unicef
for every child

2024
Global Snapshot on HIV and AIDS

Beatrice, 23 years old, and her 2-year-old daughter Zuri, at their home in Rungwe, Tanzania. Beatrice learned of her HIV status after a visit from a community treatment advocate and was supported with treatment and care. Now on antiretroviral therapy, Beatrice feels empowered to prioritize her health and her daughter's future.

Collective action across multiple sectors has brought the world closer than ever to ending AIDS as a public health threat.

There were fewer new HIV infections and AIDS-related deaths in 2023 than at any point since the mid-1990s. The progress is especially strong in sub-Saharan Africa, which is home to approximately **78% of children** (0–14 years) and **83% of adolescents** (15–19 years) living with HIV.

In 2023, an estimated 2.38 million children and adolescents (aged 0–19 years) were living with HIV—1.37 million children (aged 0–14 years) and 1.01 million adolescents (aged 15–19 years).

There have been remarkable advances in recent years which have transformed the HIV response landscape. Innovations such as rapid and self-testing for HIV, simplified single-tablet regimens, and long-acting injectable medications like cabotegravir that prevent acquisition of HIV have redefined standards of care and prevention.

Yet, nearly half of all children and adolescents living with HIV are not benefiting from life-saving treatment, leaving them vulnerable to illness and untimely death.

Ending AIDS among children by eliminating vertical transmission of HIV and ensuring universal access to testing and treatment for children remains a critical, yet unfinished, piece of the global AIDS response. Closing the gaps in treatment and prevention is both feasible and a moral obligation to ensure that every child and adolescent has access to the care and dignity they deserve.

Everyday,

208 children,

0–14 years, dies from AIDS-related causes

AIDS remains the

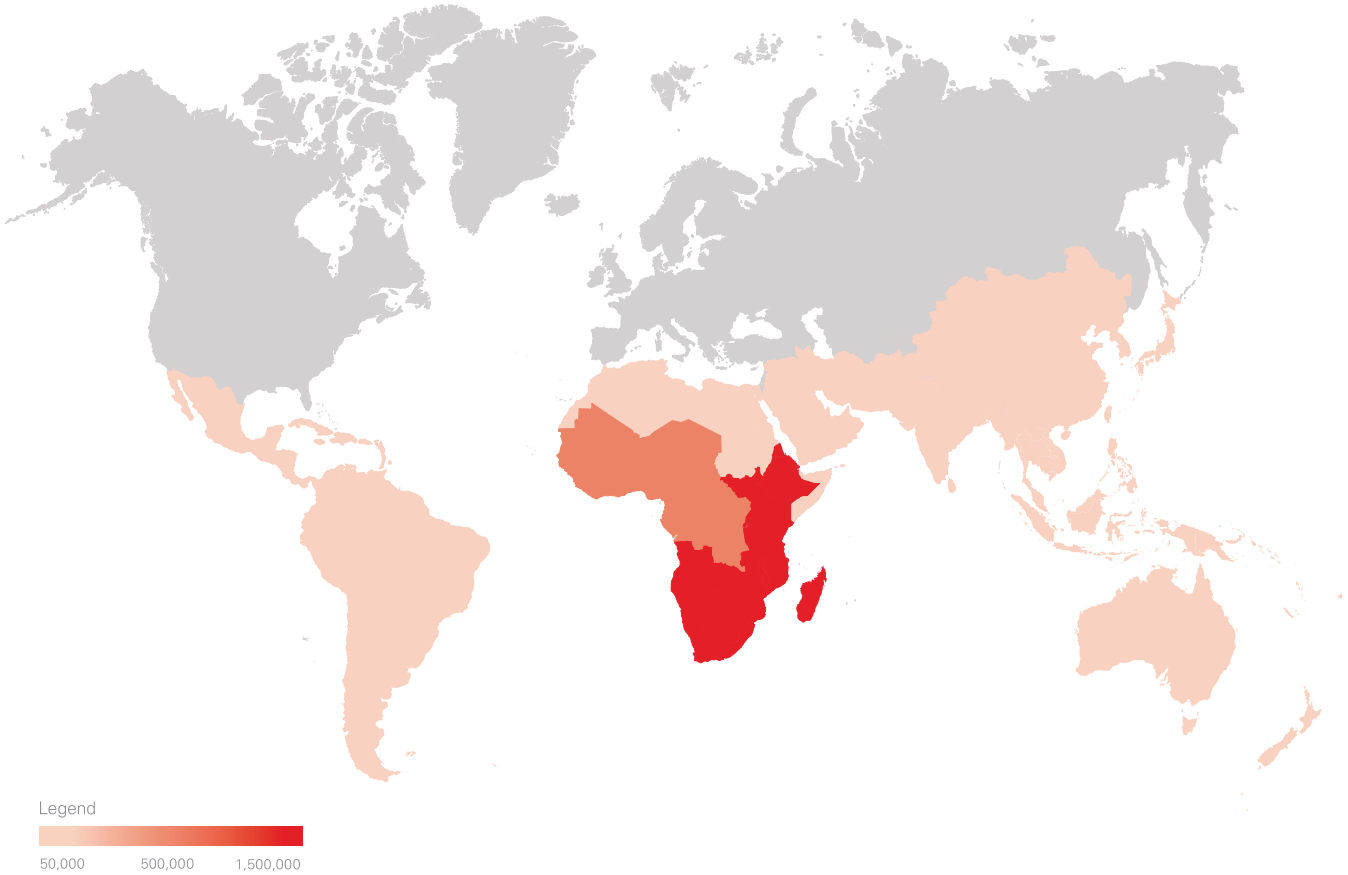
leading cause of death among adolescents

