
Impact of HIV on children and youth

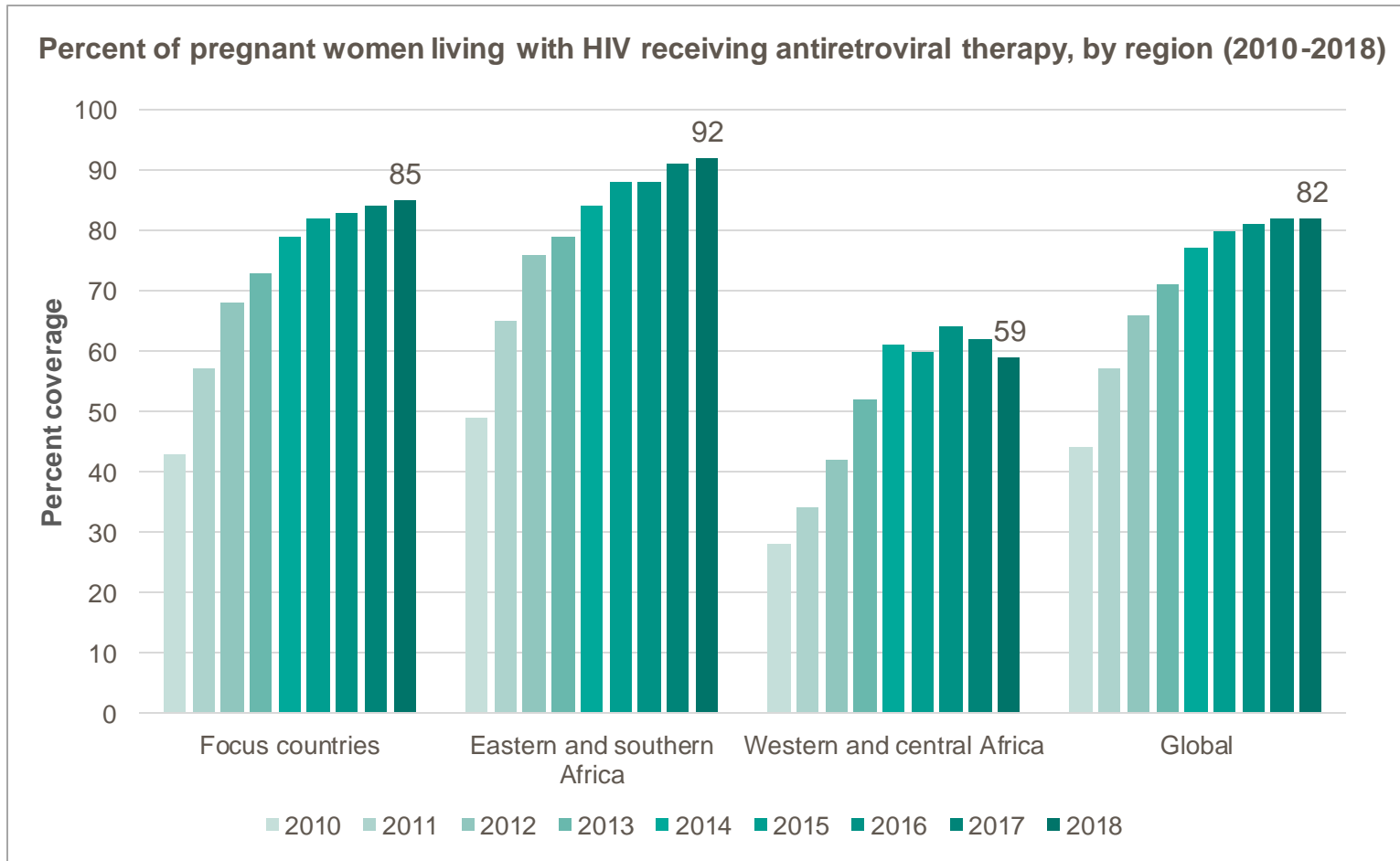
Shannon Hader



Start Free Stay Free AIDS Free

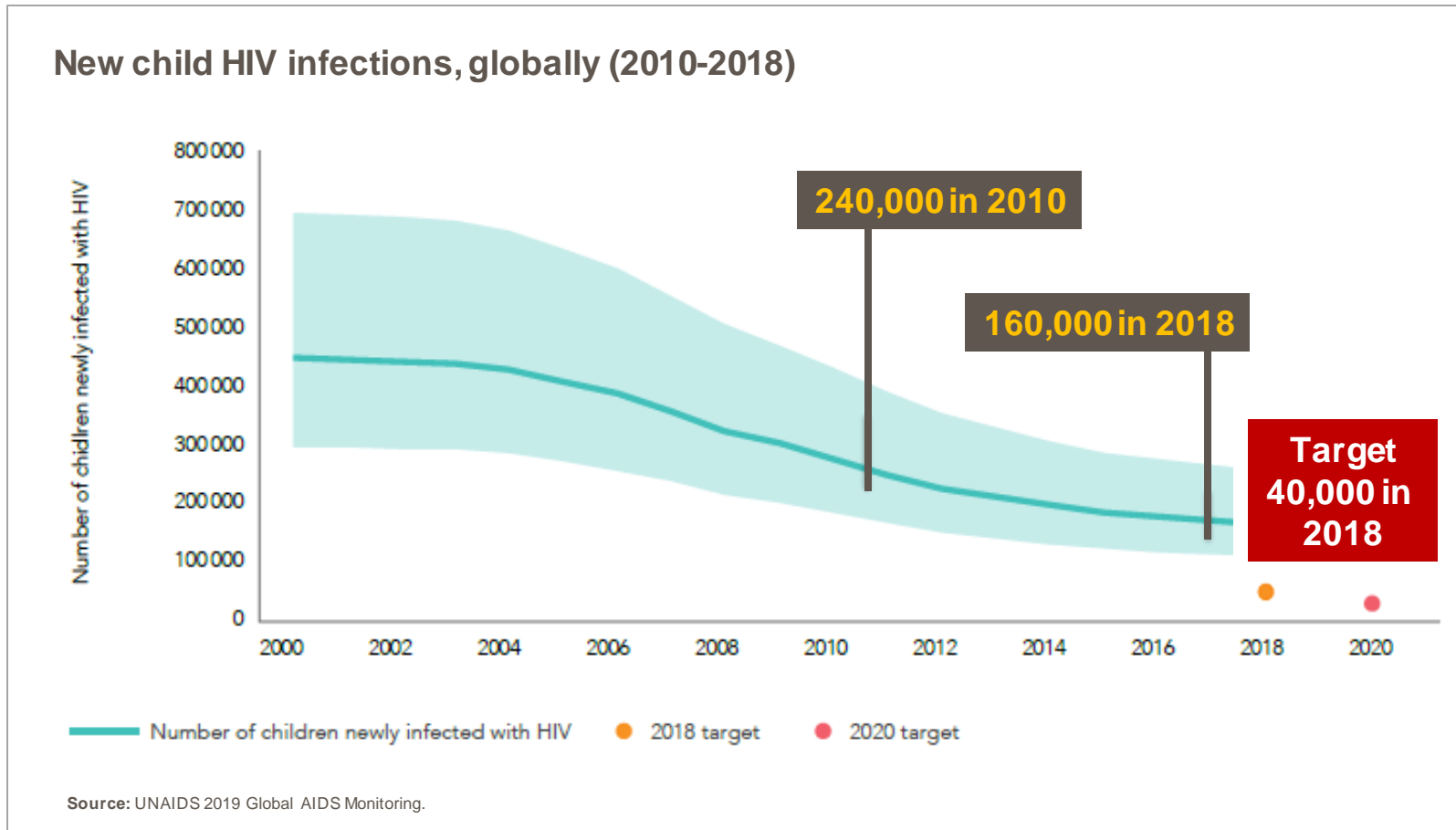
2019 progress report

Rapid scale-up in reaching pregnant women living with HIV



