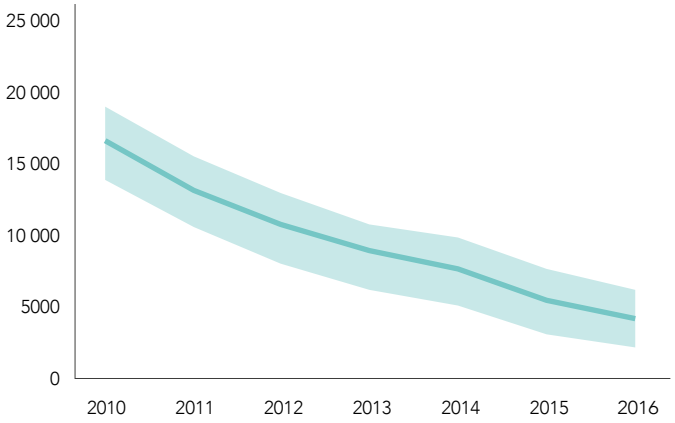
49%

Antiretroviral treatment coverage among children (aged 0–14 years)

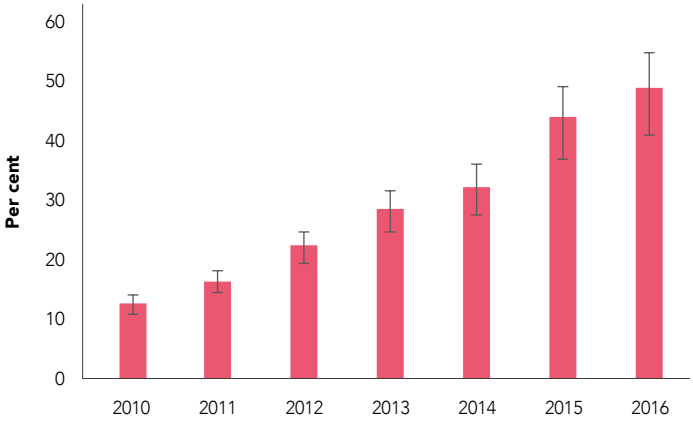
8%

Rate of mother-to-child HIV transmission, including during breastfeeding

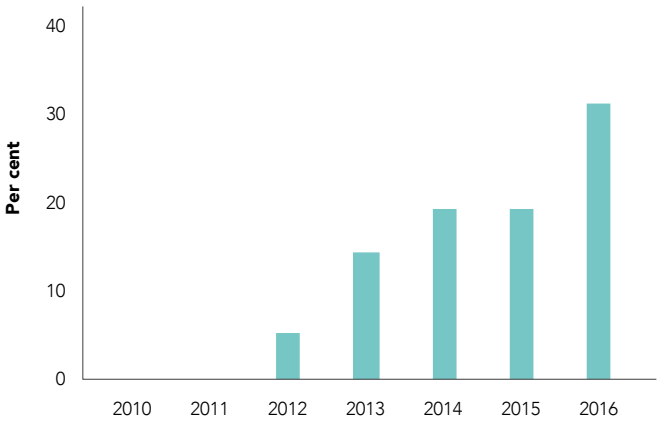
New HIV infections among children (aged 0–14 years), 2010–2016



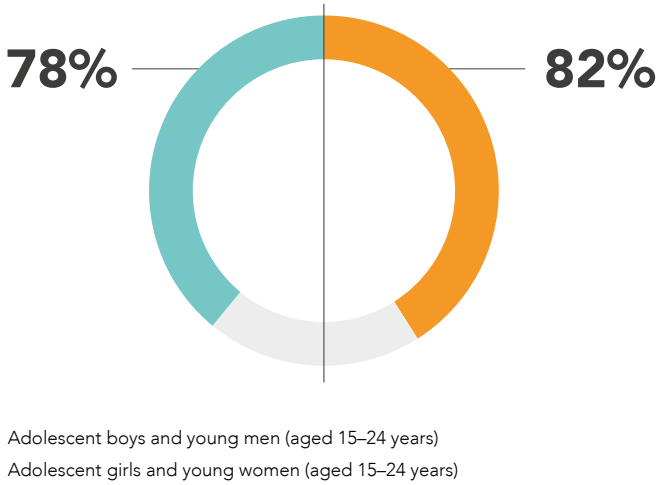
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



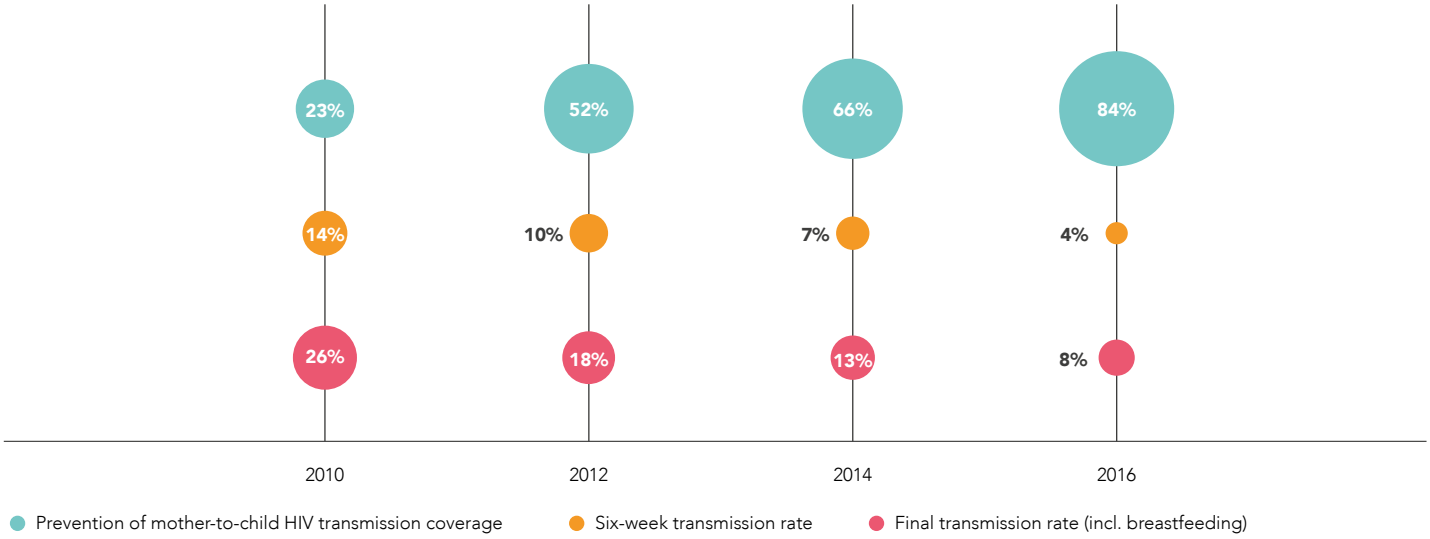
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



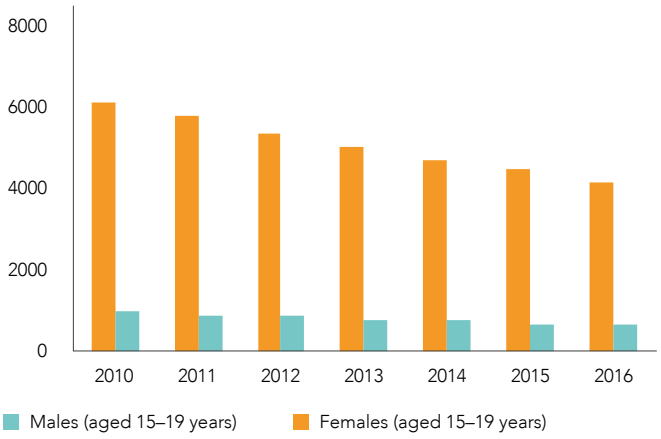
Comprehensive knowledge about HIV



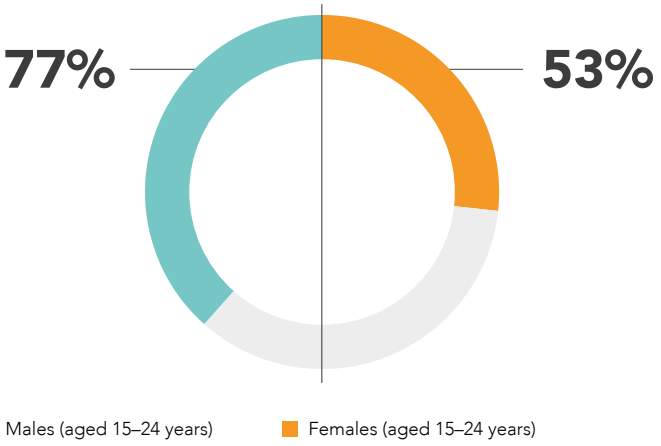
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



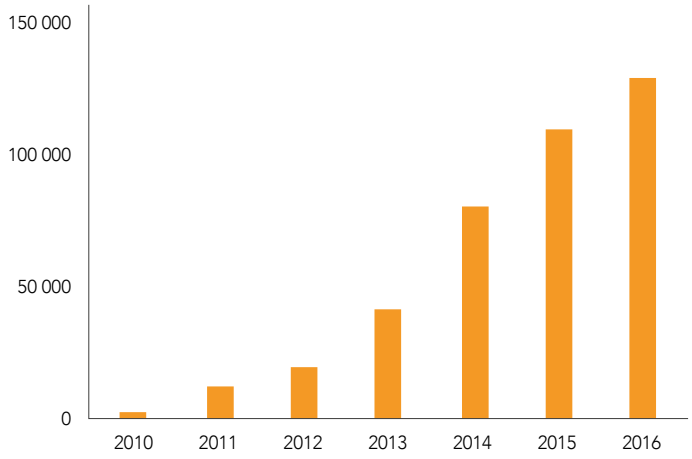
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2015–16 Demographic and Health Survey.

Condom use at last high risk sex: 2015–16 Demographic and Health Survey.

MOZAMBIQUE

13 000

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

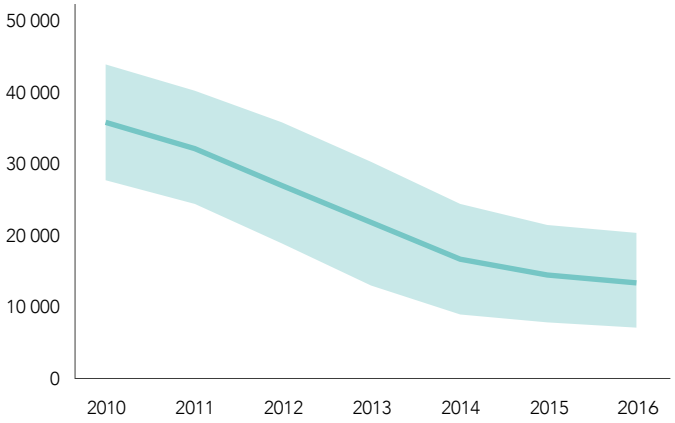
38%

Antiretroviral treatment coverage among children (aged 0–14 years)

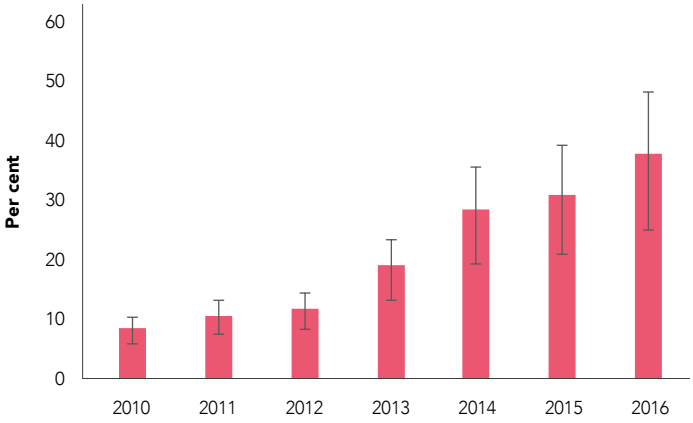
11%

Rate of mother-to-child HIV transmission, including during breastfeeding

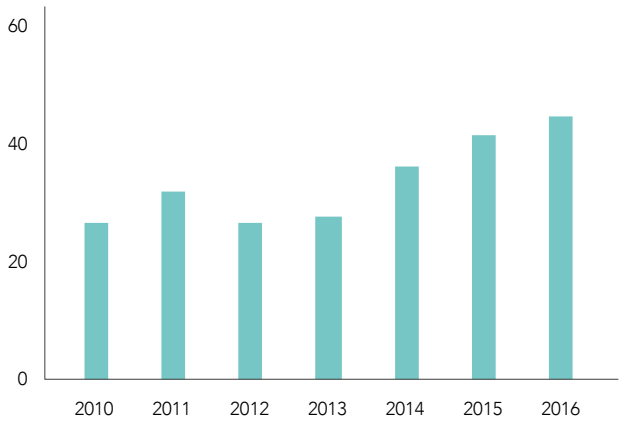
New HIV infections among children (aged 0–14 years), 2010–2016