in sub-Saharan Africa

The global burden of HIV among children and adolescents

In 2023, over 80% of the global burden of HIV among children and adolescents aged 0–19 years was concentrated in sub-Saharan Africa. Eastern and Southern Africa (ESA) accounted for 63% of the global total and West and Central Africa (WCA) contributed 23% of the global total of children and adolescents living with HIV. Outside sub-Saharan Africa, South Asia had the highest number of children living with HIV, comprising 5% of the global pediatric HIV burden.

FIGURE 1 Estimated number of children and adolescents aged 0-19 living with HIV, by region, 2023



Data Source: UNAIDS Estimates 2024.
Note: This map not claim any official position by the United Nations. Countries are classified according to nine geographic regions defined by UNICEF. Numbers of children and adolescents living with HIV in Eastern Europe and Central Asia, North America and Western Europe are not available.

FIGURE 2 Estimated children living with HIV 0-19, 2023

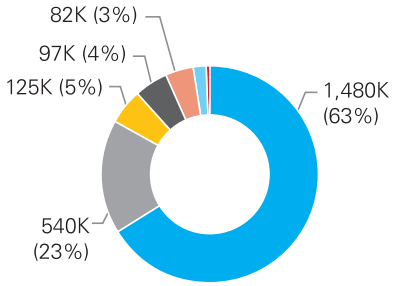
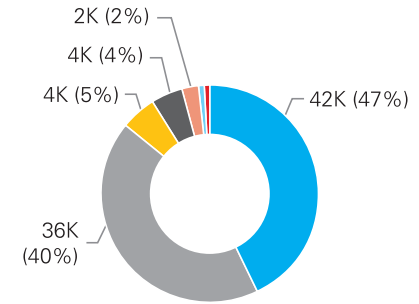


FIGURE 3 Estimated AIDS-related deaths among children 0-19,2023



Region
- Eastern and Southern Africa
- West and Central Africa
- East Asia and Pacific
- Latin America and Caribbean
- South Asia
- Eastern Europe and Central Asia
- Middle East and North Africa