Resulting in declines in new child HIV infections

However, decline is slowing

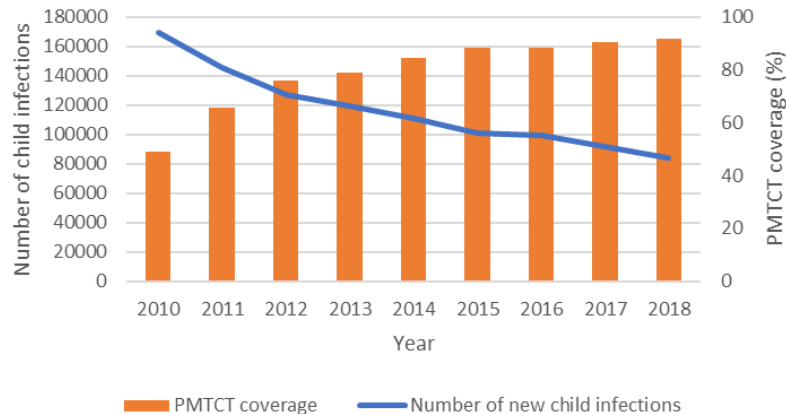


MTCT 'Failures':

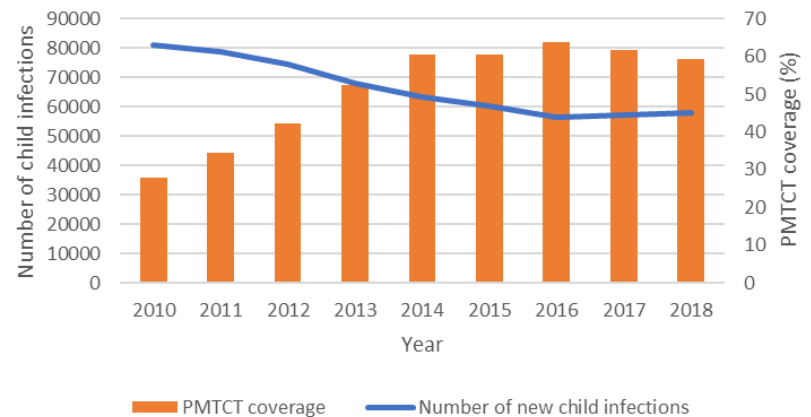
NEW INFECTIONS in infants

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.