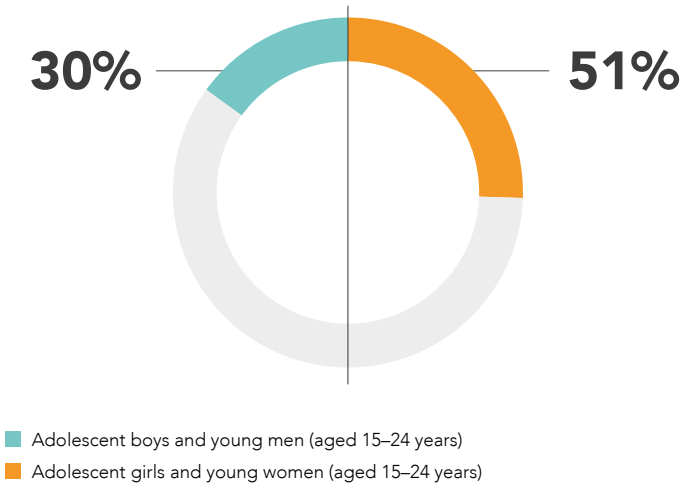
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



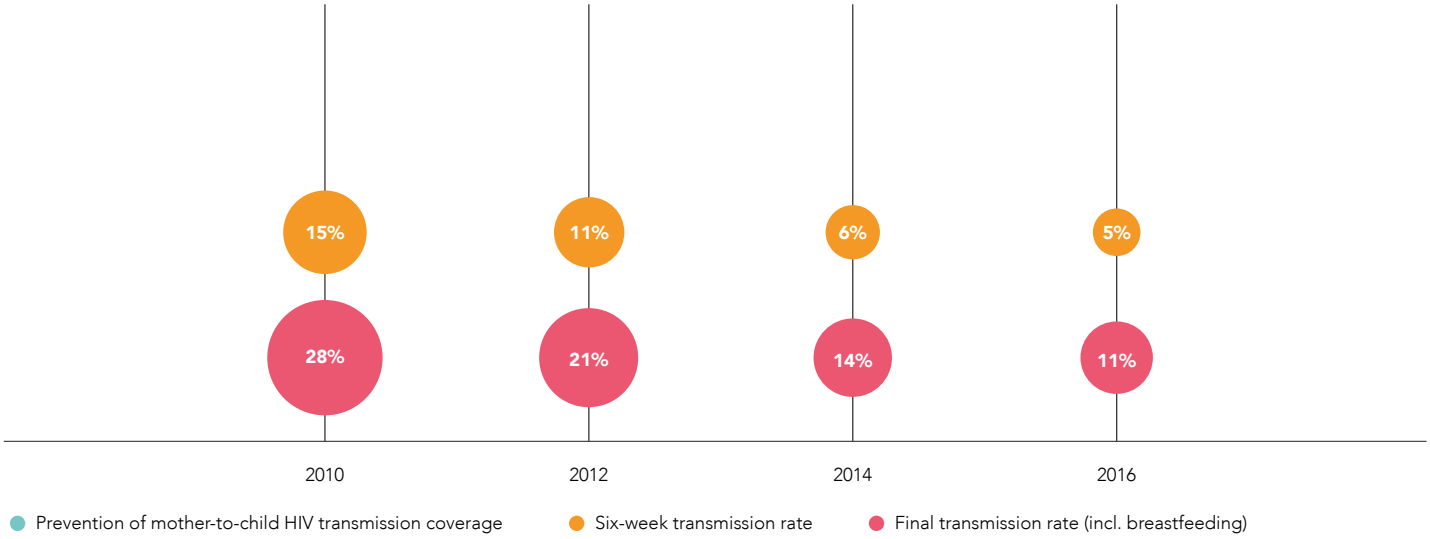
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



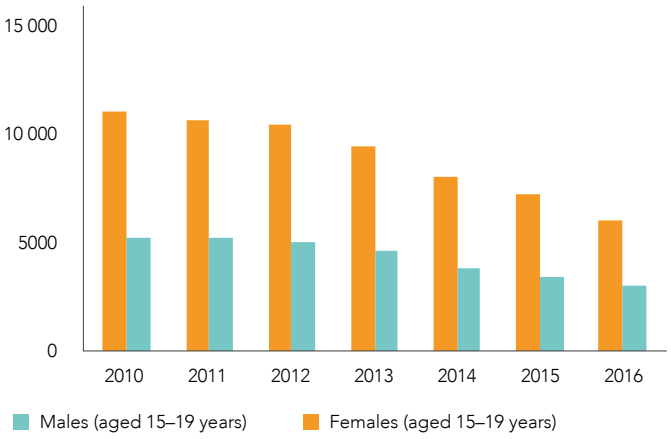
Comprehensive knowledge about HIV



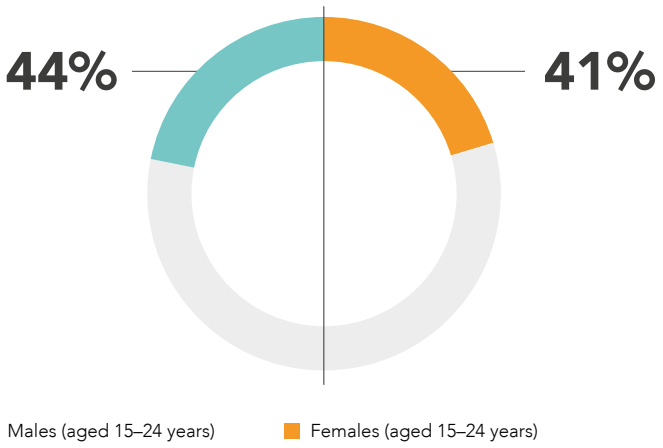
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



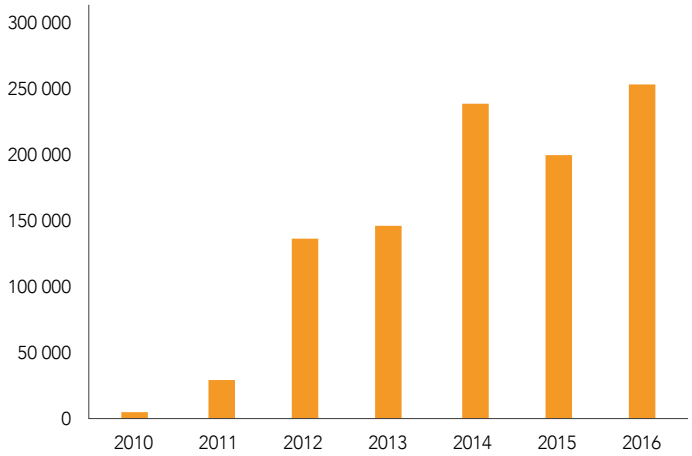
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2011 Demographic and Health Survey.

Condom use at last high risk sex: 2011 Demographic and Health Survey.

NAMIBIA

430

Number of new HIV infections among children (aged 0–14 years)

>95%

Prevention of mother-to-child HIV transmission coverage

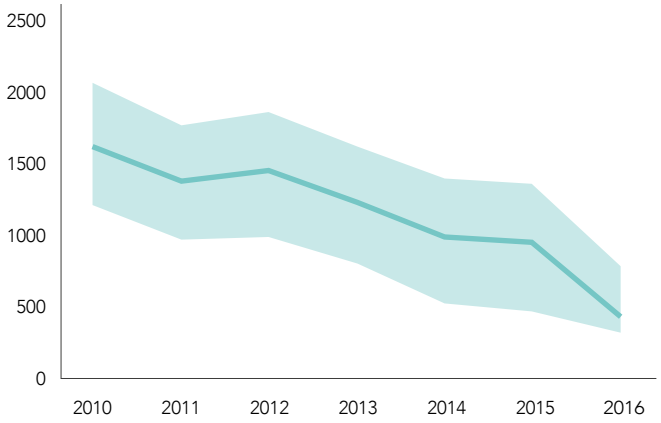
66%

Antiretroviral treatment coverage among children (aged 0–14 years)

4%

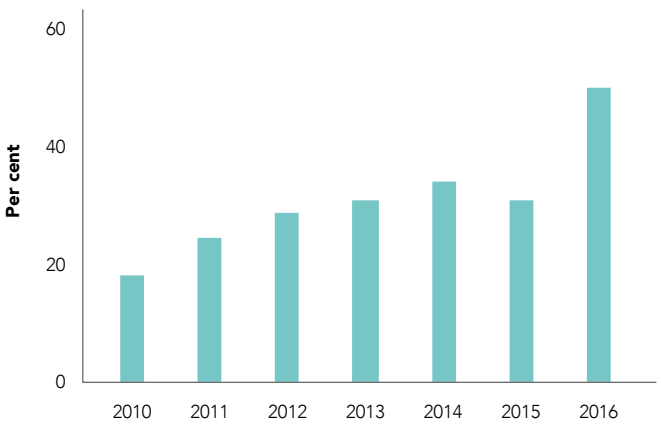
Rate of mother-to-child HIV transmission, including during breastfeeding

New HIV infections among children (aged 0–14 years), 2010–2016

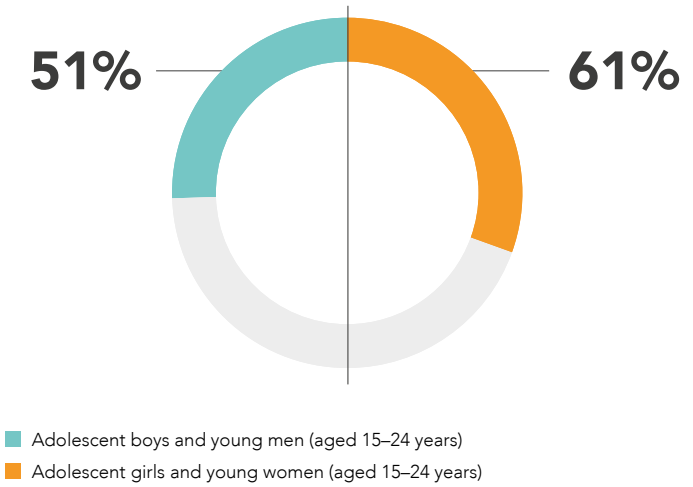


Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016

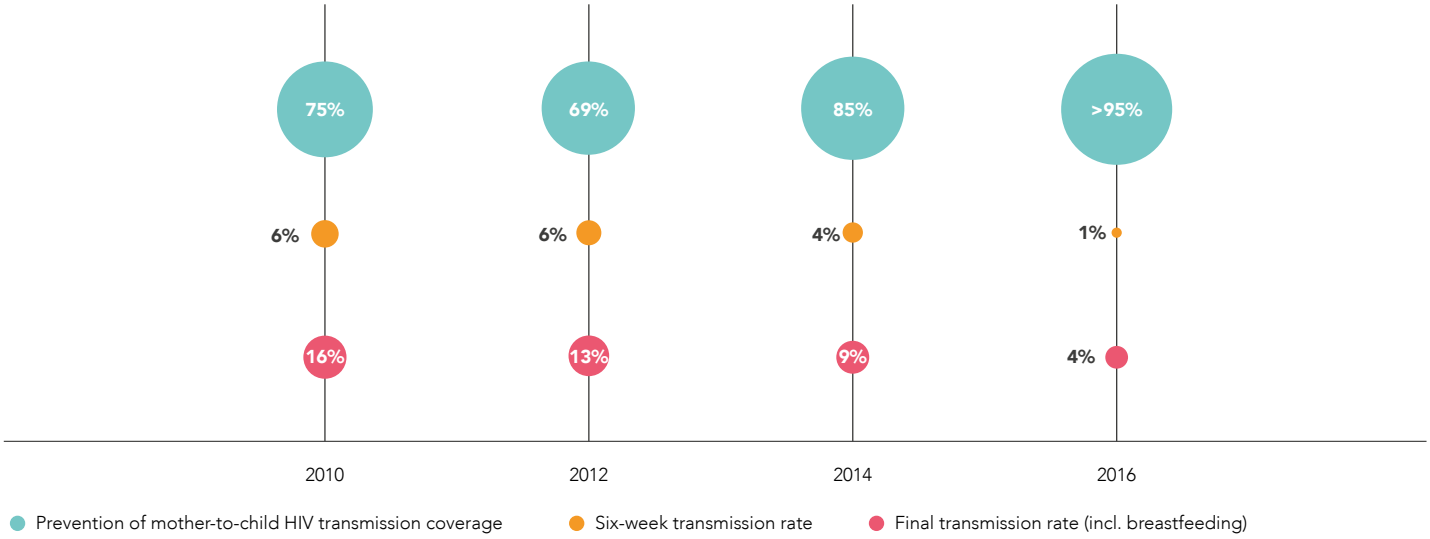
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



