Impact of HIV on children and youth

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Rapid scale-up in reaching pregnant women living with HIV

Percent of pregnant women living with HIV receiving antiretroviral therapy, by region (2010-2018)

- Focus countries: 85, 85, 92, 85, 85, 85, 85, 85
- Eastern and southern Africa: 85, 85, 92, 85, 85, 85, 85, 85
- Western and central Africa: 59, 59, 59, 59, 59, 59, 59, 59
- Global: 82, 82, 82, 82, 82, 82, 82, 82

Percent coverage

2030 | Ending the AIDS epidemic
Resulting in declines in new child HIV infections
However, decline is slowing

New child HIV infections, globally (2010-2018)

MTCT ‘Failures’:

NEW INFECTIONS in infants

The annual number of new HIV infections among children (0-14) is declining far too slowly, with 160,000 in total in 2018, four times more than the global target of 40,000 while PMTCT coverage has stalled in ESA and low in WCA.
Different ‘gaps’ in different programs

Intensify programs where most infections are still occurring

Three main causes

- Mother never receiving ARVs during pregnancy or BF
- Mother starts ART but falls out of care during pregnancy or BF
- Mother newly infected with HIV during breastfeeding or pregnancy
Testing children at 8 weeks is still very low and only identifies children infected during pregnancy. This misses the roughly 50% infected during breastfeeding.

BUT IT’S NOT JUST INFANTS WE ARE FAILING!
Kids up to 14 years living with HIV and not receiving ART
How do we reach those children?

Source: UNAIDS 2019 estimates.

Children living with HIV and receiving ART by age groups, global (2018)

- 0-4 years: 53%
- 5-9 years: 65%
- 10-14 years: 56%
700,000 children aged 0-14 are not receiving ART

Scale-up of treatment for children is slowing: MUST FULLY IMPLEMENT modalities to identify CLHIV

Number of children receiving ART and targets, global and 23 focus countries (2010-2018)
Far too few children are receiving treatment particularly in western central Africa
Treatment cascades from programs show challenges with viral load suppression among children

Treatment cascade and viral suppression from survey, by countries with available data (2018)

What do we need to do to reach the targets?

Game-changers

- Urgently identifying where new infections among children are occurring using the stacked bar analysis.

- Undertaking proactive, multi-faceted case-finding activities including strengthened early infant diagnosis, scale-up of point-of-care testing technologies, family or index testing – ALL children of positive parents should be tested!

- Rapidly transitioning to optimal treatment regimens, as they become available, along with a comprehensive package of care.

- Implementing community-centred, decentralized, differentiated service delivery models to reach and retain children in care.
Promising declines among young women but still considerably higher than men

New global HIV infections among young women and young men (2018)

30-50% of new infections during pregnancy and breastfeeding occur 15-24 years old.
Steeper declines in new HIV infections among young women (15-24) than older women (25-49)
Among the African focus countries women have a higher risk of being infected
While in Indonesia young men have a higher risk

Distribution of new HIV infections among young people ages 15-24 years by sex, 22 focus countries (2018)
What do we need to do to reach the targets?

**Game-changers**

1. Prevention and testing using appropriate focus settings and innovations

2. Adapt prevention and treatment services to adolescent and youth needs using the peer models and empower adolescents and youth

3. Address the **structural factors** including requirements for parental consent for adolescents, access to comprehensive sexual and reproductive health services and education, **gender-based violence**, and social protection measures.

4. Encourage the adoption of interventions such as **pre-exposure prophylaxis** and **HIV self-testing** for adolescents and young adults at risk of HIV.