Gains in preventing vertical transmission (ESA)

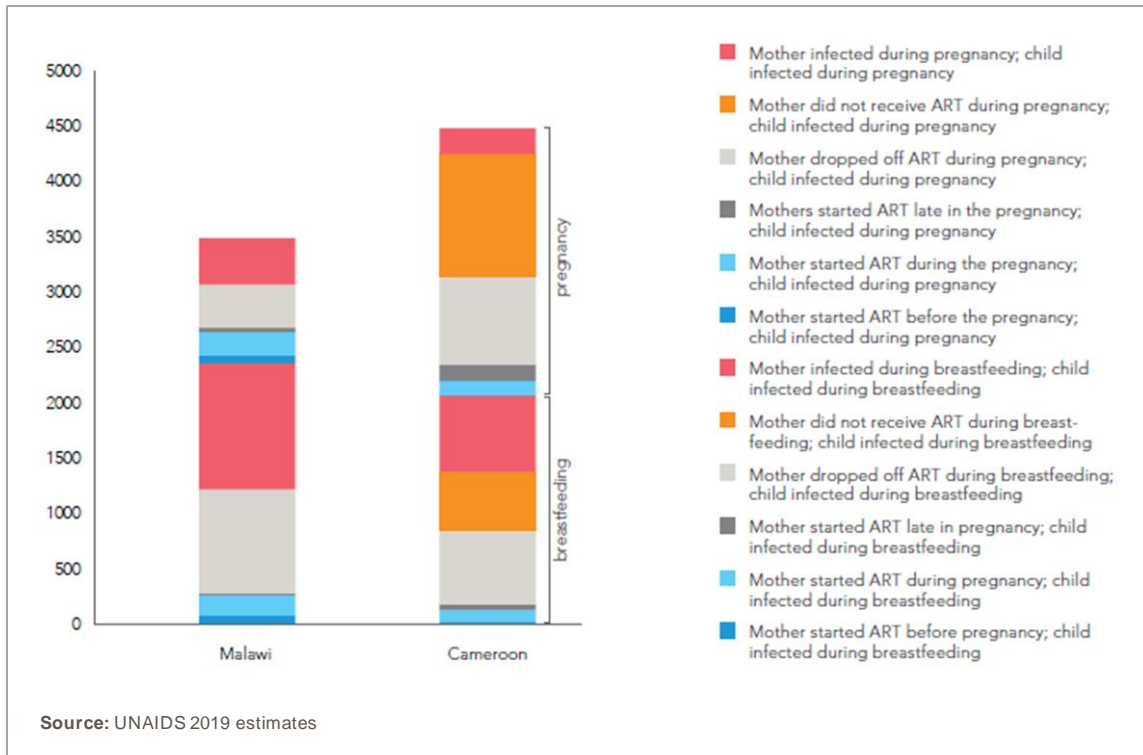


Gains in preventing vertical transmission (WCA)