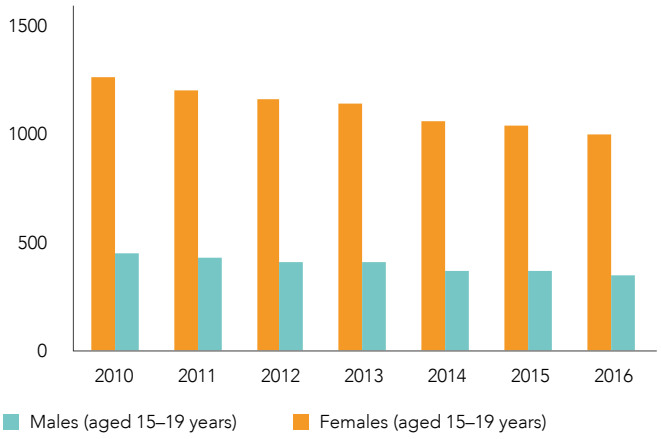
Comprehensive knowledge about HIV



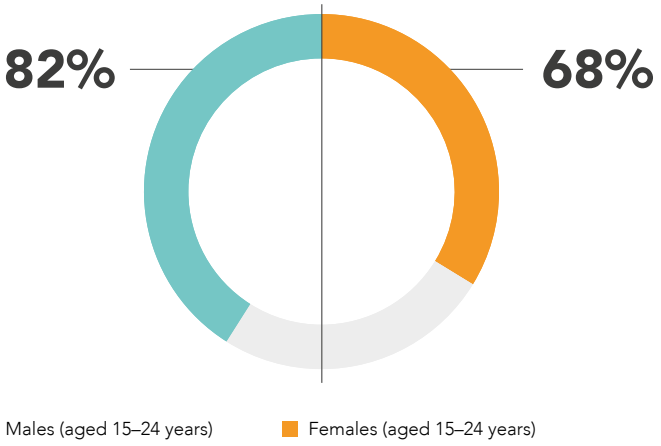
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



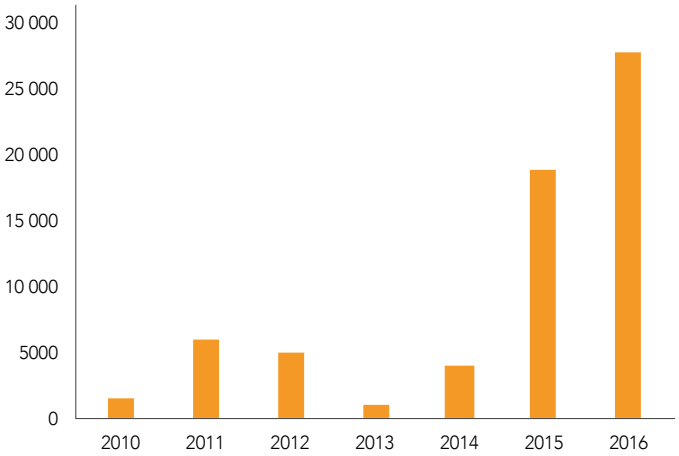
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2013 Demographic and Health Survey.

Condom use at last high risk sex: 2013 Demographic and Health Survey.

NIGERIA

37 000

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

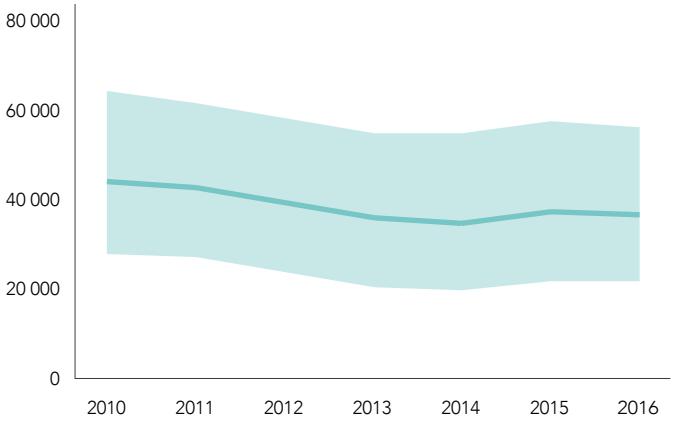
21%

Antiretroviral treatment coverage among children (aged 0–14 years)

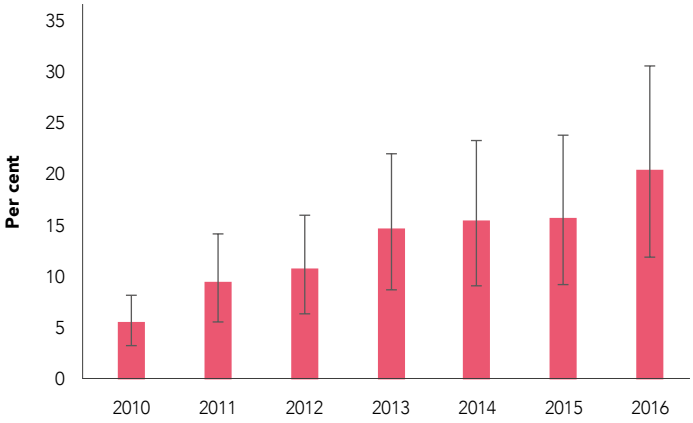
22%

Rate of mother-to-child HIV transmission, including during breastfeeding

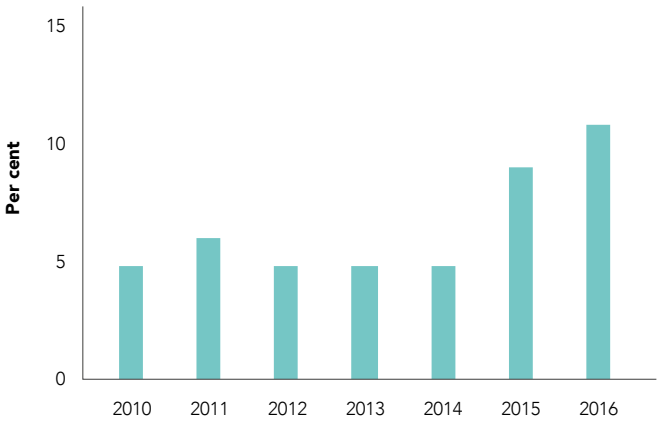
New HIV infections among children (aged 0–14 years), 2010–2016



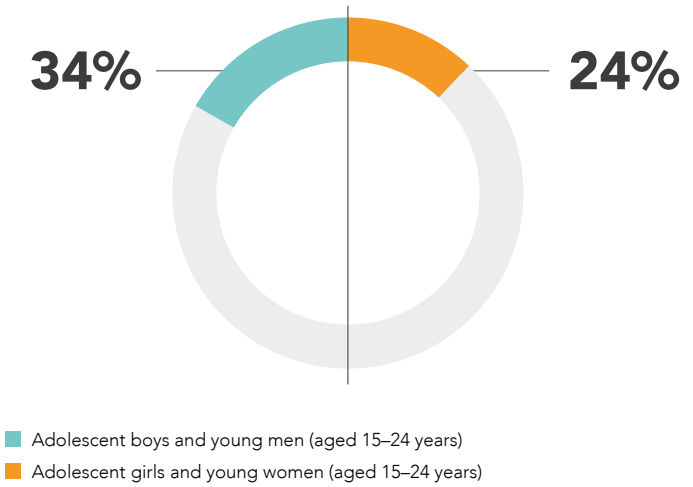
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



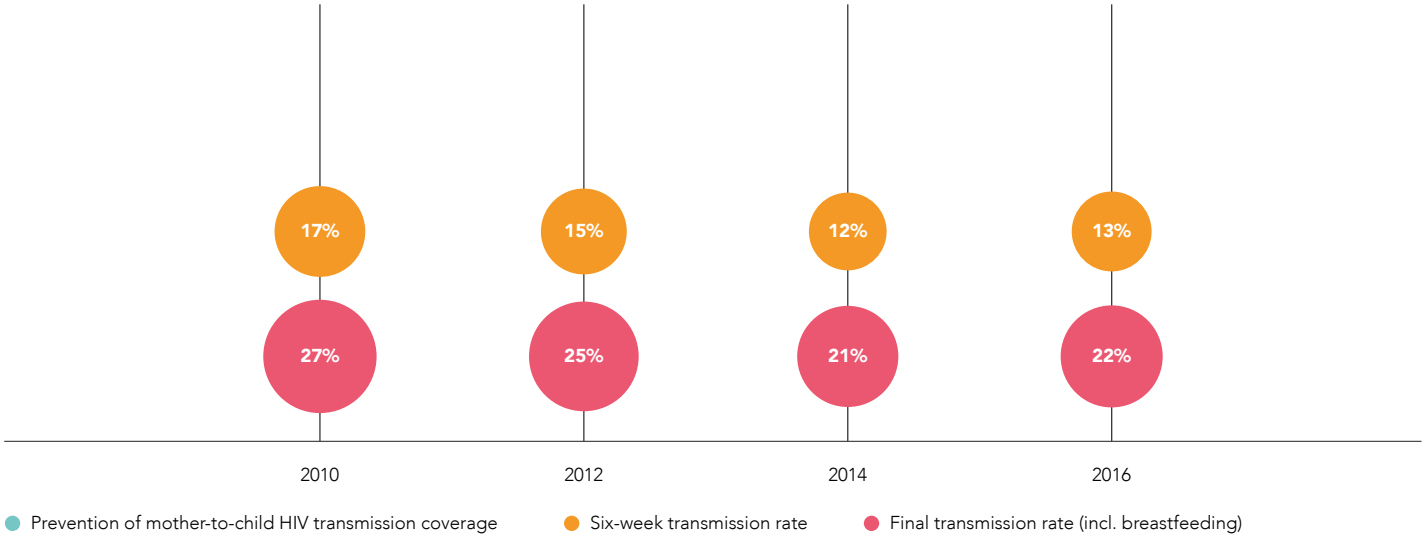
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



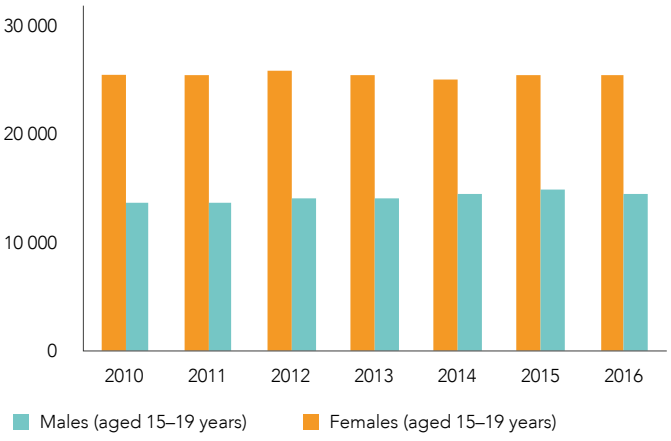
Comprehensive knowledge about HIV



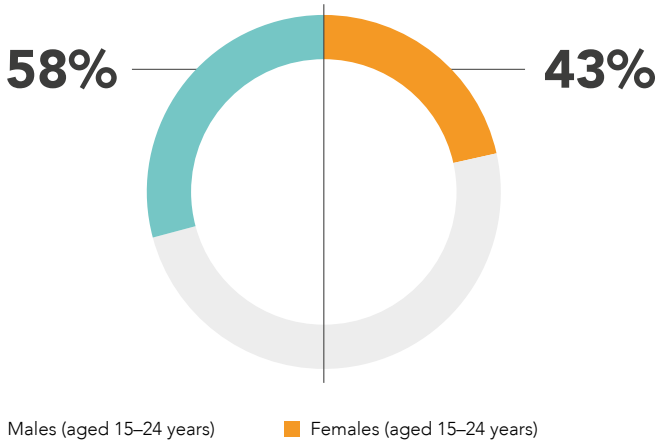
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016

No data

Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2013 Demographic and Health Survey.

Condom use at last high risk sex: 2013 Demographic and Health Survey.