UNICEF and UNAIDS 2024 estimates

Annual numbers of new infections and deaths in children and adolescents

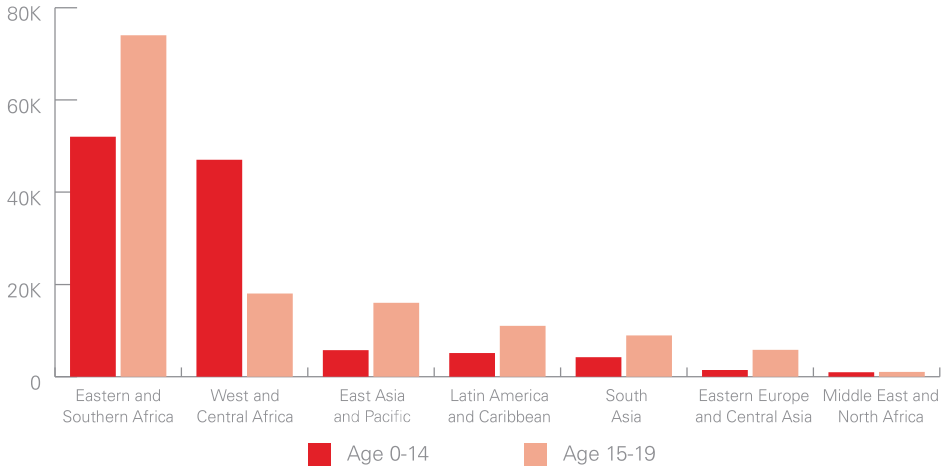
Suraparavap Jeeva, R Pravalika, and Reeseu Geetha, all 15 years old, pose for a photo at a school in India after performing a skit on HIV. The skit is part of the School Health and Wellness Program, an effort that raises awareness on health issues and supports access to essential health services for students.

Over the past decades, significant progress has been made in reducing new HIV infections and AIDS-related deaths among children aged 0–14 years and adolescents aged 15–19 years. Since 2010, an estimated **2.1 million new HIV infections in children have been averted** through efforts to prevent vertical transmission. AIDS-related mortality among children under 15 has decreased by 67% since 2010, yet in 2023, an average of 208 children died from AIDS-related causes each day. Despite these achievements, **the global HIV response remains off track** to achieve the 2025 targets of reducing new pediatric HIV infections to fewer than 20,000 annually, and new infections among adolescents aged 15–24 years to under 200,000 per year.

HIV continues to be one of the leading causes of death among adolescents aged 15–19 years in sub-Saharan Africa. In both Eastern and Southern Africa and West and Central Africa, the absolute number of AIDS-related deaths among adolescents aged 15–19 years remains strikingly similar and significantly higher than in other regions, with a reduction in mortality of 27% since 2010.

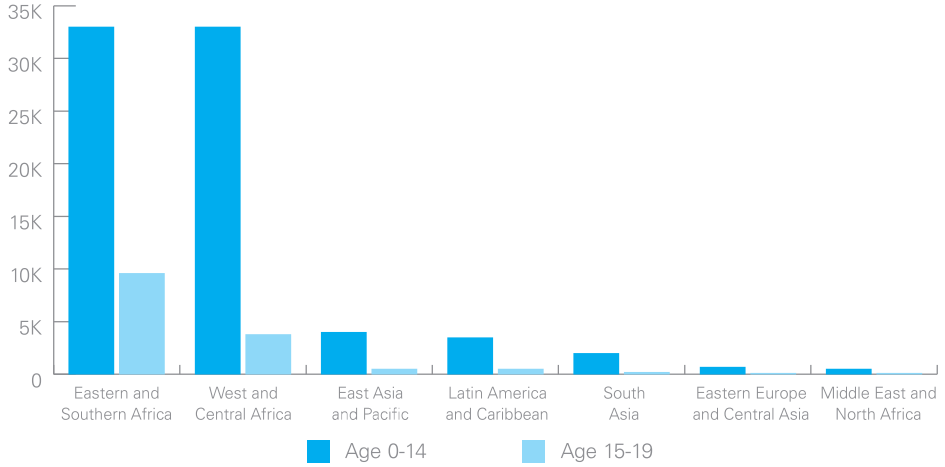
Adolescents aged 15–19 years account for a larger share of new HIV infections than children aged 0-14 years in all regions except West and Central Africa, where challenges in addressing vertical transmission remain significant. For adolescents, critical gaps remain, including insufficient access to HIV testing and treatment, limited availability of sexual and reproductive health services, pervasive stigma, and the absence of supportive policies and legal frameworks. Urgent and targeted action is needed to address these disparities.

