2023 Global Snapshot on HIV and AIDS
Progress and priorities for children, adolescents and pregnant women

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Where we are now

Despite tremendous gains, progress is stalling for children and adolescents living with and affected by HIV.

Collective action across multiple sectors has brought the global community closer to reversing a global AIDS epidemic which, two decades ago, seemed unstoppable. There has been significant progress in preventing new HIV infections and reducing AIDS-related deaths and in expanding access to lifesaving treatment.

Progress is especially strong in sub-Saharan Africa, which is home to approximately 87% of children (0–14 years) and 82% of adolescents (10–19 years) living with HIV.

The gains made have been remarkable. New HIV infections and AIDS-related deaths have been reduced markedly among children, adolescents and young people. In 2022, the annual number of new vertical HIV infections in children (0–14 years) had fallen by more than 75% since 2000. And, in 2022, half as many (53%) of adolescent girls and young women acquired HIV as in 2010. Coverage of HIV testing and treatment for infants has improved dramatically, new testing tools are more widely accessible, and effective paediatric antiretroviral formulations are finally in wide use.
But troubling gaps remain and progress is stalling:

- In 2022, 4 in 10 infants with HIV missed out on a timely diagnosis
- Children and adolescents living with HIV fare much worse than adults in accessing lifesaving treatment and face comparatively higher rates of AIDS-related deaths
- Adolescent girls and young women in sub-Saharan Africa continue to be at disproportionately high risk of HIV

Global and regional documents such as the Sustainable Development Goals, the Global AIDS Strategy 2021–2026, the Dar es Salaam Declaration for Action to End AIDS in children by 2030, have reaffirmed collective commitments to end AIDS in children, adolescents and pregnant women. But if we continue at the current pace and scale, we will not meet our collective targets by 2030.
Number of children ages 0–19 years living with HIV, 2022

Number of children living with HIV (ages 0–19 years)
- 440,000
- 220,000
- 0

Source: UNAIDS 2023 estimates
Notes: This map is not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers. Lower and upper estimates refer to the confidence intervals.

Of the estimated

1.54 million children living with HIV under 15 years,
87% live in sub-Saharan Africa
“Together we can build a legacy that allows children living with HIV to reach their full potential.”

The Dar es Salaam Declaration for Action to end AIDS in Children, 2023
1. Vertical transmission

Vertical transmission of HIV during pregnancy and breastfeeding has been drastically reduced, but challenges persist with ART coverage stagnating and pregnant women living with HIV missing out on treatment.

At the peak of the HIV epidemic in the early 2000s, over 2.1 million children were living with HIV. That situation has now been fundamentally transformed. The number of women acquiring HIV has fallen steeply, and vertical transmission of HIV during pregnancy and breastfeeding has been drastically reduced.

In 2010, only 48% of pregnant and breastfeeding women living with HIV received ARV drugs to protect their health and prevent vertical transmission of HIV to their children. In 2022 this had increased to 82% but progress has stalled.

The rate of vertical transmission dropped from 23% in 2010 to around 11% in 2022, with progress having stagnated in recent years.
Coverage in 2022 was 82% of pregnant and breastfeeding women living with HIV received ARV drugs to protect their health and prevent vertical transmission of HIV to their children, up from 48% in 2010.

UNICEF estimates that 3.4 million HIV infections in children have been averted since 2000. Fifteen countries and territories have been certified as having halted vertical transmission entirely. Botswana recently became the first country with a high prevalence of HIV to halt vertical transmission, with Malawi, South Africa and Namibia also closing in on the same goal.

Coverage of ART among pregnant or breastfeeding women living with HIV has levelled off in most regions. One in five pregnant women living with HIV was not receiving antiretrovirals to prevent the vertical transmission of HIV to their newborns and challenges persist with:

- Low quality of care
- Inadequate uptake of testing
- Gaps in linking women to antiretroviral therapy and retention in care

Programmes are not sufficiently tailored to address the specific treatment, care, support and sexual reproductive health needs of adolescents and young women living with HIV who are pregnant.
A woman living with HIV with her husband and daughter, who was born free from HIV, in Thailand. Thailand is the first country in Asia to be certified by the WHO as having eliminated mother-to-child transmission of HIV and syphilis.
2. Treatment gap

Coverage of HIV testing and treatment for infants has improved dramatically. New testing tools (including point-of-care EID and HIV self-tests) are more widely available, and the introduction of paediatric dolutegravir ARV formulations mean that children have treatment options that are comparable to the best adult formulations.

