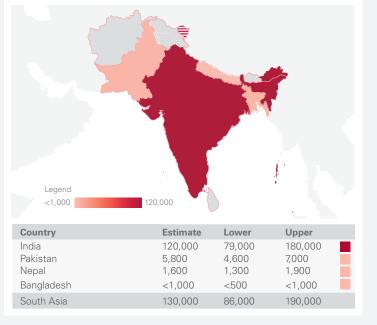
Children, HIV and AIDS

Regional snapshot: South Asia

DECEMBER 2018

South Asia has made substantial progress in reducing HIV risks and vulnerability among children, adolescents, pregnant women and mothers. In 2017, the estimated number of children under 5 years old newly diagnosed with HIV was 43 per cent lower than the comparable estimate in 2010 - a decline greater than the 35 per cent recorded globally. The estimated share of those aged 0-14 living with HIV who had been initiated on lifesaving antiretroviral therapy (ART) was 73 per cent in 2017, an increase of nearly 50 percentage points from 2010.

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



Data source: UNAIDS 2018 estimates.

Note: Due to rounding, estimates may not add up to the total. This map does not claim any official position by the United Nations. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Countries are classified according to the South Asia geographical region. Data are not available for Afghanistan, Bhutan, Maldives and Sri Lanka. Countries with no data and countries outside of the geographical region are shown in grey.

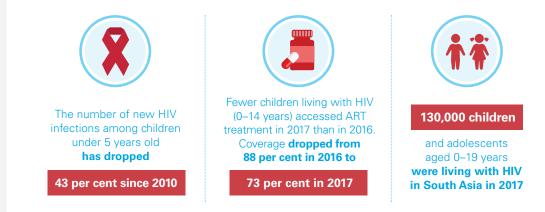
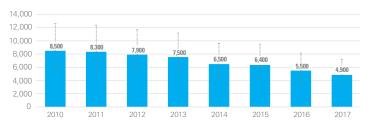
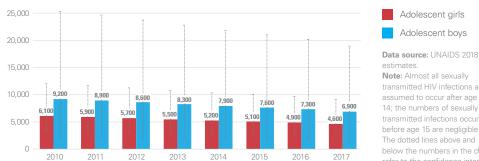


FIGURE 1. Annual number of new HIV infections among children aged 0-9, 2010-2017



Data source: UNAIDS 2018 estimates. Note: All perinatal and postnatal 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 2. Annual number of new HIV infections among adolescents aged 10–19, by sex, 2010-2017



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

Adolescent girls

Adolescent boys

unicef 🥴 for every child

KEY FACTS:

Children, HIV and AIDS in South Asia, 2017

Epidemiology	Estimate	Lower	Upper
Number of children and adolescents living with HIV	130,000	86,000	190,000
Children aged 0–9	42,000	30,000	60,000
Adolescents aged 10–19	87,000	56,000	130,000
Number of new HIV infections, children and adolescents	16,900	8,100	31,000
Children aged 0–9	4,900	3,200	7,200
Adolescents aged 10–19	12,000	4,900	24,000
Adolescent girls	4,600	2,400	9,100
Adolescent boys	6,900	1,700	19,000
New HIV infections per 1,000 adolescents aged 15–19	0.07	0.03	0.14
Adolescent girls	0.06	0.03	0.11
Adolescent boys	0.08	0.02	0.21
Number of AIDS-related deaths, children and adolescents	3,900	2,200	7,000
Children aged 0–9	2,500	1,500	4,300
Adolescents aged 10–19	1,400	700	2,700
Number of pregnant women living with HIV	26,000	18,000	38,000
Mother-to-child transmission rate of HIV, final	18.4	16.6	20.1
HIV response	Estimate	Lower	Upper
PMTCT coverage (ART) (%)	54	38	77
Early infant diagnosis (%)	20	14	29
ART coverage, children aged 0–14 (%)	73	45	>95

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.







340,000 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 populationbased surveys 2010–2017. For more information, visit data.unicef.org.

Analysis

Understanding why ART for PMTCT has flatlined and why testing and treatment are showing declines is key to accelerating efforts and building on past successes. Though higher than the global average of 52 per cent, the 2017 estimate of 73 per cent ART access among those under the age of 15 living with HIV was much lower than the region's 88 per cent share the previous year. Early infant diagnosis (EID) coverage rates, one of the few major PMTCT indicators that has lagged regularly in the region, declined to 20 per cent in 2017 from a high of 24 per cent in 2016.

Also notable is that progress in reduction of new infections among adolescents has been slower than in children aged 0–9 years, according to PMTCT-specific data. The estimated annual number of new HIV infections among adolescents aged 10–19 years fell by 25 per cent between 2010 and 2017. Although that decline is significant and welcome, the 43 per cent decline over the same time frame in new HIV infections among 0- to 9-year-olds was much better. FIGURE 4. Number of pregnant women living with HIV and number receiving antiretrovirals for the prevention of mother-to-child transmission, 2010–2017

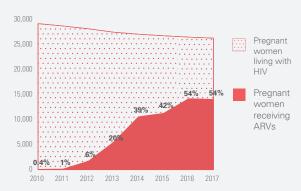
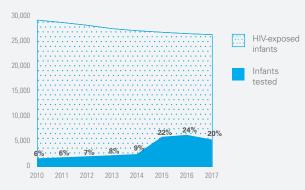
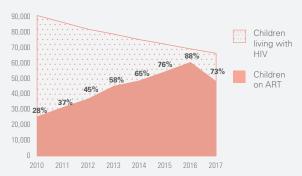


FIGURE 5. Number of HIV-exposed infants and number tested for HIV within two months of birth, 2010–2017







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.