FIGURE 4 Estimated new HIV infections, among children 0-14 and 15-19, 2023



Source: UNICEF and UNAIDS 2024 estimates

FIGURE 5 Estimated AIDS related deaths, among children 0-14 and 15-19, 2023



Source: UNICEF and UNAIDS 2024 estimates

Elimination of Vertical Transmission of HIV

Afinki Ayuba, 25 years old, a mother of two who is nine months pregnant, attends ANC classes at Ungwa Rimi Primary Healthcare Center in Kaduna State, Nigeria. Supported by UNICEF, these efforts aim to enhance care for pregnant and breastfeeding women, including adolescent girls and women living with HIV.

Remarkable gains have been made since 2010 in expanding access to ART for women living with HIV, with a particular focus on preventing vertical transmission of HIV during pregnancy, childbirth, and breastfeeding.

In 2023, **84% of pregnant and breastfeeding women living with HIV globally were receiving ARV drugs** that protect their health and prevent vertical transmission of HIV to their children, up from 48% in 2010. However, stark disparities persist, with the Middle East and North Africa region reporting the lowest coverage at just 33%, and almost half of pregnant or breastfeeding women living with HIV in West and Central Africa not receiving ARVs in 2023. This underscores the urgent need for targeted interventions to address these regional inequities.

But this coverage has stalled since 2015, and more must be done to reach all pregnant and breastfeeding women living HIV. Prioritizing maternal ART coverage, protecting women from acquiring HIV during pregnancy and breastfeeding, woman-centred approaches to retain women in care by strengthening postnatal follow-up and addressing structural barriers such as gender inequality, stigma and discrimination are essential steps to reduce pediatric HIV infections and improve both maternal and child health outcomes. This is especially the case for young mothers, who require tailored interventions to protect them and their children from acquiring HIV.

Globally, 19 countries and territories have achieved certification for eliminating mother-to-child transmission of HIV and/or syphilis, including 11 in the Americas, with recent certifications for Belize, Jamaica, and St. Vincent and the Grenadines. In Africa, Botswana and Namibia have been certified as being on the path to elimination. UNICEF works closely with governments to prioritize the triple elimination of vertical transmission of HIV, syphilis, and hepatitis B virus, emphasizing it as a critical element of its global health agenda.

84%

of pregnant and breastfeeding women living with HIV were receiving ARV drugs in 2023.

Only

67%

of HIV-exposed infants received HIV testing within the critical first two months of life, in 2023, despite progress in early infant diagnosis.