Different 'gaps' in different programs

Intensify programs where most infections are still occurring

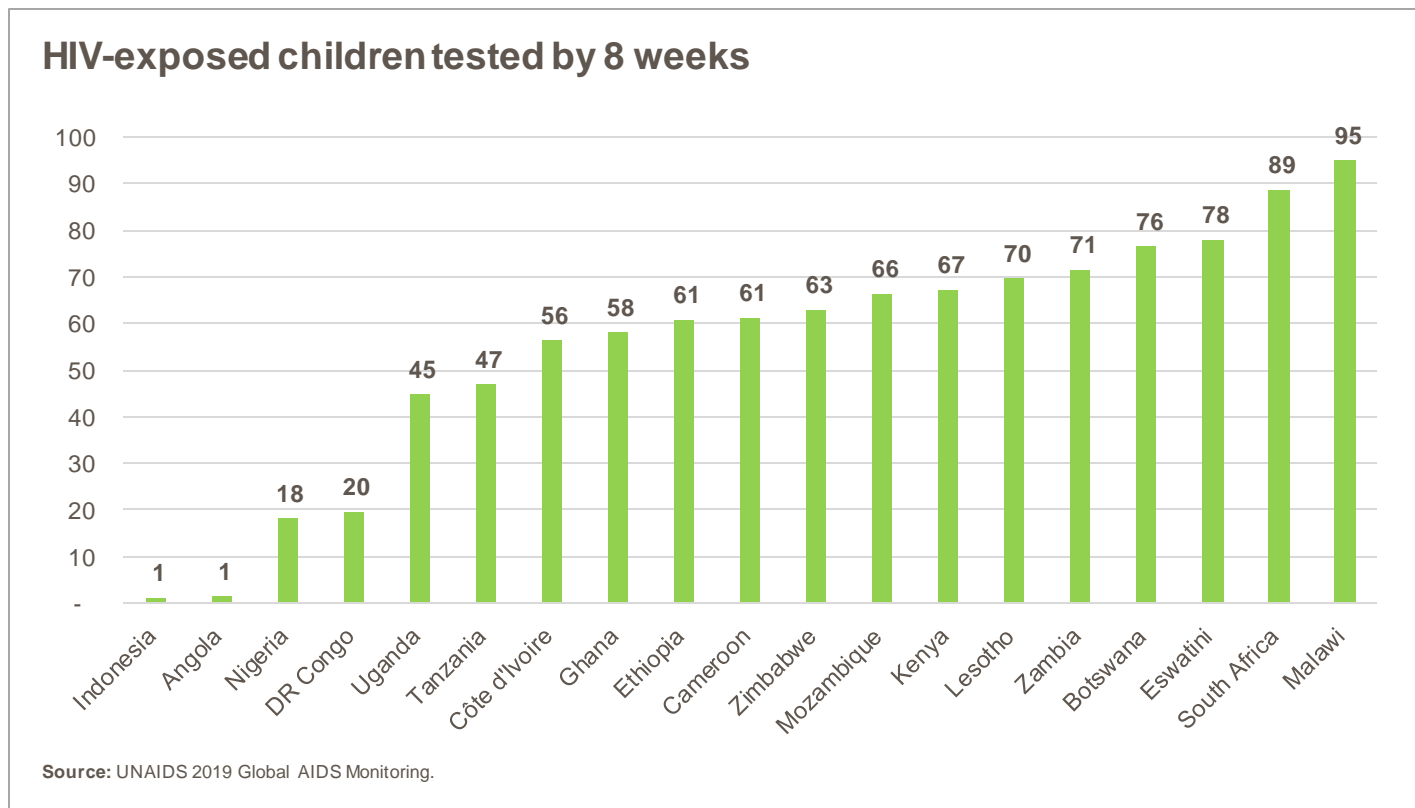


Three main causes

- 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

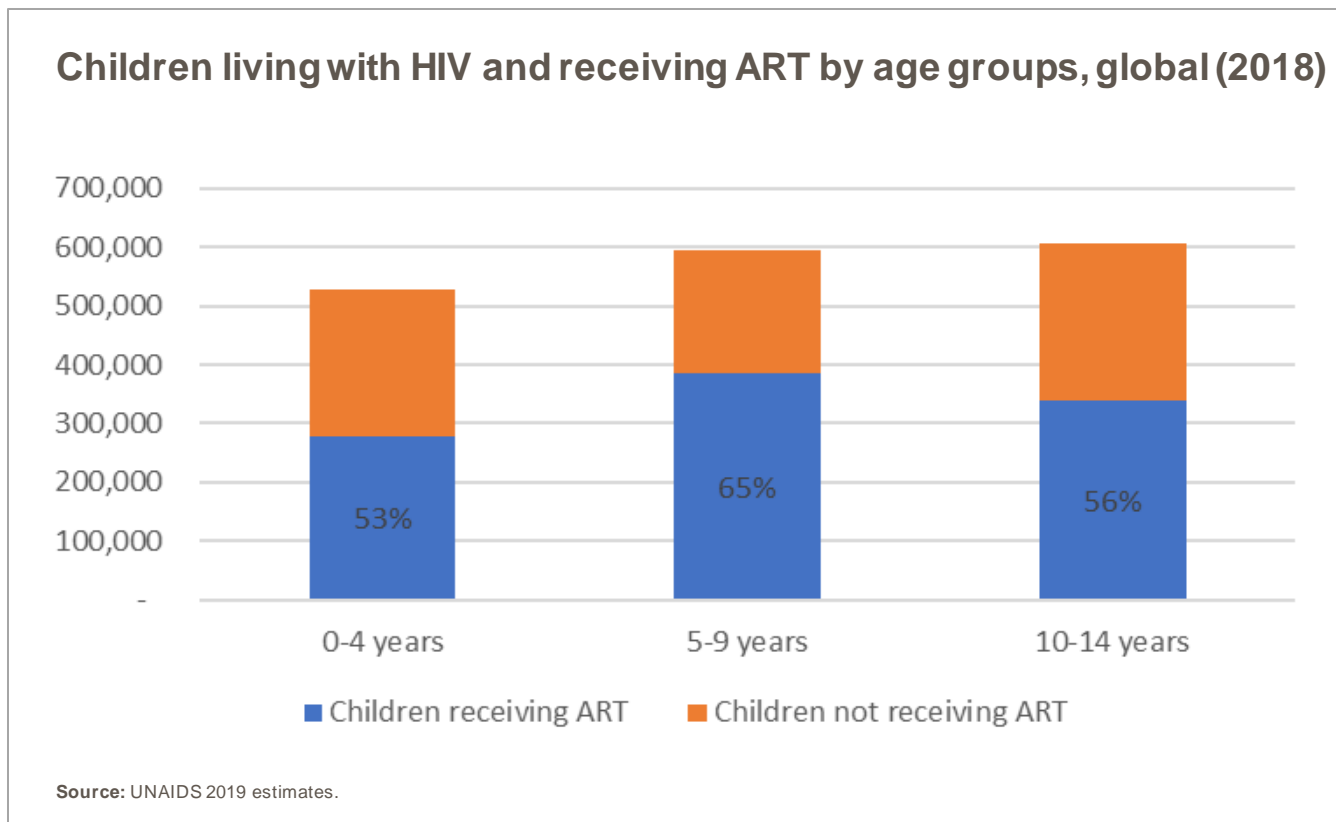
This misses the roughly 50% infected during breastfeeding



BUT IT'S NOT JUST INFANTS WE ARE FAILING!