SOUTH AFRICA

12 000

Number of new HIV infections among children (aged 0–14 years)

>95%

Prevention of mother-to-child HIV transmission coverage

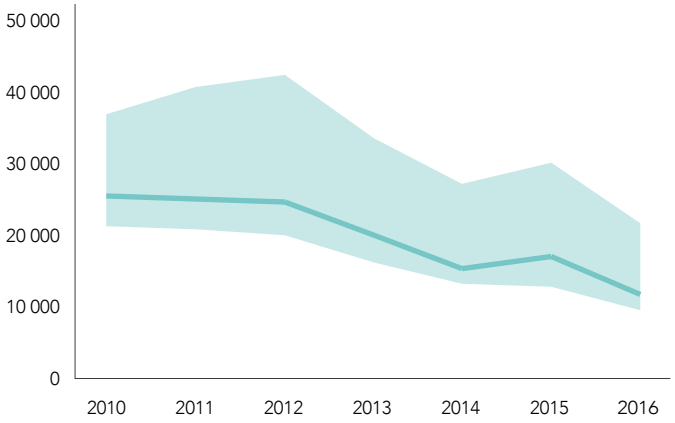
55%

Antiretroviral treatment coverage among children (aged 0–14 years)

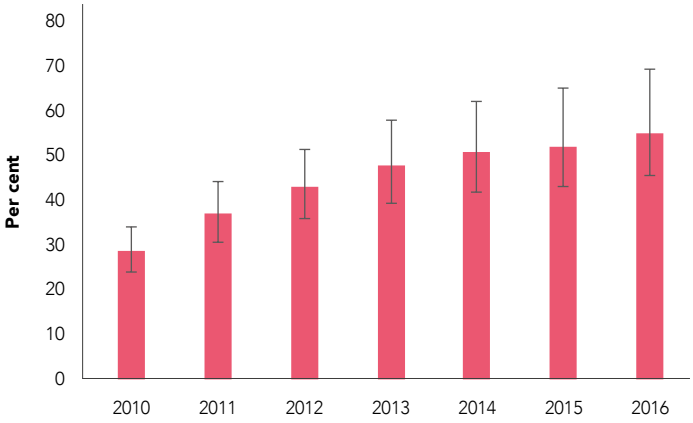
5%

Rate of mother-to-child HIV transmission, including during breastfeeding

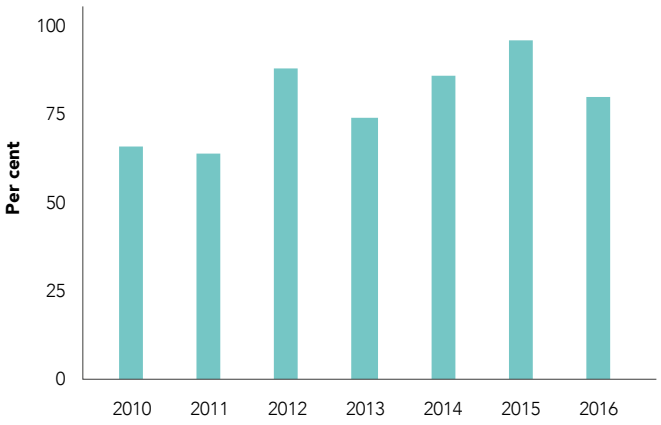
New HIV infections among children (aged 0–14 years), 2010–2016



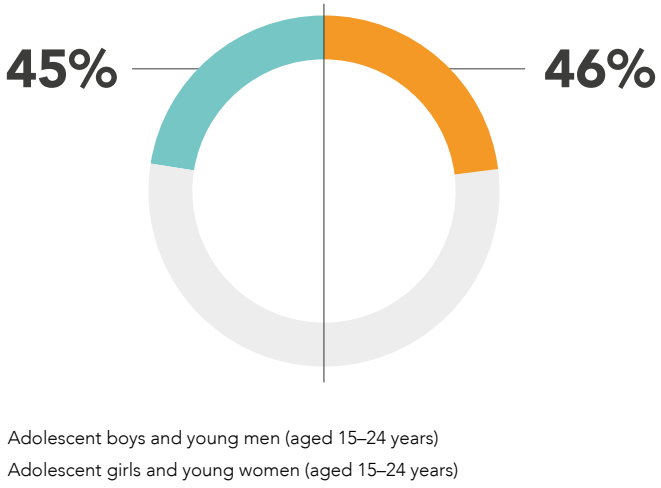
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



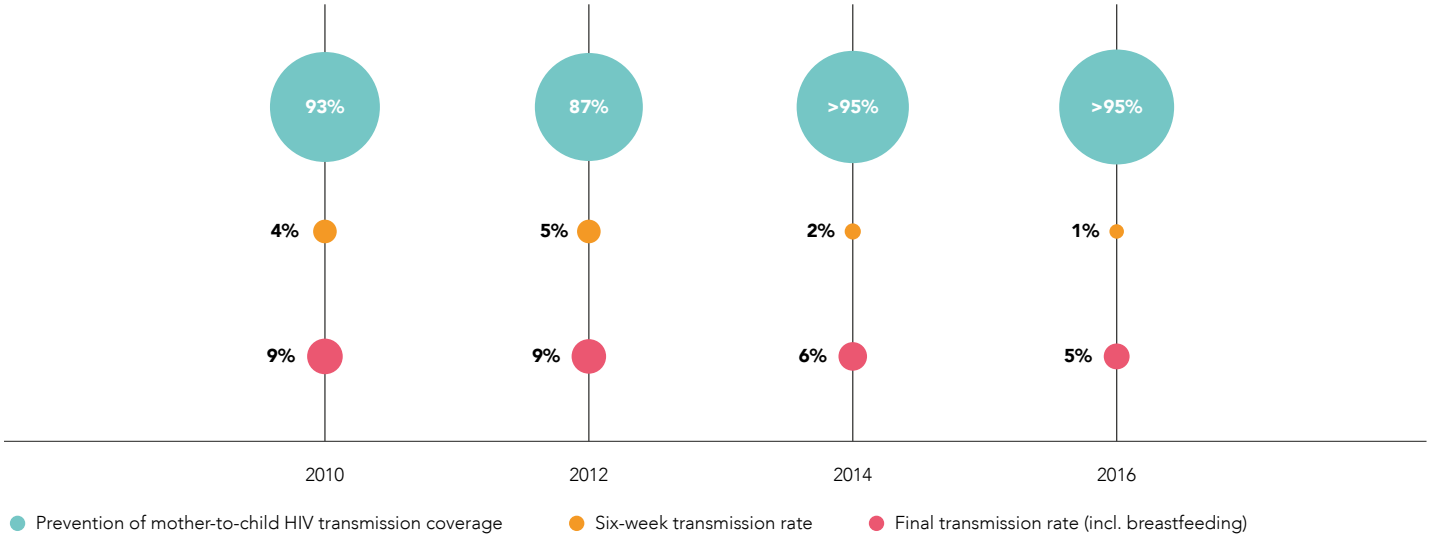
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



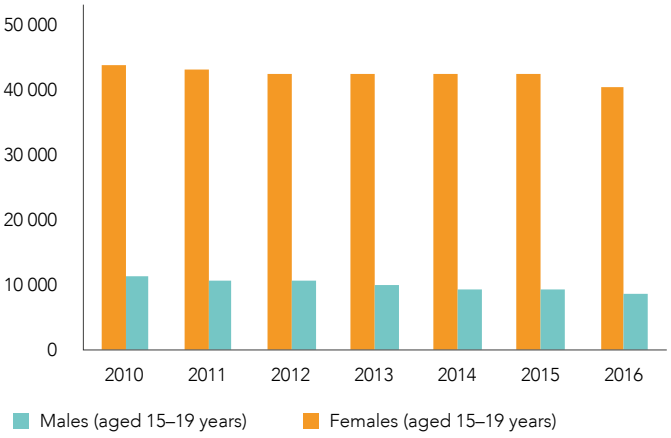
Comprehensive knowledge about HIV



Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



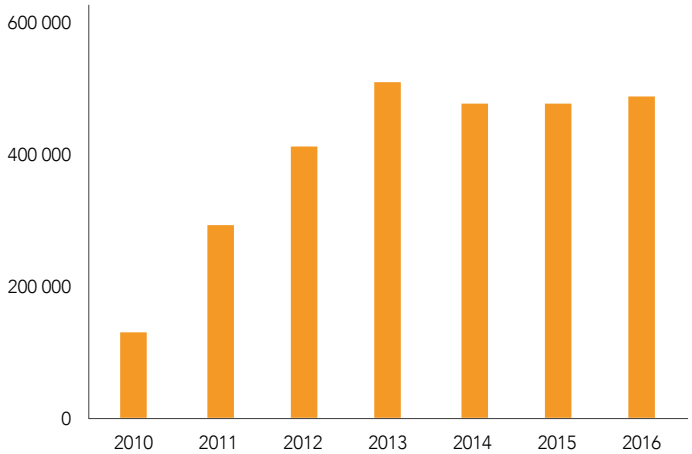
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)

No data

Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV:

Condom use at last high risk sex:

SWAZILAND

660

Number of new HIV infections among children (aged 0–14 years)

95%

Prevention of mother-to-child HIV transmission coverage

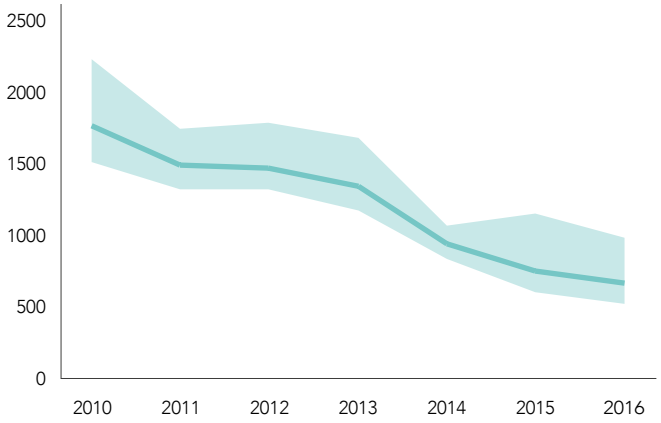
64%

Antiretroviral treatment coverage among children (aged 0–14 years)

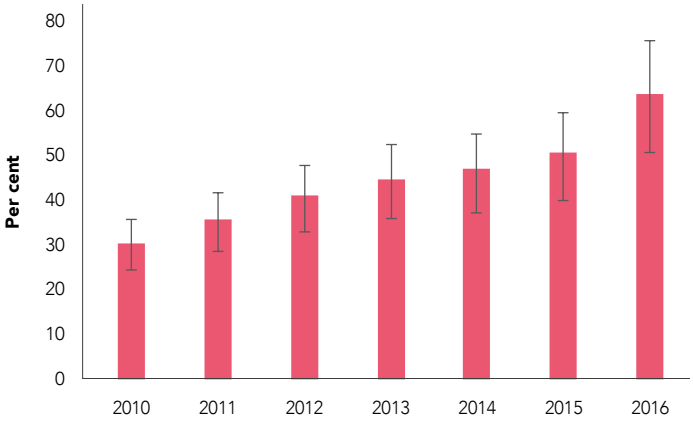
6%

Rate of mother-to-child HIV transmission, including during breastfeeding

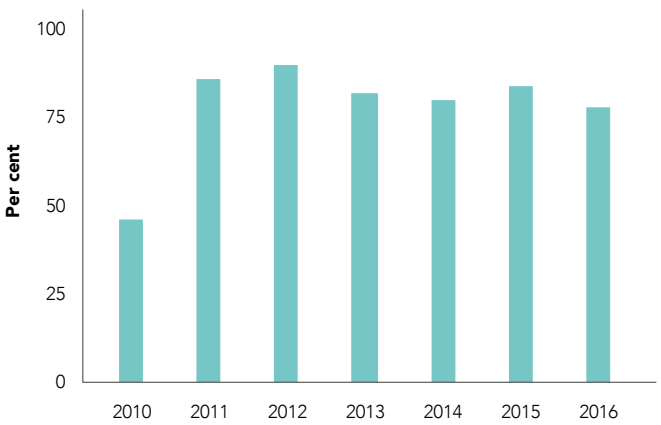
New HIV infections among children (aged 0–14 years), 2010–2016



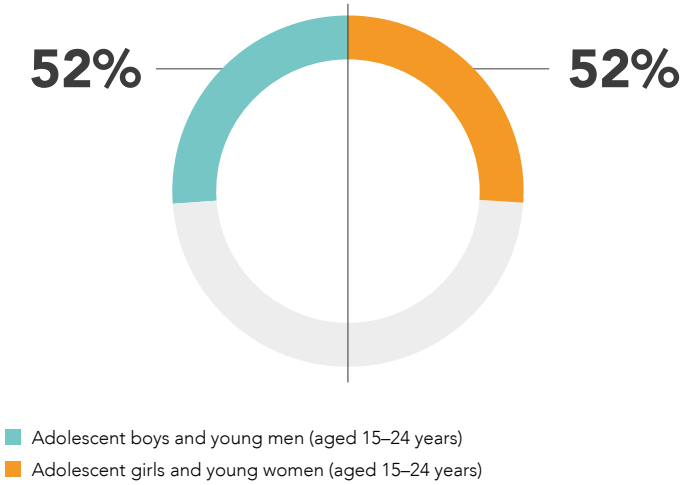
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