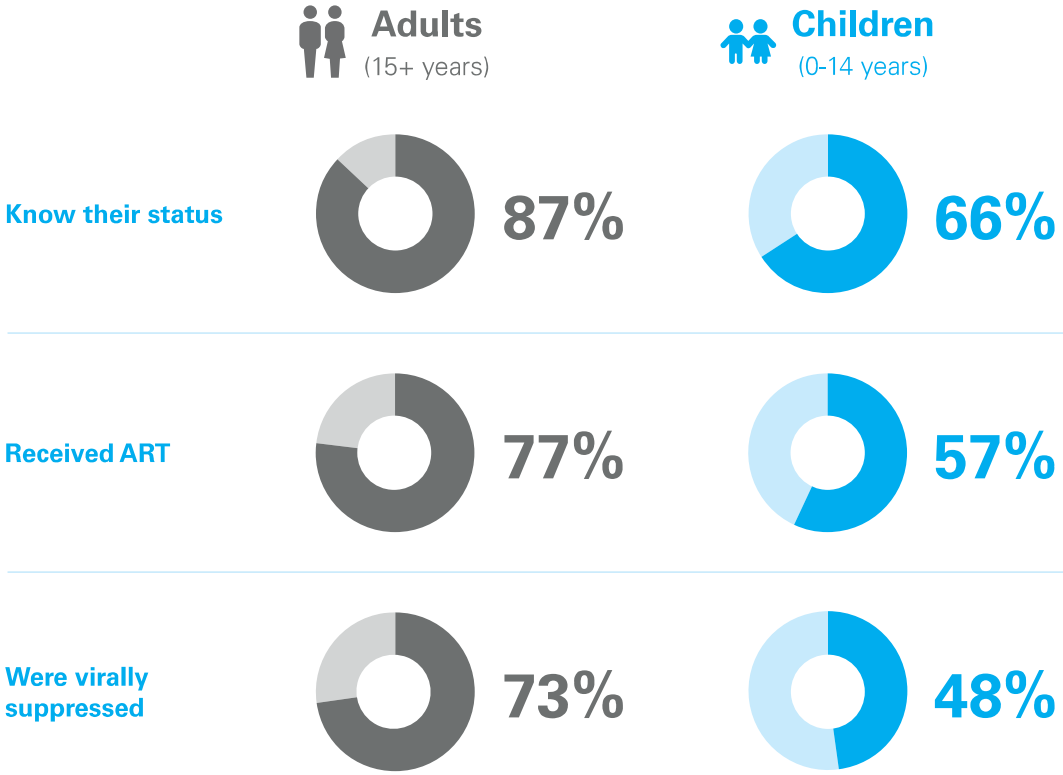
Closing the Treatment Gap

Assetou Thiombiana, aged 20 years, lives in the village of Koda-Tchad in southwestern Côte d'Ivoire with her three-month-old baby, Sadiatou. Through access to sexual and reproductive health services, including HIV testing, Assetou is ensuring her child not only survives but thrives.

In 2023, only **57% of children aged 0–14 years** and **65% of adolescents aged 15–19 years** living with HIV globally had **access to life-saving antiretroviral therapy (ART)**, compared to 77% of adults. These figures fall far short of the 95% target under the 95-95-95 HIV treatment cascade, highlighting stark disparities in access to care between children and adolescents, and adults.

In 2023, **an estimated 589,000 children worldwide were without life-saving ART**, while **one-third of children living with HIV remained undiagnosed**.

FIGURE 6 95-95-95 cascade among children (0-14) and adults (15+), 2023



Closing testing and treatment gaps for children living with HIV will require bold and innovative solutions, including reaching children beyond infant testing, ensuring access to optimized pediatric ART formulations, more youth-friendly diagnostic opportunities, less-HIV related stigma and strengthening primary care and community health systems, including peer-led and other community-based approaches to support children and adolescents living with and at risk of HIV.

Source: UNAIDS 2024 estimates
Note: In the 95-95-95 cascade, the denominator (number of children or adults living with HIV) remains the same for each 95. Achieving the 95–95–95 targets translates to 95–90–86 when expressed as a cascade. Rather than showing programme performance like in the traditional 95-95-95 target presentation, the cascade data presentation provides comparable measures of population-level (or community-level) treatment coverage and viral suppression, which are key measures of epidemic control, and clearly indicates the percentage of people living with HIV who are not on ART, do not have a suppressed viral load, and are at risk of opportunistic infections and of transmitting HIV.