Kids up to 14 years living with HIV and not receiving ART

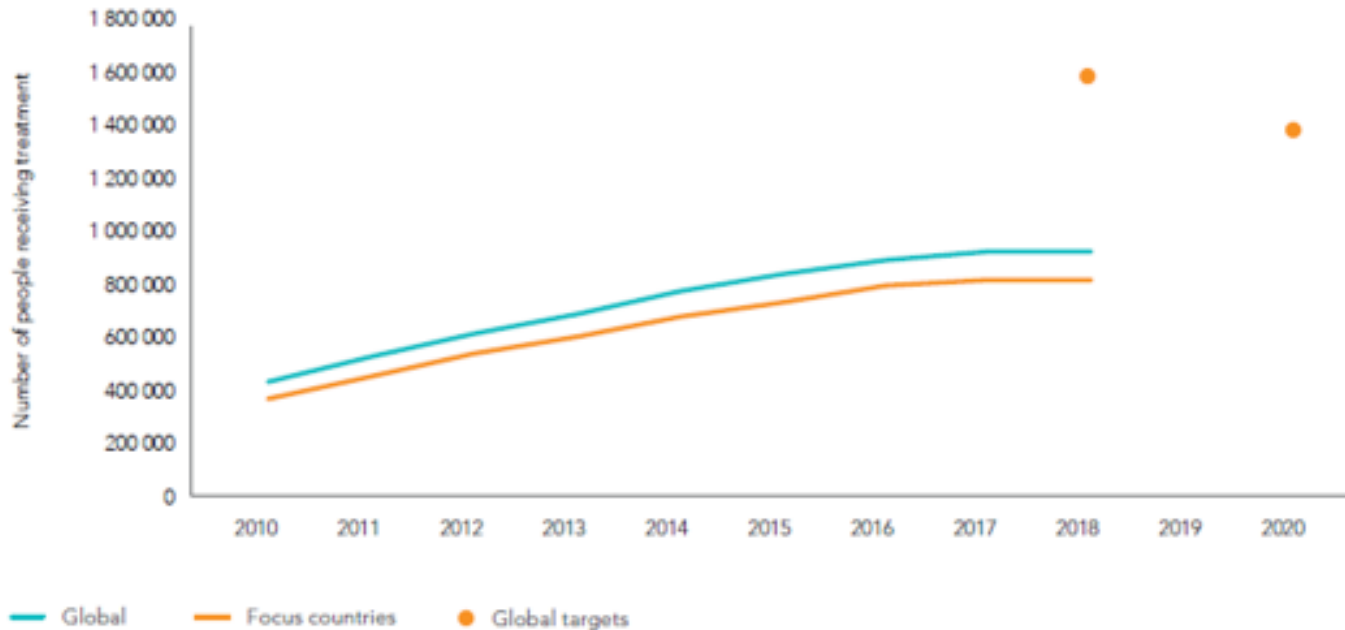
How do we reach those children?



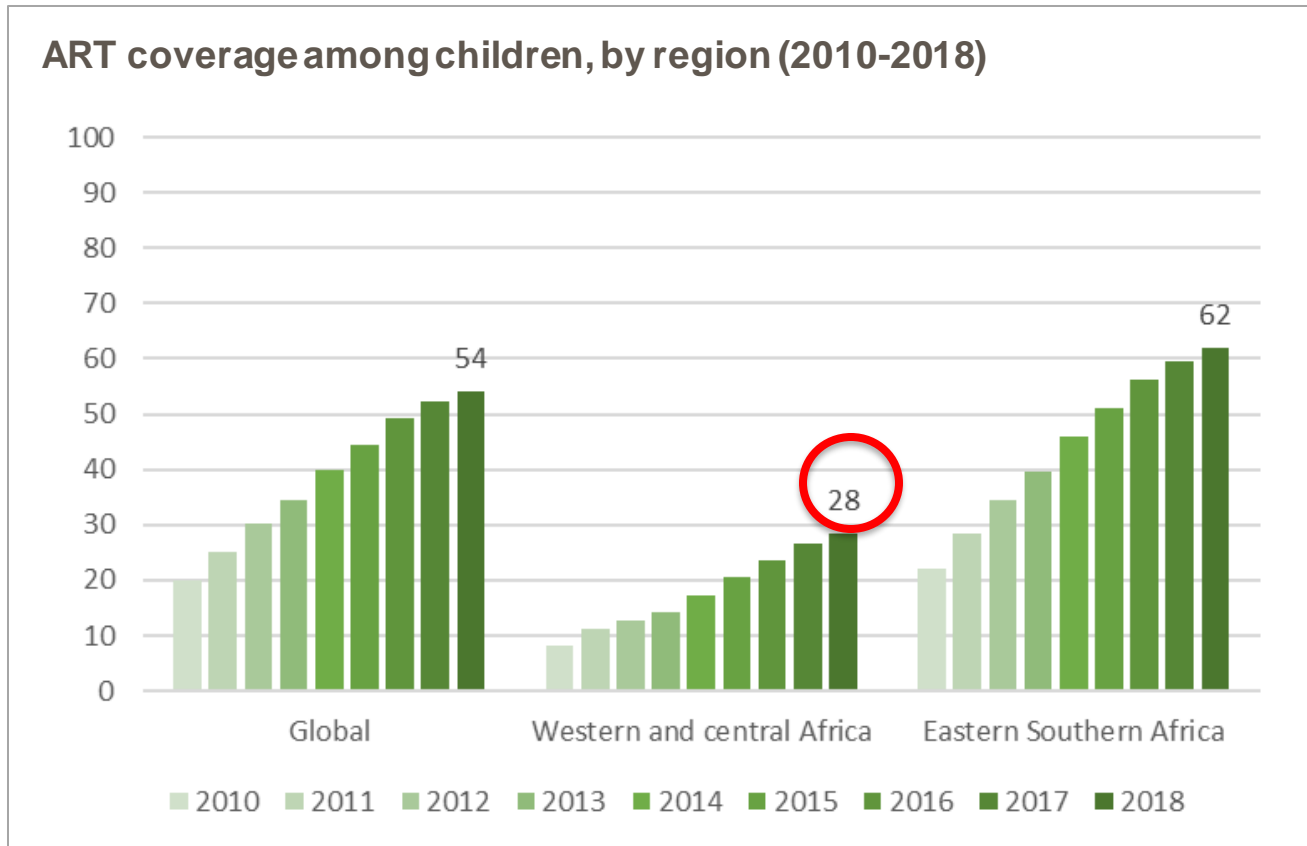
700 000 children aged 0-14 are not receiving ART

