



CHILDREN AND HIV

Fact sheet



Stopping new HIV infections among children

As a result of scaled-up HIV prevention services there was a 52% decline in the number of new HIV infections among children between 2001 and 2012. Despite this significant progress, the number of children becoming newly infected with HIV remains unacceptably high. About 260 000 [220 000–320 000] children became infected with HIV in 2012 in low- and middle-income countries.

The risk of a mother living with HIV passing the virus to her child can be reduced to 5% or less if she has access to effective antiretroviral therapy during pregnancy, delivery and breastfeeding. However, in 2012, just 62% [57–69%] of pregnant women living with HIV had access to the life-saving medicines.

Global Plan

Stopping new HIV infections among children is one of UNAIDS's top priorities and, in 2011, UNAIDS and partners launched a new *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*.

The Global Plan focuses on the 22 countries where 90% of HIV-positive pregnant women live—21 are in Africa, the other is India. The aim of the Global Plan is to reduce the number of new HIV infections among children by 90% by 2015 and to reduce deaths among pregnant women and children due to AIDS-related illnesses by 50% within the same time period.

The results are encouraging. There has been rapid momentum in scaling up access to HIV prevention and treatment services for women, which prevented more than 670 000 children from acquiring HIV between 2009 and 2012.

Knowing a child's HIV status

Despite continuing progress in stopping new HIV infections among children there are still major challenges in ensuring access to effective antiretroviral therapy for children living with HIV. The challenges start with diagnosing HIV among children.

Every day 700 children acquire HIV; however, in 2011 only one third of children exposed to HIV were tested for the virus within the recommended two months. This is largely because it requires complex laboratory technology that is often only available at central laboratories. Also, results can take a long time to come back, which means that families do not always return for the results and never learn of a child's HIV status.

Without knowing the HIV status of a child it is impossible to access life-saving treatment. Without treatment, half of all children born with HIV will die by the age of two and the majority will die by the age of five.

Access to HIV treatment for children

New guidelines from the World Health Organization recommend initiating treatment for all children younger than five years of age who are diagnosed with HIV. In 2012, an estimated 3.3 million [3.0 million–3.7 million] children under the age of 15 years were living with the virus, but just a third (34% [31–39%]) had access to the life-saving medicines.

The barriers to access to treatment for children are far-reaching. Clinics are often far from home; stigma and fear prevent carers from bringing their children to the clinics for HIV testing and treatment; treatment is difficult to administer for children; there is a lack of training and support for families, carers and health-care workers to provide HIV services for young people; and there are not enough HIV medicines developed specifically for a child's needs.



HIV medicines for children

HIV treatments for children work. However, they can be complicated, requiring pills and liquids, some of which are difficult to swallow and can taste unpleasant. The volume of medicines recommended for children under the age of three is a challenge.

Some of the medicines need to be kept cool. Refrigeration can be an issue if a health facility experiences electrical outages or has limited storage facilities. It is also a concern for families, especially in rural areas, who may not have refrigeration available. This requires the family or carer to return to the clinic, which may be far away, on a regular basis to pick up fresh supplies of the medicines.

Despite the scientific advances made in research and development for new HIV medicines for adults, the options for children lag behind significantly.

In high-income countries the market for HIV medicines for children has almost disappeared as new HIV infections among children have been virtually eliminated. As a result, the incentive for companies to develop formulations for children has reduced as children living with HIV in low- and middle-income countries represent a less viable commercial market.

Research is under way, however, to improve the palatability and suitability of paediatric formulations. This includes research exploring the use of sprinkles that dissolve in the mouth rather than liquids or tablets. Although such products are not yet available they could be interesting options for the future.

Normalizing HIV

When children have access to treatment they do well and can live normal, healthy and happy lives, just like any other child. However, children living with HIV can face discrimination at home, school and in the community.

Efforts to normalize HIV and ensure that adults and children have accurate information about the virus are essential. Children and families affected by HIV should not be afraid to openly access HIV testing and treatment services for fear of negative reprisals. Through being open about HIV and sharing experiences, the fear around the disease can be dispelled, making people less afraid to seek and access essential HIV services.

What needs to be done

A combination of efforts is needed to prevent new HIV infections among children, ensure that their mothers remain healthy and improve the diagnosis and treatment of HIV for children.

HIV testing and treatment needs to be available closer to where the children most affected live and health workers need to be trained and supported to identify and treat children living with HIV.

Community support systems are invaluable and need to be strengthened to allow them to effectively support children and carers to keep them healthy and ensure that they have access to the HIV services they require.

More medicines specifically adapted to the needs of children need to be developed. To achieve this requires political will and investment by industry. Government, nongovernmental organizations, research partners, health experts and civil society need to advocate strongly for the development of child-friendly fixed-dose combinations to ensure that simple and effective treatment becomes rapidly available and accessible for all children in need.

3.3 million [3.0 million-3.7 million]

Children* were living with HIV

1.9 million [1.7 million-2.2 million]

Children were in need of treatment

650 000

Children were accessing treatment

260 000 [220 000-320 000]

Children became newly infected with HIV

210 000 [190 000-250 000]

Children died of AIDS-related illnesses

700

Children became newly infected with HIV every day

600

Children died of AIDS-related illnesses every day

*Children (<15 years)