Adolescents at risk, especially Girls and Young Women

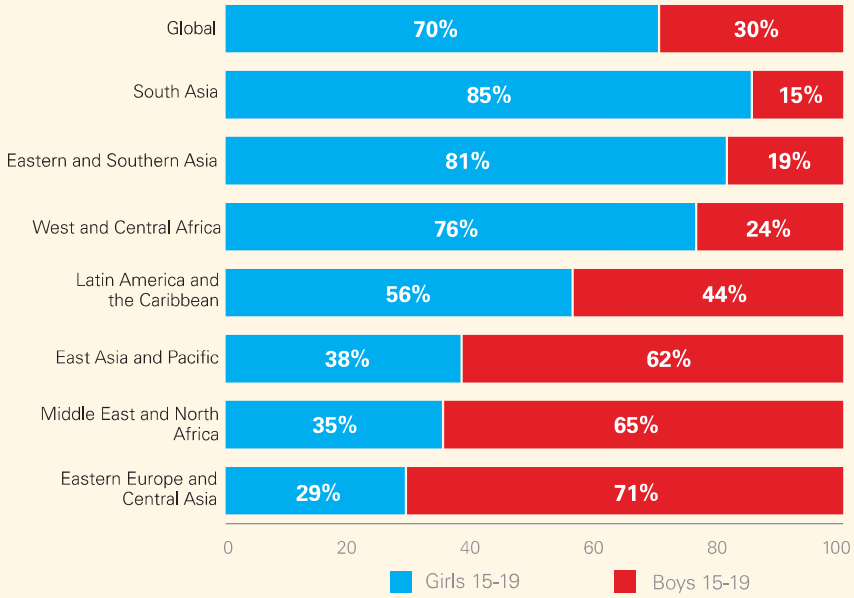
Teenagers Mekdelawit Asrat, Dibara Getu, and Arsema Endalew are U-reporters who are passionate advocates for youth empowerment. U-Report provides a platform to raise awareness on SRHR and HIV. U-report helps bring perspectives from young people to influence decision-making in government.

In 2023, an estimated **210,000 adolescent girls and young women aged 15–24 years acquired HIV** globally, far exceeding the 2025 target of fewer than 50,000 annual infections. **Sub-Saharan Africa accounts for four out of five new HIV infections among adolescent girls globally**.

In sub-Saharan Africa, **adolescent girls face a "triple threat" of early pregnancy, HIV, and gender-based violence**. Overcoming these challenges requires integrating quality HIV and sexual and reproductive health services, expanding provision of Pre-Exposure Prophylaxis (PrEP), including breakthrough long-acting versions, scaling up access to efforts to prevent gender-based violence and supporting the leadership of adolescent-girls and their networks. Addressing this triple threat holds promise for a transformative "triple dividend"—reducing HIV infections and gender-based violence and preventing teenage pregnancies.

While sub-Saharan Africa continues to bear the highest burden of HIV, **34% of adolescents newly infected with the virus are from regions beyond sub-Saharan Africa. In East Asia and the Pacific, South Asia, and Latin America and the Caribbean, the trend is reversed, with new HIV infections among boys surpassing those among girls.** To address this unique challenges faced by adolescents and young people, who belong to key populations, targeted programmes designed in collaboration with them must be implemented.

FIGURE 7 HIV-related gender disparities among adolescents



Source: UNICEF and UNAIDS Estimates 2024

In 2023, UNICEF, in collaboration with partners, compiled the first global consolidated HIV-related dataset with age disaggregation for adolescent girls and young key populations (aged 15–24 years), including size estimates for over 100 countries. Additionally, UNICEF published a a report on HIV and young key populations in the Middle East and North Africa and collaborated with the UNAIDS Secretariat on an advocacy report addressing HIV and young key populations in Asia and the Pacific, both offering critical recommendations and actions.