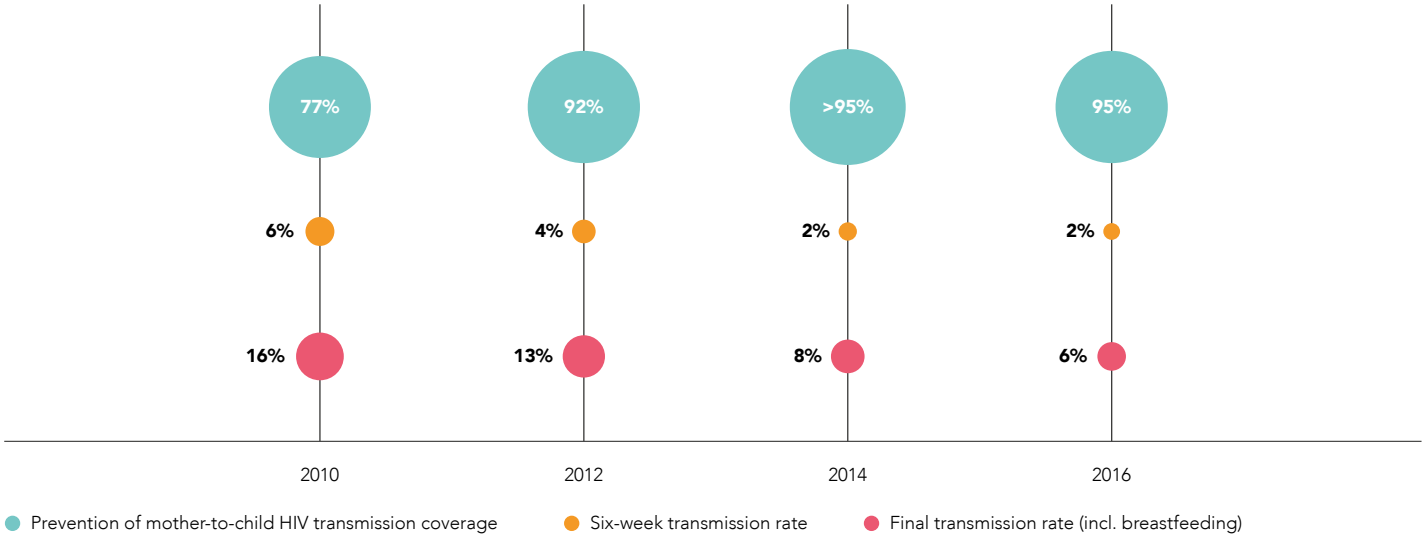
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



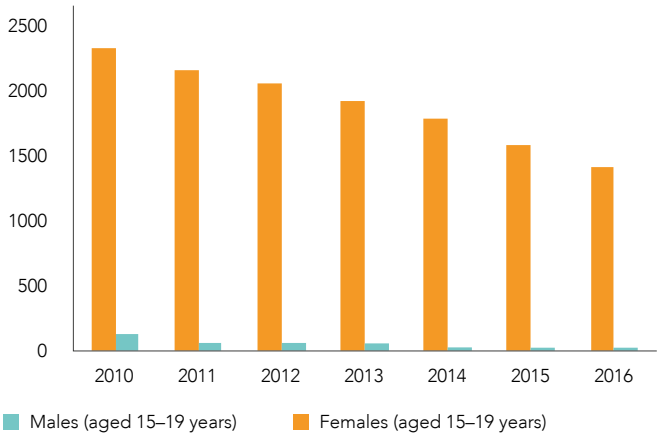
Comprehensive knowledge about HIV



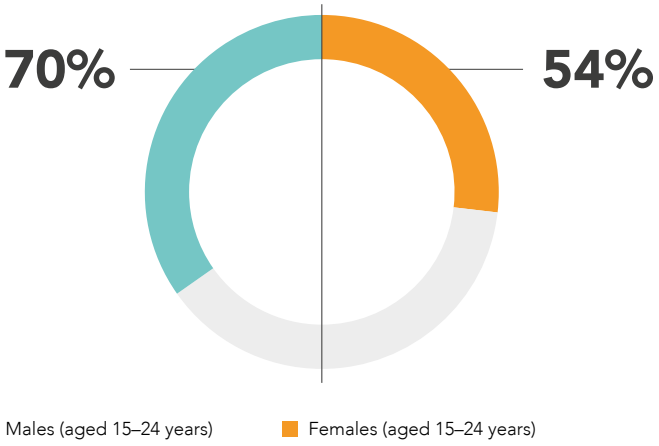
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



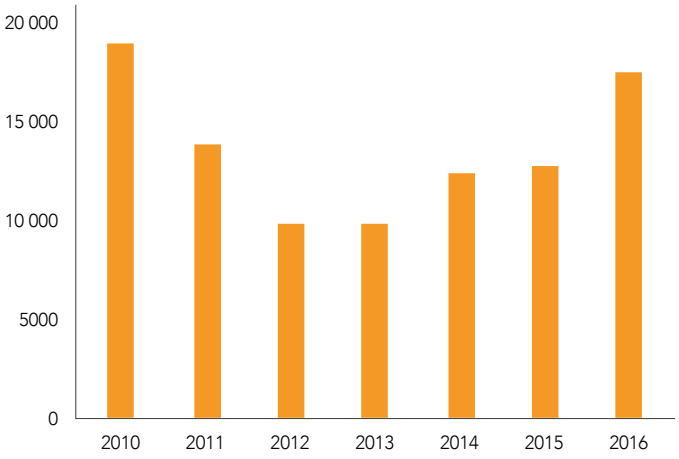
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2010 Multiple Indicator Cluster Survey.

Condom use at last high risk sex: 2006–07 Demographic and Health Survey.

UGANDA

4600

Number of new HIV infections among children (aged 0–14 years)

>95%

Prevention of mother-to-child HIV transmission coverage

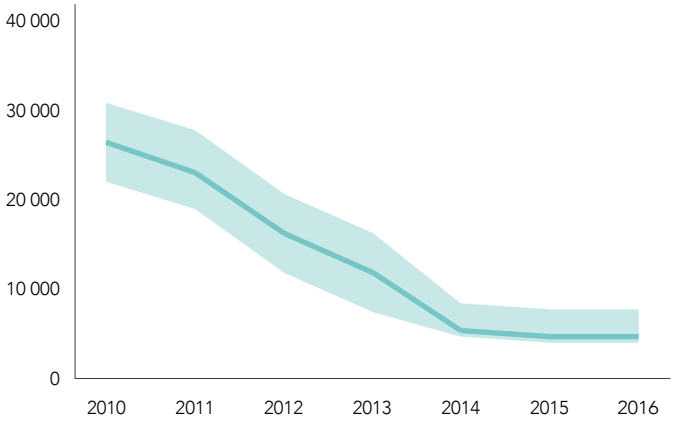
47%

Antiretroviral treatment coverage among children (aged 0–14 years)

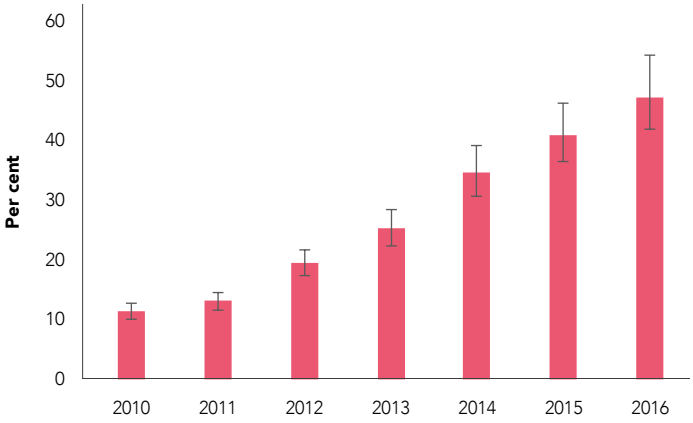
4%

Rate of mother-to-child HIV transmission, including during breastfeeding

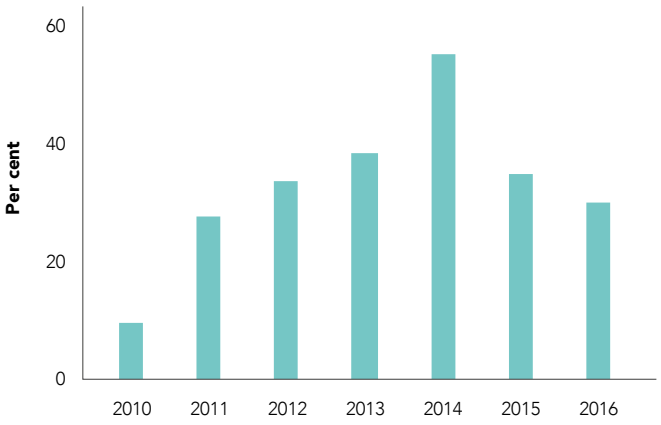
New HIV infections among children (aged 0–14 years), 2010–2016



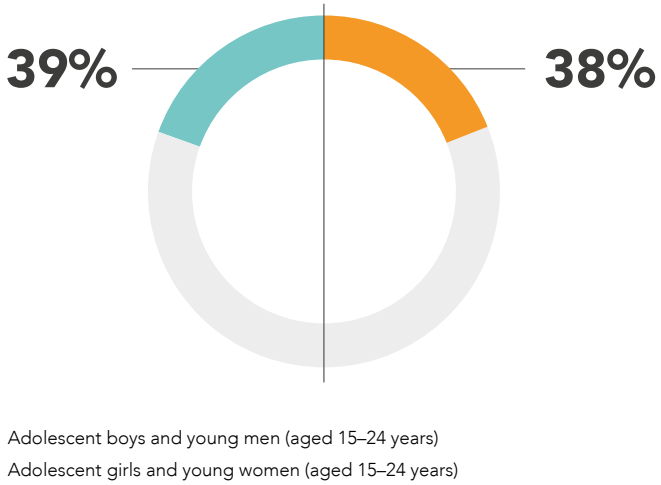
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



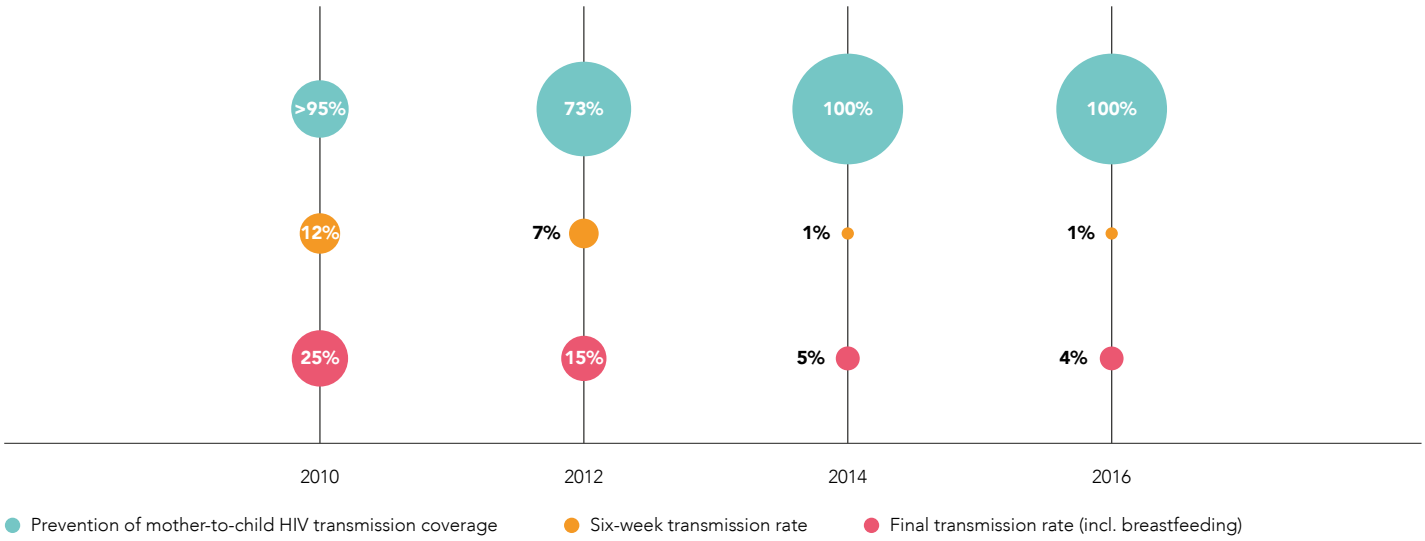
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



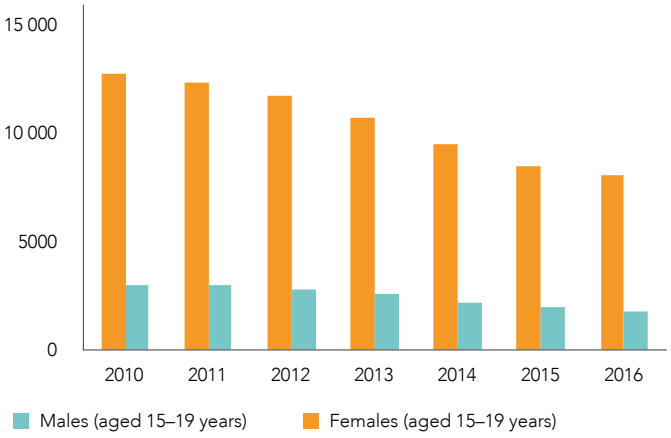
Comprehensive knowledge about HIV



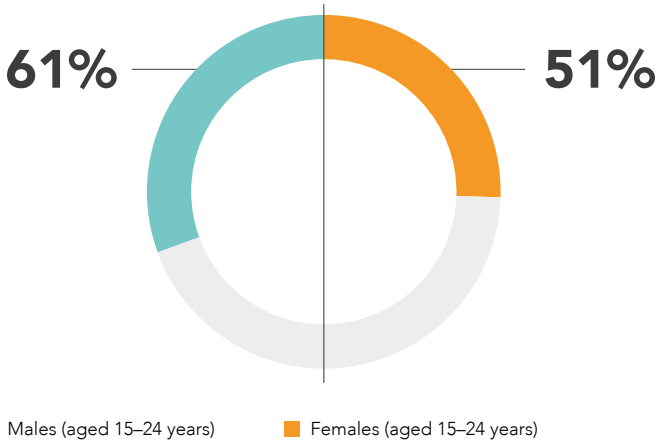
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