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)

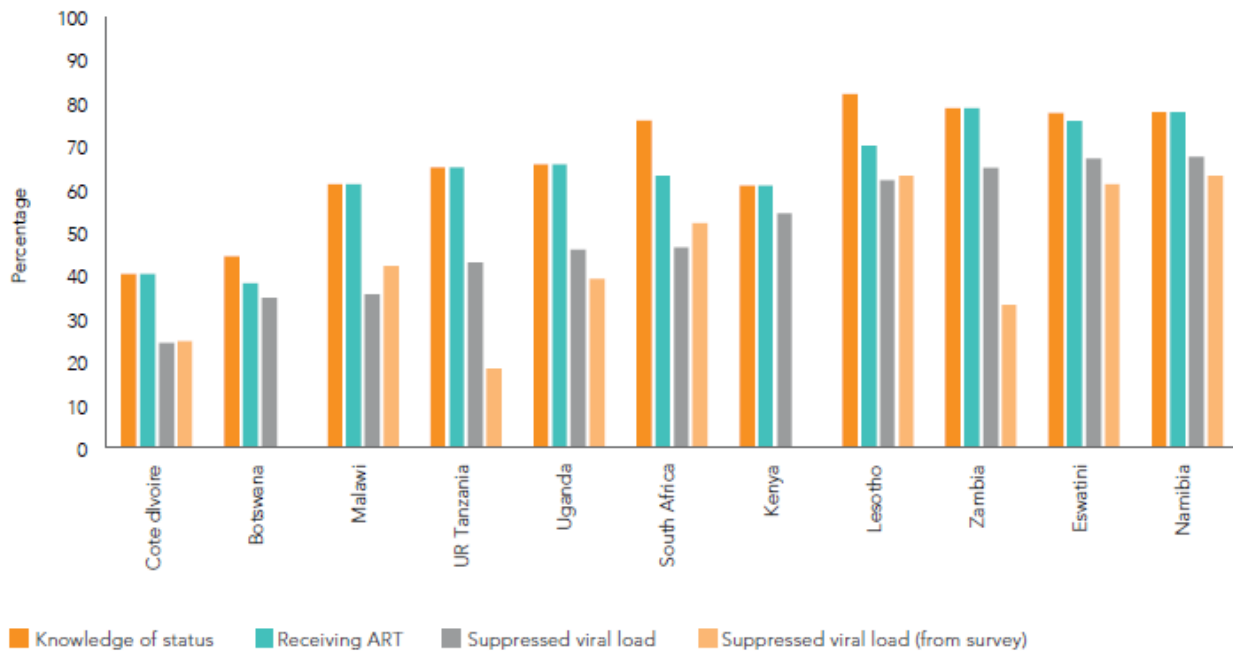


Far too few children are receiving treatment particularly in western central Africa



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)



Source: UNAIDS 2019 estimates and Population-based household surveys (2015-2018).

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!.



