

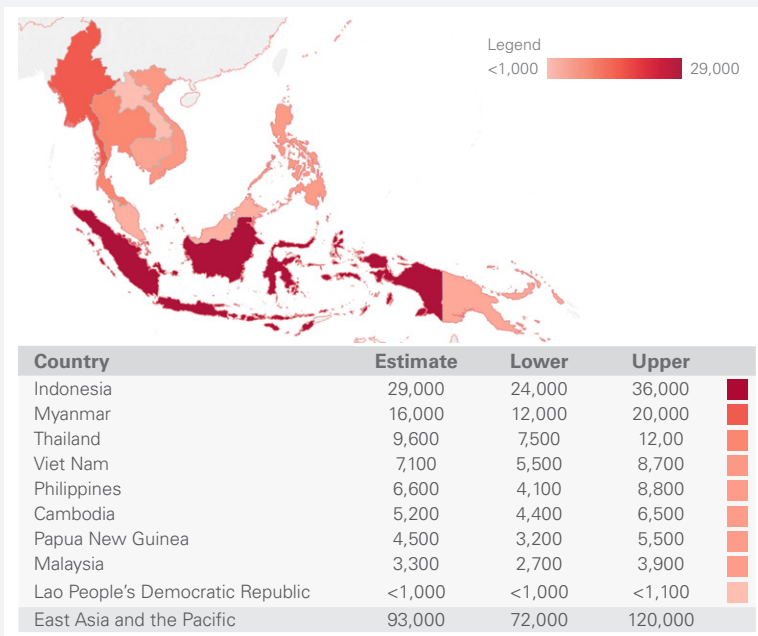
Children, HIV and AIDS

Regional snapshot: East Asia and the Pacific

DECEMBER 2018

HIV incidence in East Asia and the Pacific remains highest among key populations, and the legal, social and cultural barriers they face contribute to the region's slow progress in improving HIV responses among children, adolescents and pregnant and breastfeeding women. Alongside successes, including the elimination of mother-to-child transmission of HIV and syphilis in Malaysia and Thailand, prevention of mother-to-child transmission (PMTCT) programmes remain sub-optimal in some areas. For example, early infant diagnosis (EID) coverage was at 28 per cent in 2017, the same rate as in 2013, and access to HIV treatment for children aged 0–14 years has barely changed.

FIGURE 1. Number of children and adolescents aged 0–19 living with HIV by country, 2017



Data source: UNAIDS 2018 estimates.

Note: This map does not claim any official position by the United Nations. Countries are classified according to the East Asia and the Pacific geographical region. Data are not available for Australia, Brunei Darussalam, China, Democratic People's Republic of Korea, Fiji, Japan, Mongolia, New Zealand, Republic of Korea, Singapore and Timor-Leste. Countries with no data and countries outside of the geographical region are shown in grey.



68 per cent

of all HIV transmissions among children under 5 occur during pregnancy or delivery



60 per cent

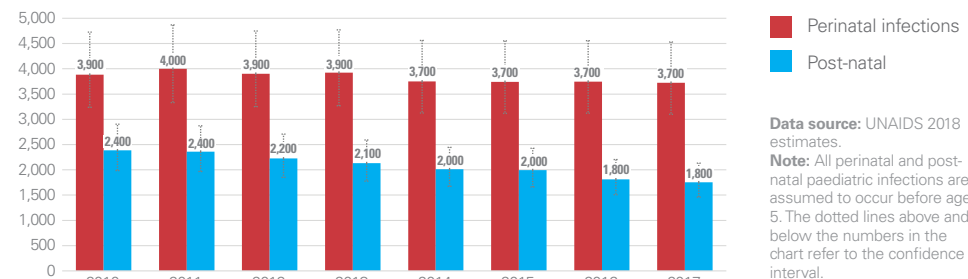
of children and adolescents living with HIV in East Asia and the Pacific reside in Indonesia, Myanmar and Thailand