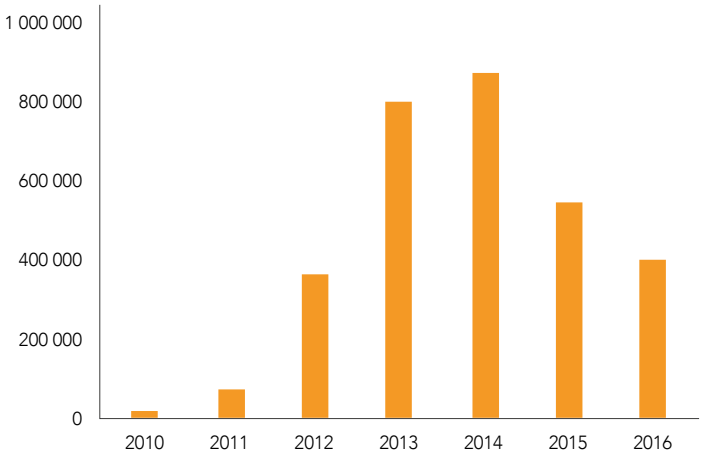
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2011 AIDS Indicator Survey.

Condom use at last high risk sex: 2011 Demographic and Health Survey.

UNITED REPUBLIC OF T

10 000

Number of new HIV infections among children (aged 0–14 years)

84%

Prevention of mother-to-child HIV transmission coverage

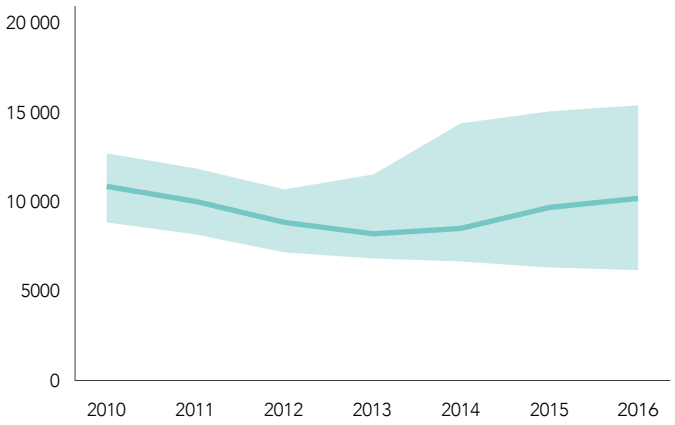
48%

Antiretroviral treatment coverage among children (aged 0–14 years)

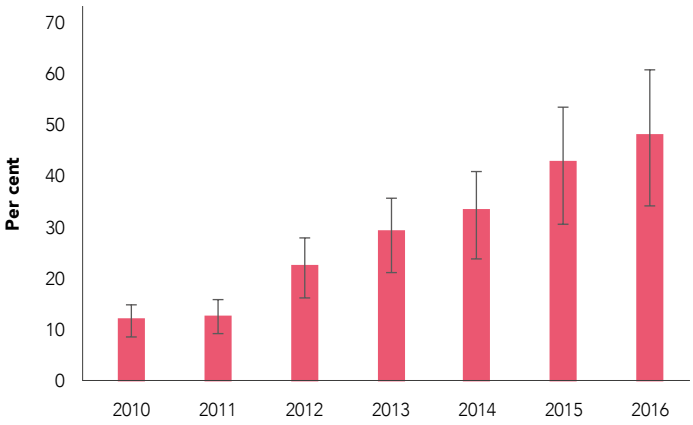
11%

Rate of mother-to-child HIV transmission, including during breastfeeding

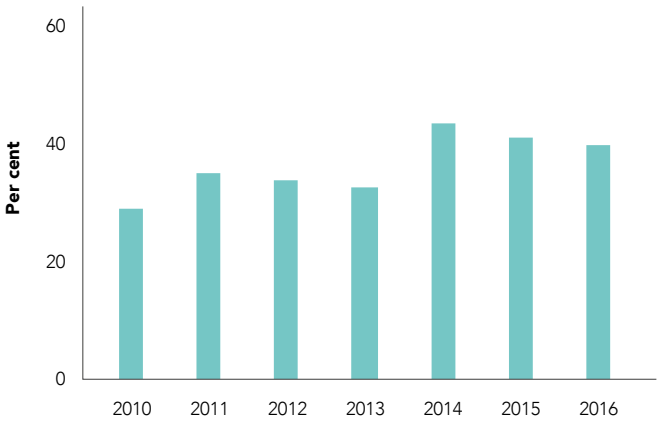
New HIV infections among children (aged 0–14 years), 2010–2016



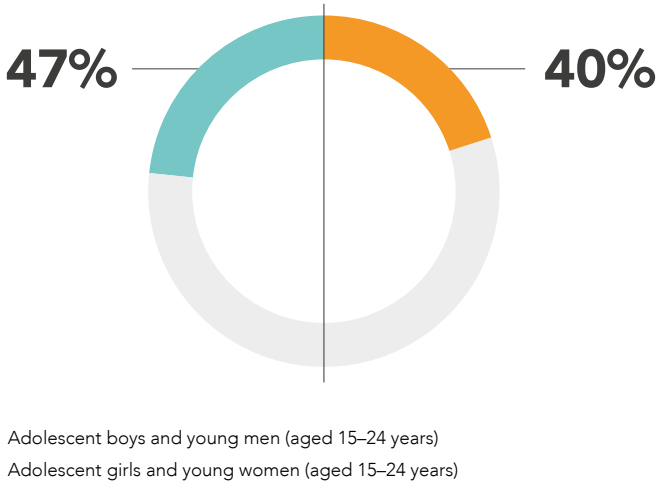
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016

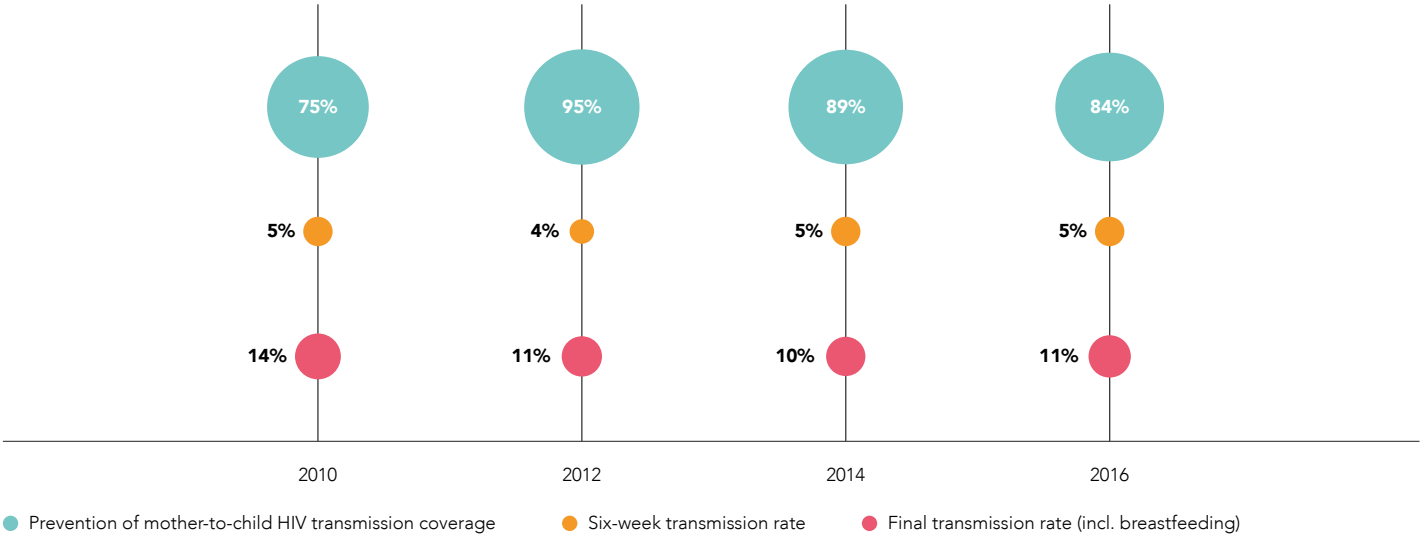


Comprehensive knowledge about HIV

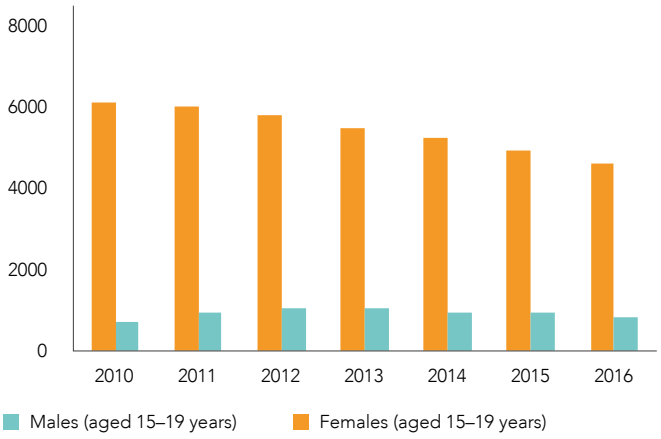


TANZANIA

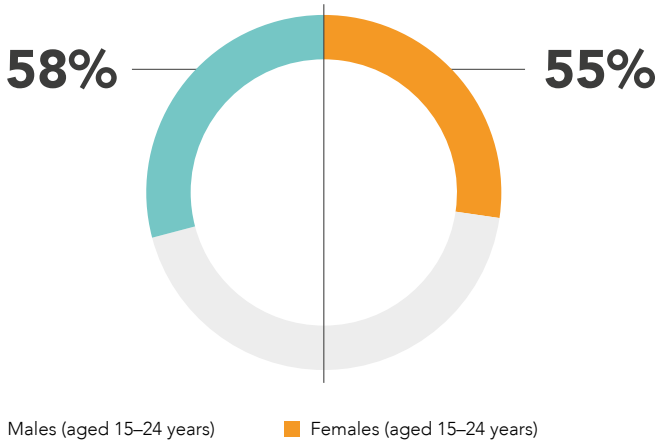
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



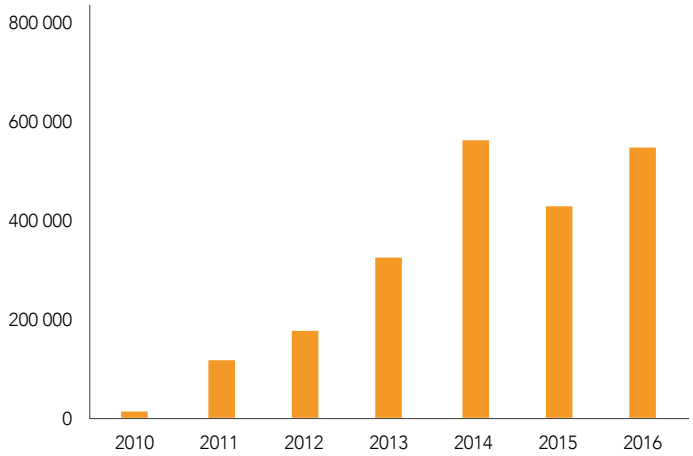
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2011–12 AIDS Indicator Survey.

Condom use at last high risk sex: 2011–12 AIDS indicators Survey.