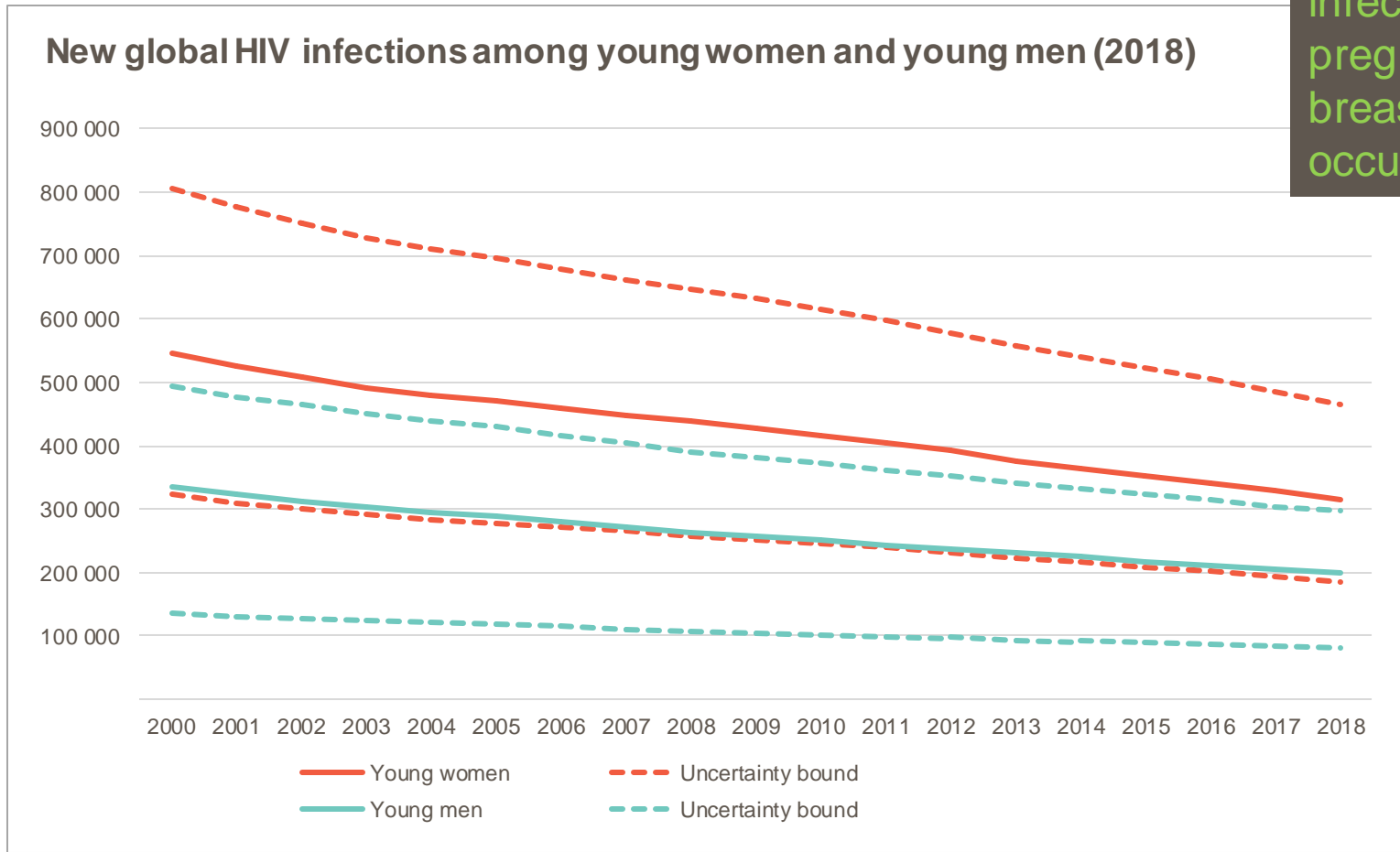
Rapidly transitioning to optimal treatment regimens, as they become available, along with a comprehensive package of care.



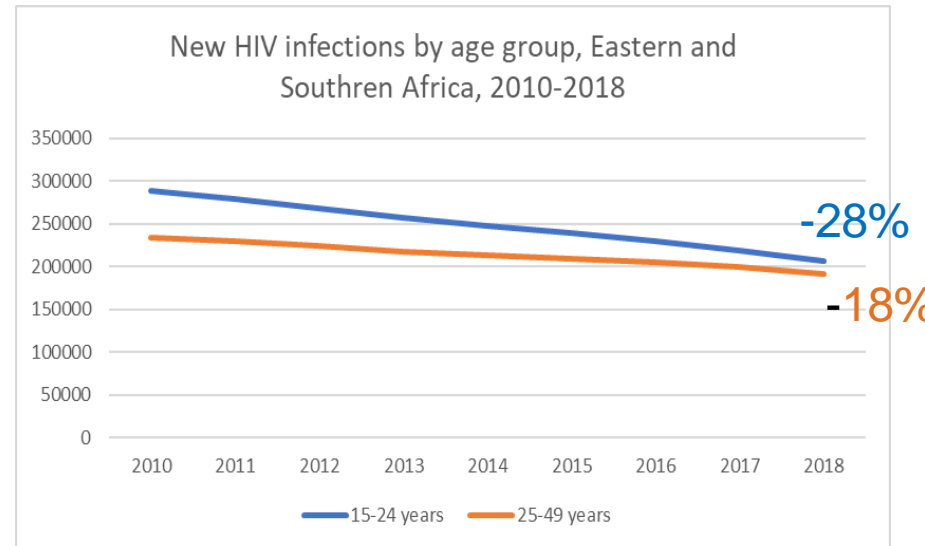
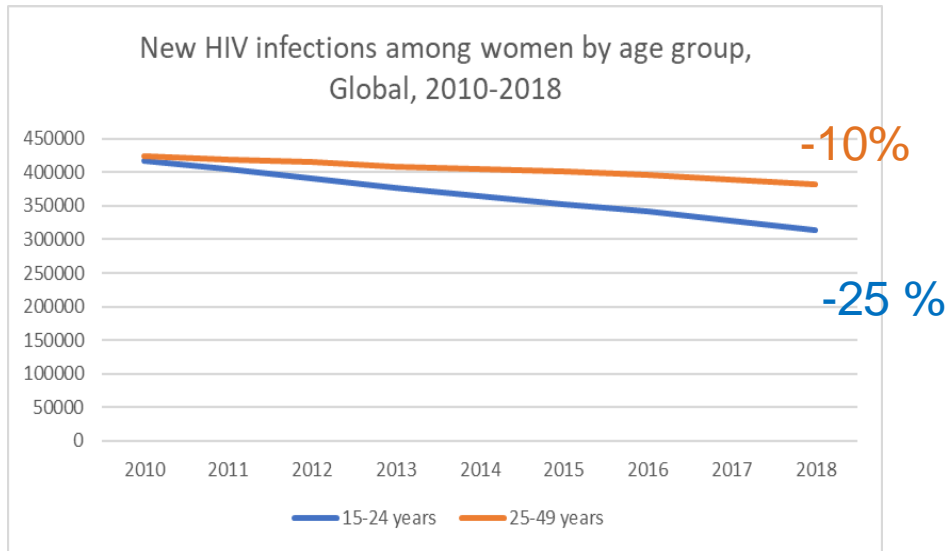
Implementing community-centred, decentralized, differentiated service delivery models to reach and retain children in care.