Three in four

AIDS-related deaths among children and adolescents occur before age 5

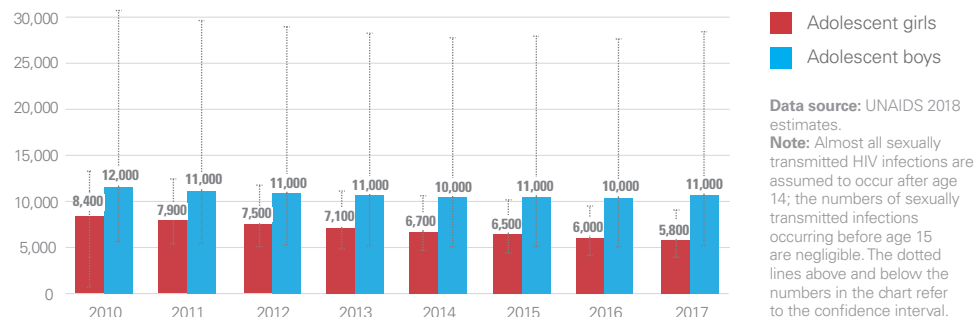
FIGURE 2. Annual number of new HIV infections among children aged 0–9, by period of transmission, 2010–2017



Data source: UNAIDS 2018 estimates.

Note: All perinatal and post-natal paediatric infections are assumed to occur before age 5. The dotted lines above and below the numbers in the chart refer to the confidence interval.

FIGURE 3. Annual number of new HIV infections among adolescents aged 10–19, by sex, 2010–2017



Data source: UNAIDS 2018 estimates.

Note: Almost all sexually transmitted HIV infections are assumed to occur after age 14; the numbers of sexually transmitted infections occurring before age 15 are negligible. The dotted lines above and below the numbers in the chart refer to the confidence interval.

KEY FACTS:

Children, HIV and AIDS in East Asia and the Pacific, 2017

Epidemiology	Estimate	Lower	Upper
Number of children and adolescents living with HIV	93,000	72,000	120,000
Children aged 0–9	32,000	26,000	39,000
Adolescents aged 10–19	61,000	46,000	85,000
Number of new HIV infections, children and adolescents	22,000	14,000	38,000
Children aged 0–9	5,500	4,300	6,700
Adolescents aged 10–19	16,000	9,700	31,000
Adolescent girls	5,800	3,900	9,100
Adolescent boys	11,000	5,200	28,000
New HIV infections per 1,000 adolescents aged 15–19	0.11	0.07	0.21
Adolescent girls	0.08	0.06	0.13
Adolescent boys	0.14	0.07	0.37
Number of AIDS-related deaths, children and adolescents	3,600	2,700	5,300
Children aged 0–9	3,000	2,300	4,100
Adolescents aged 10–19	<1,000	<500	1,200
Number of pregnant women living with HIV	35,000	29,000	42,000
Mother-to-child transmission rate of HIV, final	15.7	14.3	17.3
Perinatal	10.7	8.8	12.8
Post-natal	5.0	4.1	6.0
HIV response	Estimate	Lower	Upper
PMTCT coverage (ART) (%)	57	47	69
Early infant diagnosis (%)	28	24	33
ART coverage, children 0–14 (%)	68	49	86

Note: Due to rounding, estimates may not add up to the total.

Indicator definitions: **Mother-to-child transmission (MTCT) rate:** Number of new HIV infections among children under 5 per 100 pregnant women living with HIV in the last year. **New HIV infections per 1,000 adolescents:** Number of new HIV infections among adolescents age 15–19 per 1,000 adolescents. **PMTCT coverage:** Percentage of pregnant women living with HIV who received lifelong ART 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 therapy.