These achievements are cause for celebration. But glaring disparities remain. In 2022, four in ten infants with HIV missed out on a timely diagnosis and almost half of the 1.5 million children living with HIV were still not getting ARVs: treatment coverage was 77% among adults (15 years and older), but only 57% among children (0–14 years). The epidemic claimed an estimated 84 000 children’s lives in 2022. Children accounted for 13% of AIDS-related deaths in 2022, even though they comprise only about 4% of people living with HIV.

<table>
<thead>
<tr>
<th>In 2022</th>
<th>Adults (15+ years) living with HIV</th>
<th>Children (0–14 years) living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know their status</td>
<td>87%</td>
<td>63%</td>
</tr>
<tr>
<td>Received ART</td>
<td>77%</td>
<td>57%</td>
</tr>
<tr>
<td>Were virally suppressed</td>
<td>72%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Among adolescents living with HIV (aged 15–19 years), an estimated 350,000 were not receiving ART in 2022. Comparatively, adolescents girls tend to have poorer adherence to treatment and are less likely to be virally suppressed than adults living with HIV.²
Noura, 19 years old, is pictured with her 1-year-old son Kader in Boundiali, Côte d’Ivoire. Noura benefits from support provided by Girl Power, a collaborative programme of UNICEF and the Government, aiding vulnerable adolescent girls, including teen mothers, by providing opportunities for them to fully develop their potential.
3. Impact on adolescents, especially girls

Globally, 71% of new HIV infections among adolescents 10–19 years are among girls.

Major gaps in basic HIV prevention and supportive SRH programmes for adolescent girls and young women remain:

- Long-standing gender inequalities and discrimination
- Marginalization
- Denial of rights, compounded by poverty and violence

Due to factors like these, HIV prevalence among adolescent girls and young women in sub-Saharan Africa is still over three times higher than among their male counterparts.

Adolescents 10–19 years account for 4% of people living with HIV but 10% of new infections.

Globally, 71% of new HIV infections among adolescents 10–19 years are among girls.

Adolescents represent a growing share of people living with HIV worldwide. In 2022, about 1.7 million adolescents between the ages of 10 and 19 were living with HIV worldwide. Adolescents account for about 4% of all people living with HIV and about 10% of new HIV infections.
In 2022, half as many (47%) of adolescent girls and young women acquired HIV as in 2010. Even with this decline, we are not on track to meet our 2030 target to end new HIV infections among adolescent girls and young women.

The global sex-distribution of new HIV infections among adolescents is driven largely by sub-Saharan Africa, which carries the overwhelming global burden of HIV. In 2022, 33% of older adolescents aged 15–19 years newly infected with HIV lived outside of the region. In the Middle East and North Africa region, the number of young people living with HIV has increased by 13% since 2010. In East Asia and the Pacific and Latin America and the Caribbean, two thirds of new adolescent infections, age 10–19 years, occur in boys.

Stigma, discrimination, societal inequalities and violence sabotage the efforts of adolescents and young people to protect themselves against HIV and other health threats. Young key populations are especially vulnerable.7

In 2022, 33% of older adolescents newly infected with HIV lived outside of sub-Saharan Africa.
Angela, Vivien, Kunda and Agnes (left to right), all 19 years old, at a UNICEF-supported adolescent-friendly space in Gwembe clinic, Zambia, enjoy the opportunity to discuss SRHR with one another and health professionals in a safe and open environment.
HIV-related stigma and discrimination is alarmingly common.

Across 54 countries with recent survey data, a median of 59% of people harboured discriminatory attitudes towards people living with HIV.

This is a level that is nearly six times higher than the 2025 global target.

A stranger hugs Baurzhan during his “Hug me, I have HIV” public booth with his friend Ayaulym. Baurzhan and Ayaulym are living with HIV and work to fight stigma and advocate for the rights of young people living with HIV in Kazakhstan.

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2023 Global Snapshot on HIV and AIDS
Progress and priorities for children, adolescents and pregnant women
UNICEF is committed to driving the actions needed to end paediatric AIDS and to protect women, children and adolescents against HIV. This means generating and using data for evidence, action and accountability; leveraging HIV resources to address gaps; supporting innovations; and empowering adolescents, especially girls, to lead programmes that drive change.

We also know what progress looks like in the HIV response, and we know that together – with communities, governments and partners – we can overcome the stubborn obstacles that make HIV a persistent threat to the health and well-being of children, adolescents and pregnant women, and meet our commitments to end AIDS by 2030.