Promising declines among young women but still considerably higher than men

30-50% of new infections during pregnancy and breastfeeding occur 15-24 year

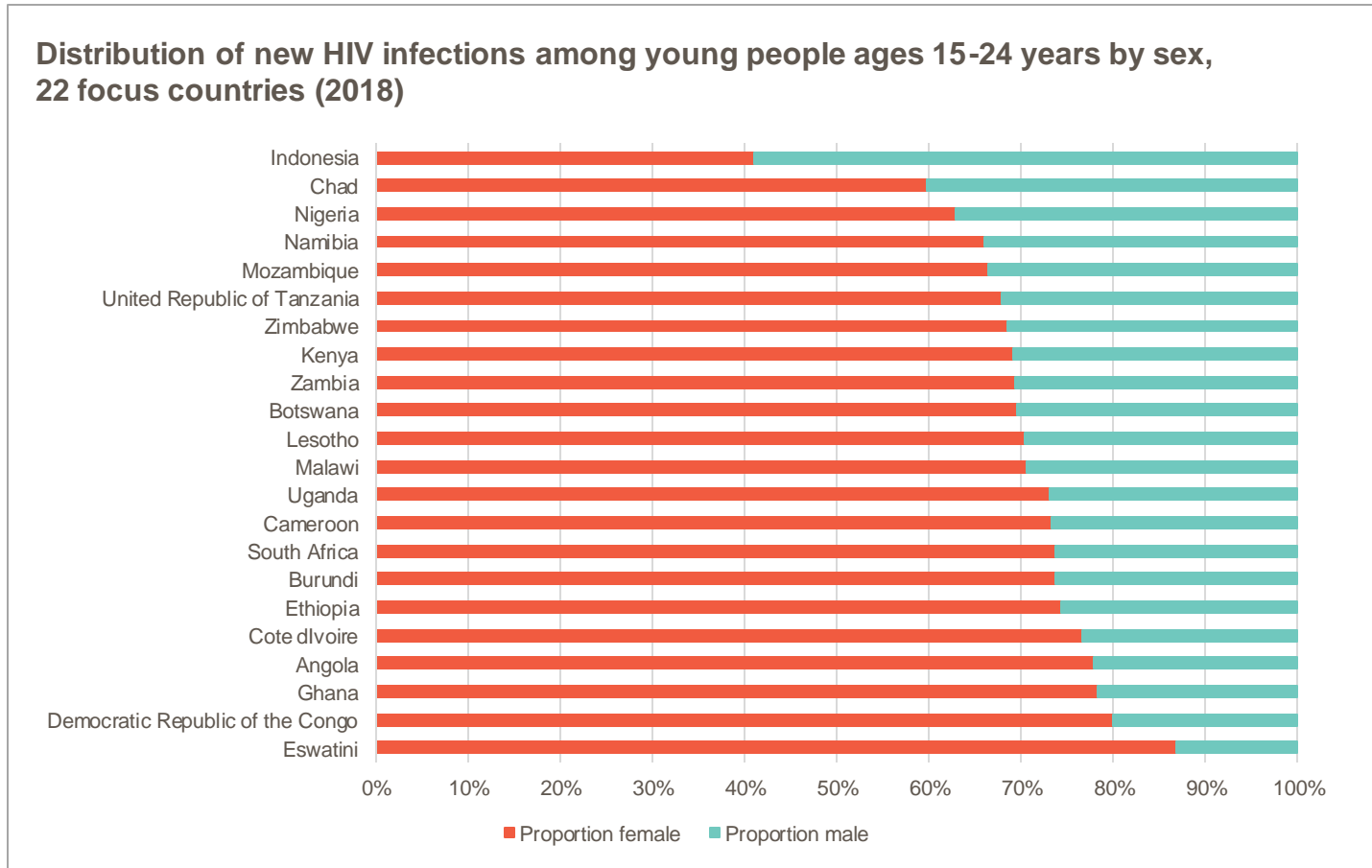


Steeper declines in new HIV infections among young women (15-24) than older women (25-49)



Among the African focus countries women have a higher risk of being infected

While in Indonesia young men have a higher risk



What do we need to do to reach the targets?

Game-changers



Prevention and testing using appropriate focus settings and innovations



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



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.



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