ZAMBIA

8900

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

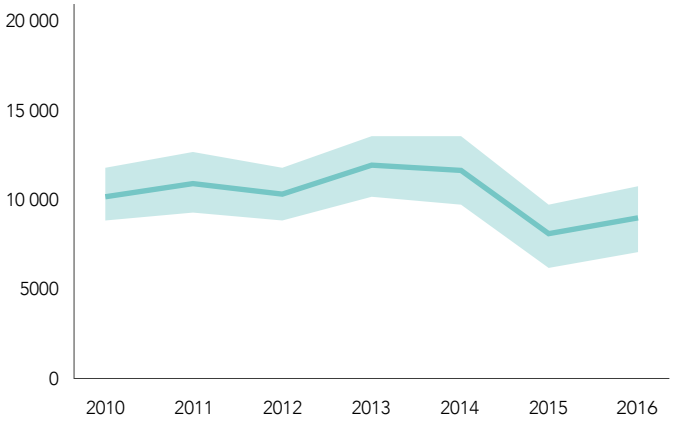
52%

Antiretroviral treatment coverage among children (aged 0–14 years)

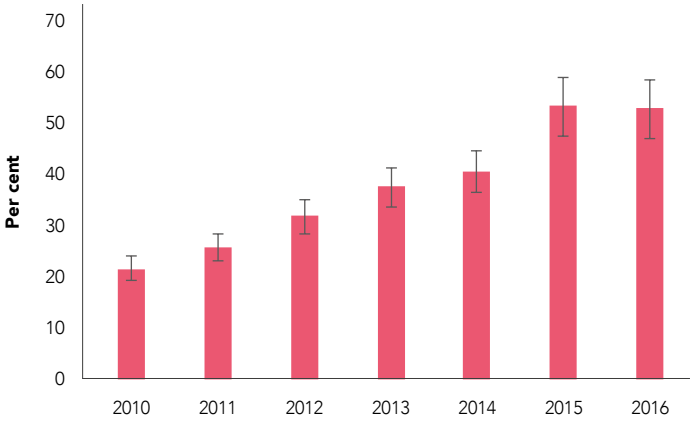
11%

Rate of mother-to-child HIV transmission, including during breastfeeding

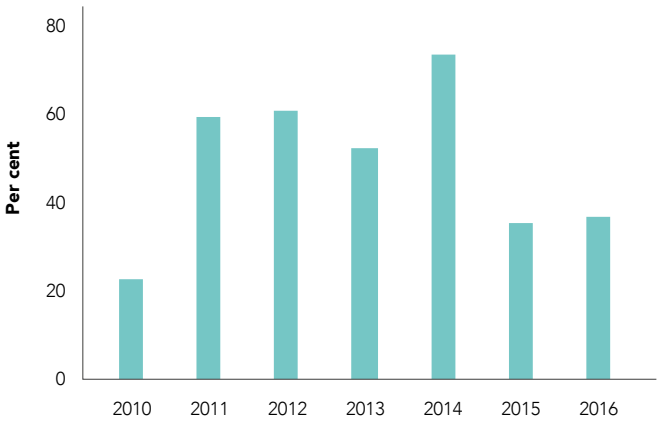
New HIV infections among children (aged 0–14 years), 2010–2016



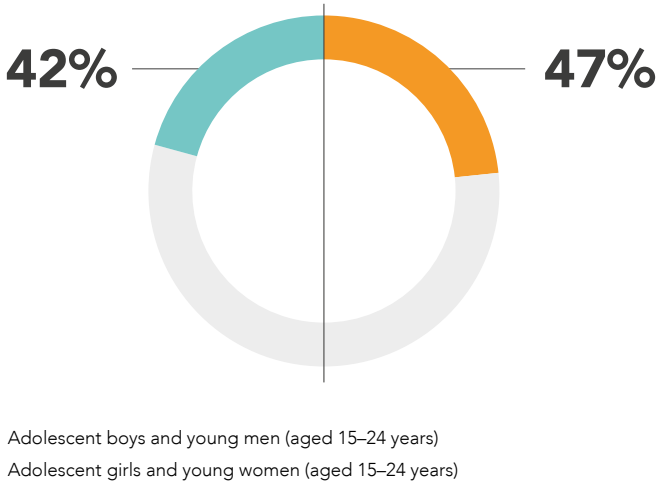
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016



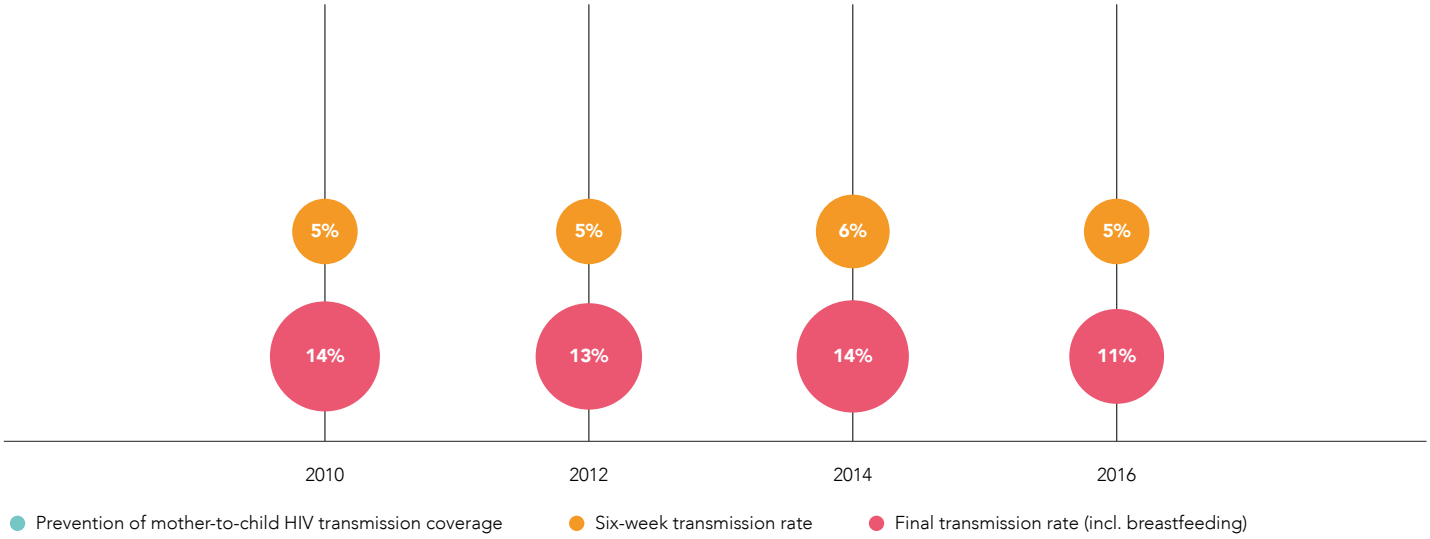
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



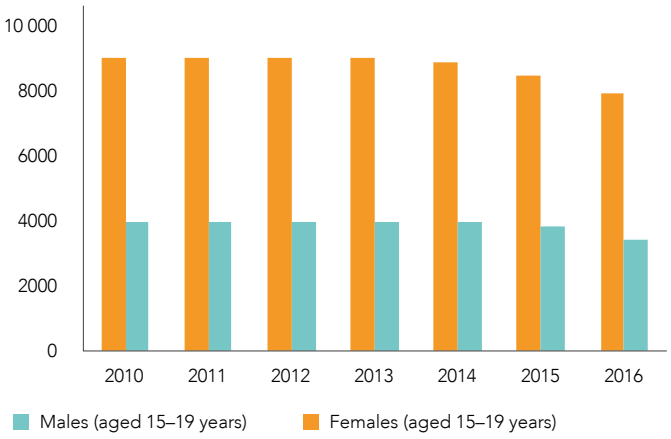
Comprehensive knowledge about HIV



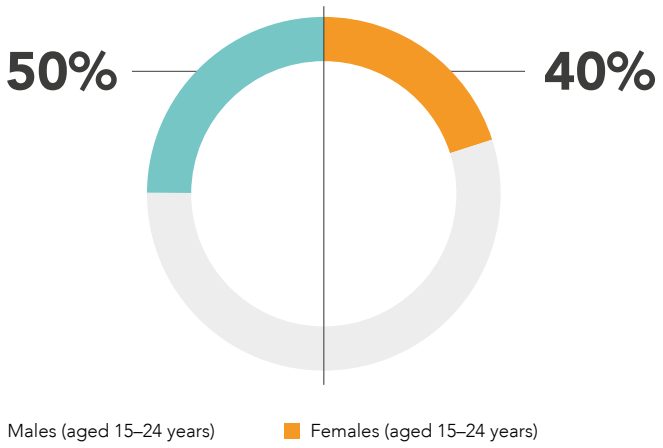
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



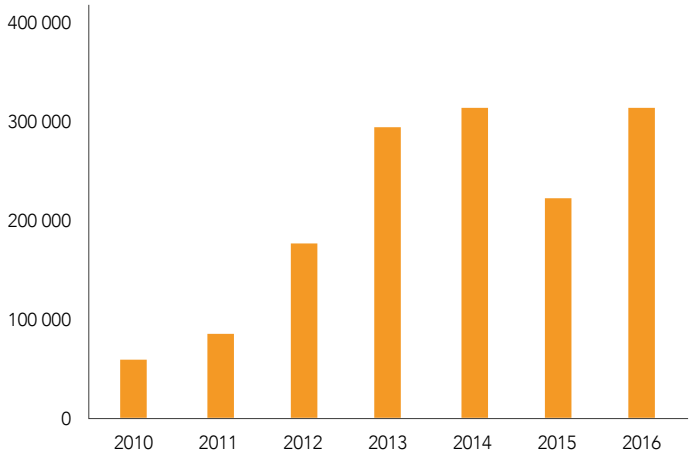
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2013–14 Demographic and Health Survey.

Condom use at last high risk sex: 2013–14 Demographic and Health Survey.

ZIMBABWE

-

Number of new HIV infections among children (aged 0–14 years)

-

Prevention of mother-to-child HIV transmission coverage

-

Antiretroviral treatment coverage among children (aged 0–14 years)

5%

Rate of mother-to-child HIV transmission, including during breastfeeding

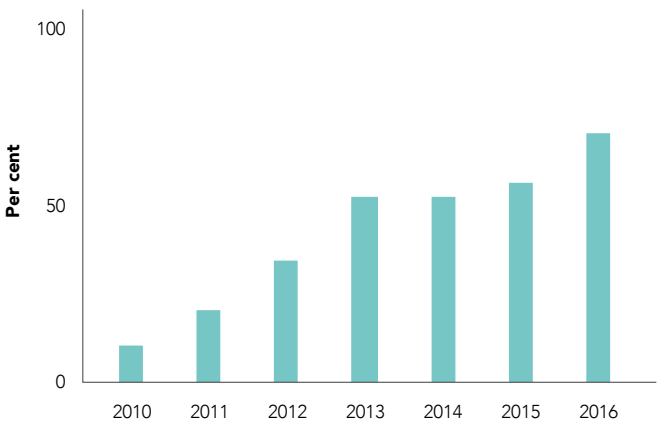
New HIV infections among children (aged 0–14 years), 2010–2016

No data

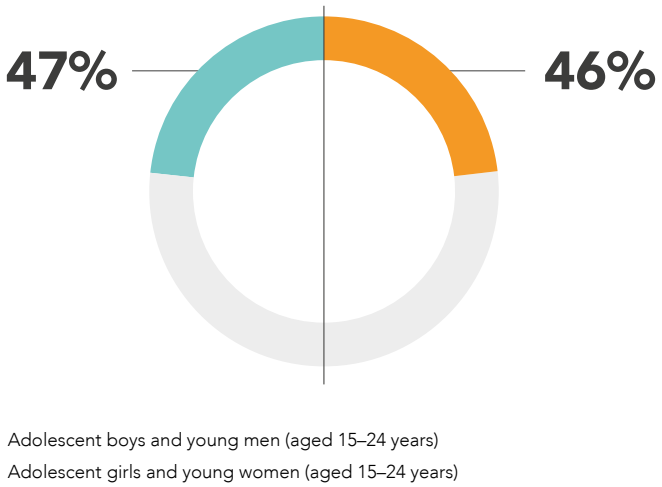
Antiretroviral therapy coverage among children (aged 0–14 years), 2010–2016

No data

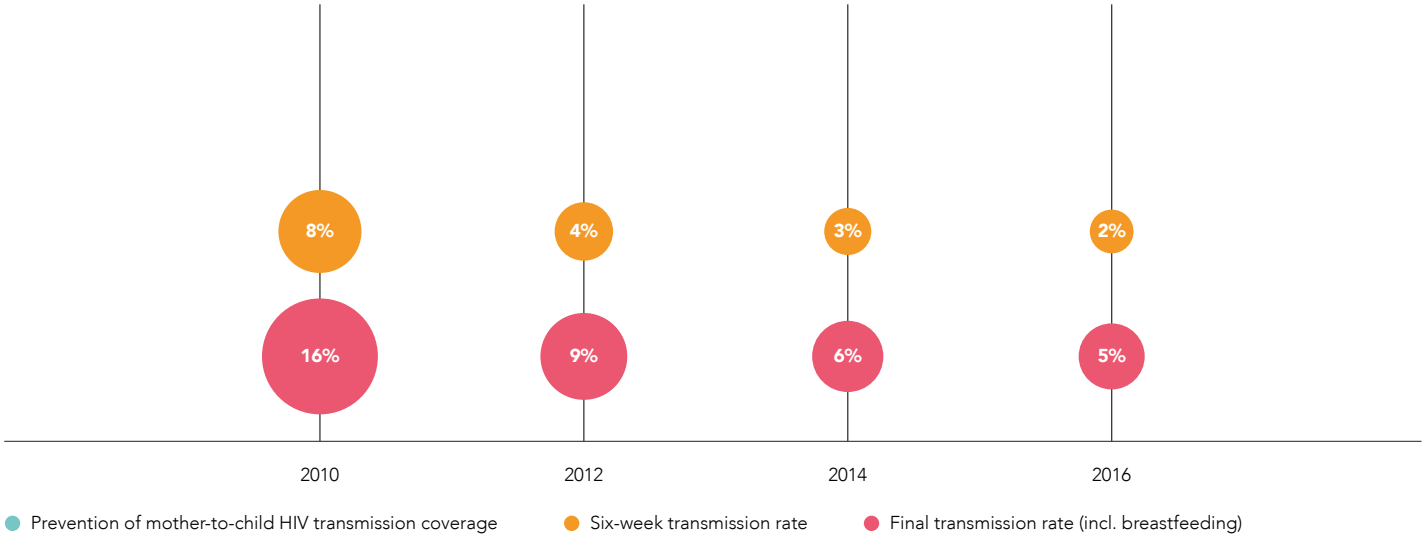
Infants born to women living with HIV receiving a virological test within the first two months of life, 2010–2016