Boris Ngueeyeube, a 26-year-old from Ndjamena, the capital of Chad, expressed relief upon receiving an HIV-negative result. "I wasn't afraid to take the test—it's already my third time," he said. "Even if it were positive, it wouldn't be the end. With proper treatment, you can live a normal life. But that doesn't mean I take risks. I always protect myself." UNICEF supports the government of Chad in providing community outreach through door-to-door HIV testing, ensuring essential services reach families directly in their homes.

Jack is a 16-year-old, a non-binary individual who has benefited from the *Viva Melhor Sabendo Jovem* (Youth Aware) project. Developed in partnership with the Ministry of Health in Brazil, the UNICEF-supported initiative provides HIV and STI prevention and treatment for adolescents and young people, especially those who belong to key populations who disproportionately affected and at-risk of HIV.

The theme for 2024 World AIDS Day is **Take the Rights Path**, highlights the critical role of human rights in the HIV response. For UNICEF, the theme reinforces the rights-based approaches that have guided our response since the beginning of the epidemic 40 years ago.

Taking the "Rights Path" means ensuring that every child, adolescent, and pregnant woman living with HIV is reached, tested, treated, and supported. By continuing to place rights, dignity, care and empowerment at the center of the response, **UNICEF, in collaboration with governments, partners, and young people, is forging a rights path to end AIDS as a public health threat by 2030.**

Key Facts: HIV, Children and Adolescents

Epidemiology	Estimate
Number of children and adolescents living with HIV	2,380,000
Children aged 0–14	1,370,000
Adolescents aged 15–19	1,010,000
Number of new HIV infections, children and adolescents	250,000
Children aged 0–14*	120,000
Adolescents aged 15–19	140,000
Adolescent girls	96,000
Adolescent boys	41,000
Number of AIDS-related deaths, children and adolescents	90,000
Children aged 0–14	76,000
Adolescents aged 15–19	14,000
Number of children aged 0–17 who lost one or both parents due to AIDS	14.1 million
Number of pregnant women living with HIV	1.2 million
HIV response	**Estimate**
PMTCT coverage (%)	84
Early infant diagnosis (%)	67
ART coverage, children aged 0–14 (%)	57
ART coverage, adolescents and young people aged 15-24 (%)	61
Region	**Estimate**
Number of children and adolescents aged 0–19 living with HIV, by region, 2023	
Global	**2,380,000**
Eastern and Southern Africa	1,490,000
West and Central Africa	540,000
South Asia	130,000
East Asia and the Pacific	97,000
Latin America and the Caribbean	82,000
Eastern Europe and Central Asia	33,000
Middle East and North Africa	8,600
Western Europe	-
North America	-

Data source: Global AIDS Monitoring 2024 and UNAIDS 2024 estimates
Note: Numbers may not add up due to rounding off.
*Almost all new HIV infections among younger children occur among those aged 0-4, either through pregnancy, birth or breastfeeding.

Indicator definitions

Mother-to-child transmission (MTCT) rate: Number of children aged 0–4 newly infected with HIV per 100 pregnant women living with HIV

HIV incidence per 1,000 adolescents: Number of new HIV infections among adolescents aged 15–19 per 1,000 adolescents at risk of HIV infection

PMTCT coverage: Percentage of pregnant women living with HIV who received antiretrovirals to prevent mother-to-child transmission of HIV

Early infant diagnosis: Percentage of infants born to HIV-positive mothers who were tested for HIV within two months of birth

ART coverage among children aged 0–14: Percentage of children aged 0–14 living with HIV who are receiving antiretroviral treatment

Perinatal transmission of HIV from mother to child: The transmission of HIV from an HIV-positive mother to her child during pregnancy, labor, or delivery.

Postnatal Transmission HIV from mother to child: HIV transmission from an HIV-positive mother to her child during breastfeeding.

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For more information, see:
https://www.childrenandaids.org

For Every Child and Adolescent, **End AIDS**.

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