Analysis

The epidemic in East Asia and the Pacific points to the need for more extensive and targeted testing and prevention efforts. For PMTCT programmes, the emphasis is on strengthening maternal and child health platforms and linking communities with facilities, to reach vulnerable women with access to antenatal care and PMTCT services and retain them in care. The prevention needs of adolescent boys and young men from key population groups also deserve extra attention. The 31 per cent decline since 2010 in annual new HIV infections among adolescent girls (10–19 years) is in sharp contrast to the decline of just 7 per cent among adolescent boys, who now account for nearly two thirds of all annual new HIV infections among adolescents. The overall concentrated nature of the region's epidemics suggests that many new infections continue to occur in key populations. In some parts of the region, demographic shifts including migration point to other HIV risk and vulnerability factors.

FIGURE 4. Number of pregnant women living with HIV and number receiving antiretrovirals for the prevention of mother-to-child transmission, 2010–2017

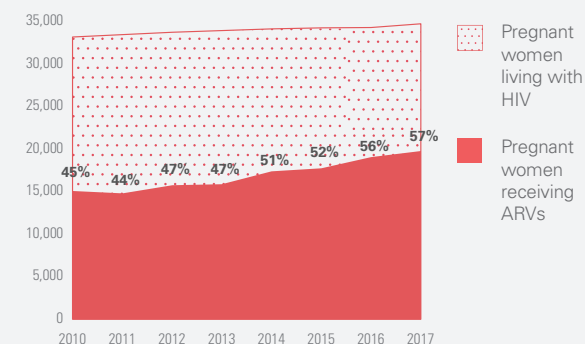


FIGURE 5. Number of HIV-exposed infants and number tested for HIV within two months of birth, 2010–2017

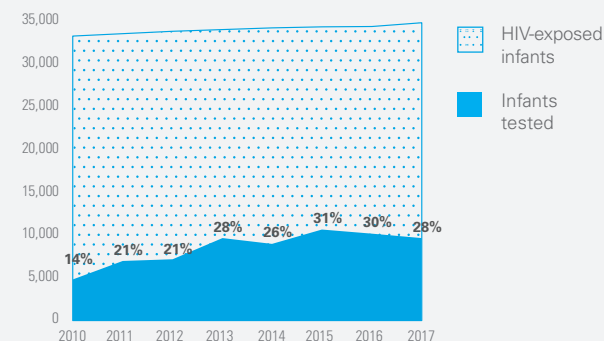
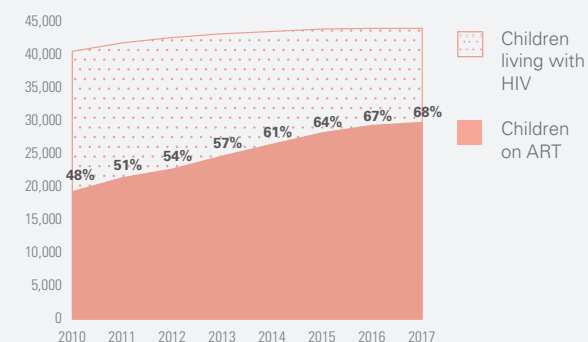


FIGURE 6. Number of children aged 0–14 living with HIV and number receiving ART, 2010–2017



Data source: Global AIDS Monitoring 2018 and UNAIDS 2018 estimates.

Note: PMTCT coverage includes most effective antiretroviral regimens, excluding single-dose nevirapine. The percentages in the figures refer to coverage rates.

780,000 children

aged 0–17 in East Asia and the Pacific have lost one or both parents due to AIDS-related causes



380,000 children

aged 0–14 were exposed to HIV because their mothers were living with the virus, but they remain uninfected



These two statistics suggest the lasting effect HIV epidemics can have on child populations. Even if uninfected, children can experience adverse outcomes due to HIV and AIDS. They still need care and support.

Source for all data: Global AIDS Monitoring 2018, UNAIDS 2018 estimates and UNICEF Global Databases of nationally representative population-based surveys 2010–2017. For more information, visit data.unicef.org.