Beatrice, Alex and Naomi, peer educators in Ibanda, Uganda, collaborate and exchange information before embarking on home visits to follow up with clients, particularly other young people living with HIV.
### Key facts: Children and adolescents and AIDS (2022 estimates)

<table>
<thead>
<tr>
<th>Epidemiology</th>
<th>Estimate</th>
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</thead>
<tbody>
<tr>
<td>Number of children and adolescents living with HIV (0–19)</td>
<td>2.6 million</td>
</tr>
<tr>
<td>Number of new HIV infections*, children and adolescents</td>
<td>270,000</td>
</tr>
<tr>
<td>HIV incidence per 1,000 population, adolescents aged 15–19 years</td>
<td>0.22</td>
</tr>
<tr>
<td>Number of AIDS-related deaths, children and adolescents</td>
<td>99,000</td>
</tr>
<tr>
<td>Number of pregnant women living with HIV</td>
<td>1.2 million</td>
</tr>
<tr>
<td>Mother-to-child transmission rate of HIV, final</td>
<td>11%</td>
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</table>

<table>
<thead>
<tr>
<th>HIV response</th>
<th>Estimate</th>
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</thead>
<tbody>
<tr>
<td>PMTCT coverage (%)</td>
<td>82%</td>
</tr>
<tr>
<td>Early infant diagnosis (%)</td>
<td>68%</td>
</tr>
<tr>
<td>ART coverage, children aged 0–14 (%)</td>
<td>57%</td>
</tr>
<tr>
<td>Viral load suppression (%)</td>
<td>46%</td>
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</tbody>
</table>

Source: Global AIDS Monitoring 2023 and UNAIDS 2023 estimates

*Almost all new HIV infections among younger children occur among those aged 0–4 years, either through pregnancy, birth or breastfeeding.

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### Endnotes


### Indicators by age and UNICEF region*

<table>
<thead>
<tr>
<th>Indicator by age</th>
<th>Global</th>
<th>Eastern and Southern Africa</th>
<th>West and Central Africa</th>
<th>Middle East and North Africa</th>
<th>South Asia</th>
<th>East Asia and Pacific</th>
<th>Latin America and the Caribbean</th>
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</thead>
<tbody>
<tr>
<td><strong>Children (0–14)</strong></td>
<td></td>
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<tr>
<td>HIV population (0–14)</td>
<td>1,500,000</td>
<td>940,000</td>
<td>390,000</td>
<td>5,200</td>
<td>78,000</td>
<td>51,000</td>
<td>42,000</td>
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<tr>
<td>New HIV infections (0–14)</td>
<td>130,000</td>
<td>60,000</td>
<td>50,000</td>
<td>760</td>
<td>5,800</td>
<td>6,600</td>
<td>5,300</td>
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<td>Annual AIDS deaths (0–14)</td>
<td>84,000</td>
<td>36,000</td>
<td>34,000</td>
<td>420</td>
<td>3,100</td>
<td>4,300</td>
<td>3,500</td>
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<td><strong>Adolescent (15–19)</strong></td>
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<td>HIV age distribution (15–19)</td>
<td>1,000,000</td>
<td>690,000</td>
<td>180,000</td>
<td>2,800</td>
<td>58,000</td>
<td>48,000</td>
<td>43,000</td>
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<tr>
<td>New infections by age (15–19)</td>
<td>140,000</td>
<td>77,000</td>
<td>16,000</td>
<td>860</td>
<td>8,600</td>
<td>15,000</td>
<td>11,000</td>
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<tr>
<td>AIDS deaths by age (15–19)</td>
<td>15,000</td>
<td>10,000</td>
<td>4,100</td>
<td>23</td>
<td>220</td>
<td>370</td>
<td>280</td>
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<tr>
<td><strong>Adolescent (10–19)</strong></td>
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<tr>
<td>HIV population (10–19)</td>
<td>1,700,000</td>
<td>1,100,000</td>
<td>300,000</td>
<td>4,100</td>
<td>90,000</td>
<td>64,000</td>
<td>57,000</td>
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<tr>
<td>New HIV infections (10–19)</td>
<td>140,000</td>
<td>77,000</td>
<td>16,000</td>
<td>870</td>
<td>8,600</td>
<td>15,000</td>
<td>11,000</td>
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<tr>
<td>Annual AIDS deaths (0–14)</td>
<td>27,000</td>
<td>16,000</td>
<td>8,400</td>
<td>41</td>
<td>420</td>
<td>640</td>
<td>630</td>
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<tr>
<td><strong>Pregnant Women (15–49)</strong></td>
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<td></td>
<td></td>
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<td>Women needing PMTCT</td>
<td>1,200,000</td>
<td>840,000</td>
<td>240,000</td>
<td>2,800</td>
<td>25,000</td>
<td>30,000</td>
<td>34,000</td>
</tr>
</tbody>
</table>

*Source: Global AIDS Monitoring 2023 and UNAIDS 2023 estimates

*EECA regional estimates have not been published

*Numbers may not add up due to rounding