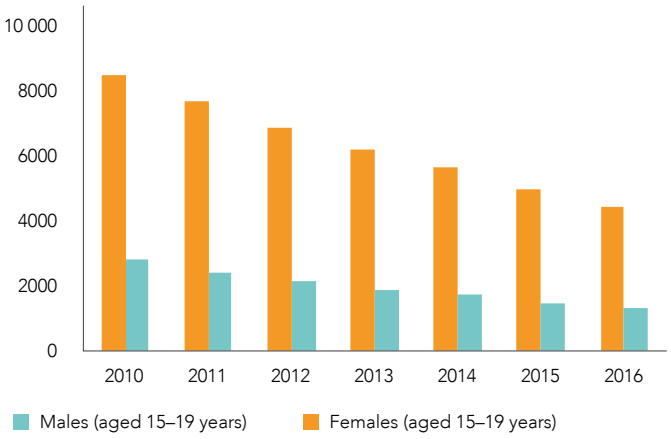
Comprehensive knowledge about HIV



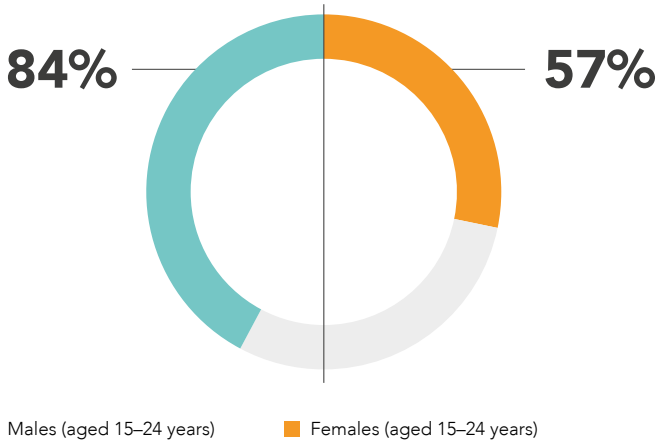
Prevention of mother-to-child HIV transmission coverage and mother-to-child transmission of HIV, 2010–2016



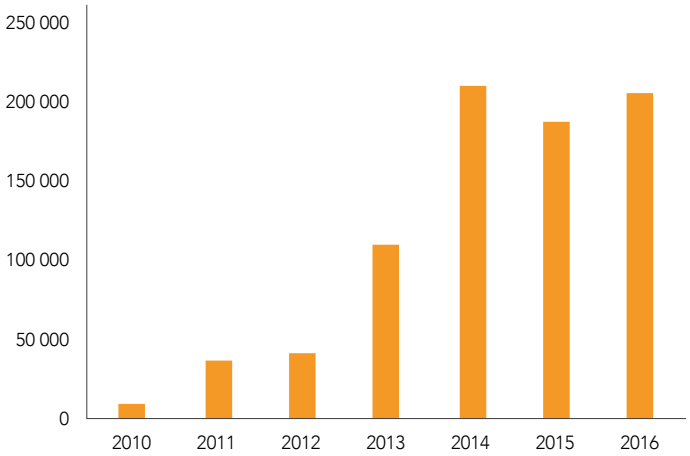
New HIV infections among adolescent boys and girls (aged 15–19 years), 2010–2016



Condom use at last high-risk sex among adolescents and young people (aged 15–24 years)



Annual number of men voluntarily circumcised, 2010–2016



Sources

UNAIDS 2017 estimates, unless otherwise noted. The 2017 results reflect updated surveillance and programme data and improved models.

Infants born to women living with HIV: Global AIDS Monitoring 2017.

Comprehensive knowledge on HIV: 2015 Demographic and Health Survey.

Condom use at last high risk sex: 2015 Demographic and Health Survey.

SUMMARY TABLES

	Children living with HIV (aged 0–14 years), 2016	Children living with HIV (aged 0–14 years), 2016 - Uncertainty bounds	New HIV infections among children (aged 0-14 years), 2016	New HIV infections among children (aged 0-14 years), 2016 - uncertainty bounds	Infants born to women living with HIV receiving a virological test within the first two months of life, 2016	Infants born to women living with HIV receiving a virological test within the first two months of life - uncertainty bounds	Number of children (aged 0–14 years) receiving antiretroviral therapy, 2016	Pregnant women living with HIV receiving antiretroviral medicine 2016	Final transmission rate (including breastfeeding period), 2016	New HIV infections among adolescent girls and young women (aged 15–24 years), 2016	New HIV infections among adolescent girls and young women (aged 15–24 years), 2016 - uncertainty bounds
23 focus countries	**1 900 000**	**[1 500 000–2 300 000]**	**140 000**	**[86 000–1 900 000]**	**%**	**%**	**820 000**	**990 000**	**11**	**290 000**	**[170 000–380 000]**
Angola	23 000	[16 000–29 000]	3600	[2200–4900]	2	[1–2]	3200	7600	21	4800	[2600–7100]
Botswana	12 000	[10 000–15 000]	560	[360–850]	50	[44–63]	7400	11 300	5	2300	[1200–3100]
Burundi	12 000	[8400–15 000]	430	[180–1300]	11	[8–16]	3000	4300	8	400	[140–1100]
Cameroon	46 000	[35 000–57 000]	4000	[1600–6500]	50	[41–66]	8500	23 000	13	8800	[4500–13 000]
Chad	11 000	[7600–14 000]	990	[390–1500]	5	[4–7]	1500	4400	14	1000	[540–1500]
Côte d'Ivoire	36 000	[28 000–42 000]	3300	[2200–4600]	...	[...–...]	9200	16 900	14	3200	[1700–4800]
Democratic Republic of the Congo	48 000	[34 000–60 000]	2900	[910–4800]	21	[17–30]	14 300	15 400	13	3300	[1400–5400]
Ethiopia	62 000	[42 000–84 000]	3800	[2000–6000]	50	[40–69]	21 700	16 700	16	6000	[2900–9300]
Ghana	32 000	[23 000–41 000]	3000	[1700–4500]	32	[26–43]	5000	9700	18	4500	[2200–6600]
India	...	[...–...]	...	[...–...]	18	[14–23]	44 300	14 000	...	14 000	[11 000–18 000]
Indonesia	14 000	[12 000–17 000]	3200	[2500–4000]	2	[1–2]	3000	1600	27	11 000	[8600–13 000]
Kenya	120 000	[97 000–150 000]	6100	[3200–9200]	53	[45–66]	78 700	59 400	8	18 000	[10 000–25 000]
Lesotho	...	[...–...]	...	[...–...]	56	[50–69]	7600	8600	...	5200	[3400–6300]
Malawi	110 000	[91 000–120 000]	4300	[2200–6200]	31	[27–36]	53 400	46 400	8	8800	[5800–11 000]
Mozambique	200 000	[150 000–250 000]	13 000	[7000–20 000]	45	[38–59]	76 000	95 800	11	18 000	[10 000–22 000]
Namibia	15 000	[12 000–17 000]	430	[320–790]	54	[47–69]	9600	11 000	4	2300	[1300–3000]
Nigeria	270 000	[180 000–380 000]	37 000	[22 000–56 000]	11	[8–16]	55 200	55 200	22	46 000	[23 000–74 000]
South Africa	320 000	[260 000–400 000]	12 000	[9600–22 000]	80	[65– >95]	172 000	255 000	5	77 000	[42 000–100 000]
Swaziland	15 000	[13 000–17 000]	660	[520–980]	78	[70–91]	9500	10 400	6	2800	[1800–3600]
Uganda	130 000	[120 000–150 000]	4600	[3800–7600]	30	[26–36]	63 900	115 000	4	15 000	[9300–19 000]
United Republic of Tanzania	110 000	[91 000–140 000]	10 000	[6000–15 000]	40	[34–51]	54 900	77 200	11	18 000	[9800–25 000]
Zambia	94 000	[84 000–100 000]	8900	[7000–11 000]	37	[33–43]	49 500	68 700	11	14 000	[9000–18 000]
Zimbabwe	...	[...–...]	...	[...–...]	70	[61–86]	66 200	59 600	...	9600	[5700–13 000]

Source: UNAIDS 2017 estimates, except where indicated.
Comprehensive knowledge about HIV and condom use at last high-risk sex: Population-based surveys, 2010–2017.
Infants born to women living with HIV receiving a virological test within the first two months of life and annual number of men voluntarily circumcized: Global AIDS Monitoring, 2017.

New HIV infections among adolescent boys and young men (aged 15–24 years), 2016	New HIV infections among adolescent boys and young men (aged 15–24 years), 2016 - uncertainty bounds	Percent of children (aged 0–14 years) receiving antiretroviral therapy, 2016	Percent of children (aged 0–14 years) receiving antiretroviral therapy, 2016 - uncertainty bounds	Comprehensive knowledge about HIV prevention - adolescent and young people (aged 15–24 years)	Comprehensive knowledge about HIV prevention - adolescent boys and young men (aged 15–24 years)	Comprehensive knowledge about HIV prevention - adolescent girls and young women (aged 15–24 years)	Condom use at last high-risk sex, adolescent boys and young men (aged 15–24 years)	Condom use at last high-risk sex, adolescent girls and young women (aged 15–24 years)	Annual number of men voluntarily circumcized, 2016	
160 000	**[49 000–220 000]**	**43**	**[29–53]**	**%**	**%**	**%**	**%**	**%**		**23 focus countries**
2600	[610–4000]	14	[10–18]	45	48	42	52.8	28.7	...	**Angola**
1100	[240–1500]	60	[50–72]	47	47	47	...	...	24 042	**Botswana**
190	[40–590]	25	[18–33]	45	47	44	...	...	...	**Burundi**
3300	[750–5000]	18	[14–23]	63	66	60	76.5	60.9	...	**Cameroon**
480	[110–740]	14	[9–18]	13	15	11	41.5	32.1	...	**Chad**
910	[220–1400]	25	[20–30]	18	24	15	67	42	...	**Côte d'Ivoire**
1100	[240–1800]	30	[21–37]	20	24	18	30.6	24.1	...	**Democratic Republic of the Congo**
2700	[600–4400]	35	[23–47]	28	34	23	54.6	23.8	10 306	**Ethiopia**
1500	[310–2200]	15	[11–20]	22	27	20	39.1	17.1	...	**Ghana**
17 000	[12 000–25 000]	...	[...–...]	...	...	...	...	...	...	**India**
14 000	[9000–18 000]	21	[18–25]	11	10	11	...	...	...	**Indonesia**
8500	[2200–13 000]	65	[51–77]	59	63	56	74.9	58.7	219 086	**Kenya**
2700	[730–3500]	...	[...–...]	35	30	37	78.7	81.9	34 157	**Lesotho**
3700	[1100–5300]	49	[41–55]	79	82	78	76.8	53.4	129 975	**Malawi**
11 000	[2900–14 000]	38	[25–48]	34	51	30	43.7	40.7	253 079	**Mozambique**
1200	[310–1700]	66	[48–80]	58	51	61	82	67.5	27 340	**Namibia**
33 000	[7700–56 000]	21	[12–31]	24	27	22	58.3	43	...	**Nigeria**
33 000	[8100–44 000]	55	[45–70]	45	45	46	...	...	497 186	**South Africa**
460	[130–630]	64	[50–76]	55	53	58	...	...	17 374	**Swaziland**
7300	[2100–10 000]	47	[42–55]	38	39	38	61.1	51	411 459	**Uganda**
4400	[1100–6400]	48	[34–61]	43	46	40	58.2	54.6	548 390	**United Republic of Tanzania**
7800	[2200–11 000]	52	[47–58]	43	46	41	49.8	40.1	311 792	**Zambia**
4300	[1100–5700]	...	[...–...]	46	46	46	84.4	56.5	205 784	**Zimbabwe**

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